

# How Aspects of HIV/AIDS Have Impacted Egypt



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## Introduction

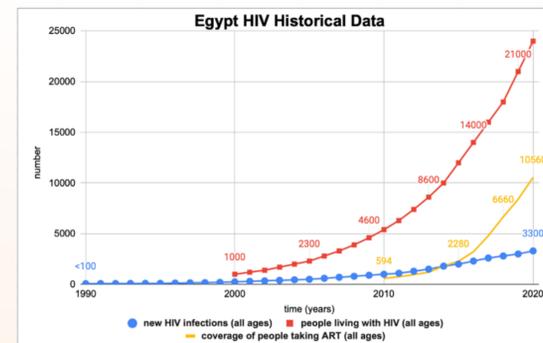
While the HIV/AIDS epidemic remains localized in Egypt, the outstanding issues in policy development, as well as preventative measure in counteracting HIV/AIDS rates, has left Egypt disadvantaged in comparison to many African countries where HIV/AIDS is more prominent. This paired with the abundance of reform of policies has caused misrepresented data that has been estimated by organizations such as UNAIDS and The World Bank to compensate for studies not considered in previous years.

An important geographical distinction to be made regarding Egypt is the Nile river, where great population density along the Nile River shapes the cultural and social diversity and closeness of Egyptian human geography. According to National Geographic, “95 percent of Egyptians live within a few kilometers of the Nile.”, where they continue in stating that, “the river continues to serve as a source of irrigation, as well as an important transportation and trade route” (National Geographic Society, 2019).

## Trends of HIV/AIDS in Egypt

### Changes In Historical Trend From 1990 to 2020

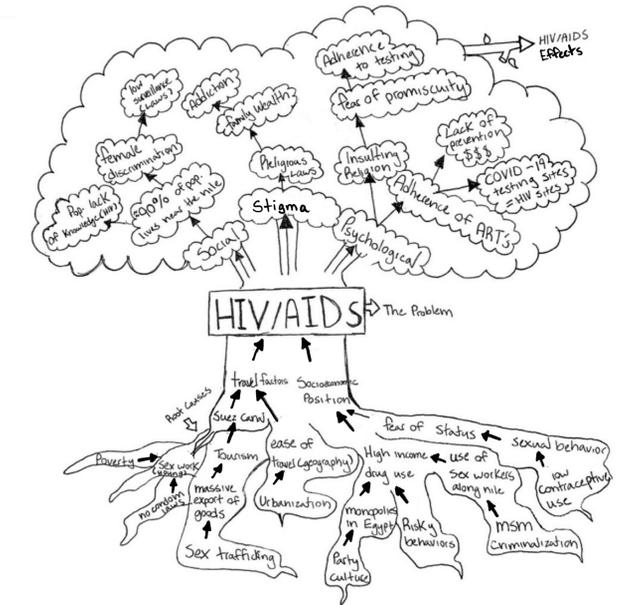
- \*From the years 1990 to 2020, there is a distinct increase in people living with HIV
- \* New HIV infections have risen exponentially from <100 to >3300
- \* ART coverage of all ages has increased dramatically



## Contextual Factors

- Stigma associated with HIV in Egypt allow surveillance systems to not be developed
- Religious belief of promiscuity allows for this stigma to continue
- A close-knit culture along the Nile River
- The country’s conservative culture do to the presence of the Imams
- Silence and in access of contraceptives due to culture being against sex education
- Legal banning of men who have sex with men increase risky behavior

## Problem Tree



## Magnitude of The Epidemic

- Egypt faces a unique burden of the HIV/AIDS epidemic by initially presenting a very low prevalence of disease
- HIV infections in Egypt were reported to have risen 234 percent from 2010-2020 (UNAIDS, 2020).
- Out of 23,000 people living with HIV in Egypt, the distribution of cases is 18,000 men, and 5,000 women,
- Egypt’s burden of HIV/AIDS has a new infection rate for adults and children of 3,300, of which the majority of the statistic is composed of men over 15 at 2,500
- The prevalence ratio and mortality ratio of the incidence rate is relatively high, where prevalence is measured at 13.83 and mortality at 9.05

## Transmission Mechanisms

### Three Major Transmission Groups:

- Men Who Have Sex with Men (MSM)** highest percentage of HIV prevalence at 6.7%
- Sex Workers** generally engage with the public, were found to have an HIV prevalence of 2.8%
- Intravenous Drug Users (IDU)** smallest percentage impact of HIV prevalence of 2.8%
- studies representing the population of sex workers, or the percentage of cases affected by them could be more widespread, where UNAIDS mainly conducts studies of brothels without considering street work, transit, and illegal activities such as trafficking

## Treatment

- New testing campaign in 2015 was released unrepresented groups such as men who have sex with men and sex workers tripled in percentages
- of the 79 percent HIV-aware citizens, 44 percent were able to access ART treatments.
- Egypt Releases Plan to be Rid of HIV/AIDS by 2030**
- the Preventive Medicine Sector has issued a number of publications that urge health institutions to introduce all medical services required for people infected with HIV
- Egypt receives medication through the National AIDS Programme, as well as supporting care through the Egyptian Ministry of Health.

## Conclusion

The exponential rise of transmission rates in Egypt concludes a necessary need to employ new tactics in HIV/AIDS prevention methods, further than spending resources almost exclusively on ART. To attack a complex virus such as HIV preventative measures must be ensured in collaboration with religious ties, where a greater percentage of wealth given by the World Bank should be poured into the hiring of outreach workers that are passionate about HIV prevention are employed to further educate the large younger population of Egypt of HIV transmission factors (Oraby, 2016). This would insinuate a slow change, where over time a new generation of those in Egypt who advocate for HIV rights will have greater representation of the economic policies that need to be put in place to support those affected by HIV. Anonymous surveillance technology should also be sought after, where clear reporting of the problem Egypt faces would avoid the fear of stigma and identification in a community, which would further boost HIV recognition.