CHILDREN, ADOLESCENTS AND HIV-AIDS: Unfolding the situation in Egypt

KEY HIGHLIGHTS

- With a prevalence of 0.02 percent and 16,000 of adults (over 15 years of age) living with HIV (human immunodeficiency virus), Egypt is categorized as a low-risk country.
- As a result of increased efforts, awareness and testing, the rate of detection of new cases is increasing.
- High-risk behavior coupled with a lack of knowledge and awareness on HIV, and the risk of mother-to-child-transmission (MTCT), are among the main factors contributing to the spread of HIV.
- Enhanced public knowledge and awareness of HIV modes of transmission and prevention, coupled with improved knowledge of and access to diagnostic and therapeutic care can have a significant impact on reducing the spread of the disease to children, including reducing the rate of MTCT.

WHAT ARE THE TRENDS OF HIV PREVALENCE IN EGYPT?

With 16,000 adults living with HIV and a 0.02 percent prevalence rate, Egypt is considered a low-HIV-prevalence country (UNAIDS, AIDSinfo database). However, there has been a significant increase in the number of new cases of infection over the past years, (UNAIDS, AIDSinfo database), and the estimated number of people living with HIV is more than 6 times higher than it was in 2000. High-risk behaviours and lack of knowledge and awareness on HIV remain among the main risks contributing to the spread of HIV.

UNICEF EGYPT DATA SNAPSHOT SERIES

This data brief is produced by UNICEF Egypt using recent evidence and integrating data from multiple sources. The aim is to encourage deeper discussions on issues important to children.
In response to the situation, the Government of Egypt has formulated a new HIV strategy for 2018-2022 that adopts global targets in prevention, coverage, and treatment of HIV. The strategy concentrates on testing, linking people to health care, and following up on those living with HIV (PLHA), including mothers, children and adolescents, until viral suppression is achieved.

The main challenges facing national HIV treatment and prevention

- Lack of knowledge about HIV, its means of transmission and testing.
- Stigma and discrimination discourage individuals from seeking testing, prevention and treatment services.
- Challenges to reach out to most at-risk populations with prevention messages including funding shortages.
- Poor integration of HIV within health and educational services and the need for improved health service quality.
According to UNICEF’s Factsheet on Children and AIDS, globally “children under 5 living with HIV face the highest risk of AIDS-related deaths, compared with all other age groups. Children are often diagnosed and treated too late, if diagnosed at all. Without timely treatment, half of the children living with HIV will die by age 2” (UNICEF, 2017). The most common way that children become infected with HIV is through mother-to-child transmission (MTCT), which is the spread of HIV from an infected woman to her child during pregnancy, delivery or breastfeeding. Accordingly, the major objectives of the HIV response for children are the prevention of MTCT (PMTCT) and the elimination of MTCT: Immediate treatment of mothers and following the medical guidelines regarding safe delivery and breastfeeding, providing preventive dose for children at risk, treating children and adolescents living with HIV. In addition, supporting enhanced knowledge on HIV prevention and treatment, and reducing social stigma and discrimination.

ARE THERE CHILD AIDS-RELATED DEATHS?

What do we know about HIV and mother-to-child-transmission (MTCT)?

While comprehensive knowledge about HIV is low among both genders and across all age groups, women demonstrate lower levels of knowledge than men, which puts women at higher risk of contracting HIV. Furthermore, lack of knowledge on availability of HIV testing, particularly during pregnancy, results in a low coverage rate for antiretroviral (ARV) drug treatment for infected pregnant women, which increases the risk of MTCT.

In Egypt, the coverage of pregnant women who receive ARV drugs for the prevention of mother-to-child transmission (PMTCT) has fluctuated over recent years, standing at 9 percent in 2017 (UNAIDS, AIDSinfo database). This low coverage represents a serious risk to children, as over 90 percent of new HIV infections among infants and young children occur through MTCT. Despite the fact that the Ministry of Health and Population provides ARV treatment to all detected cases for pregnant women living with HIV, the problem remains with pregnant women not knowing that they are living with HIV during their pregnancy or breastfeeding because they do not go for testing. Without any intervention, the risk of transmission of infection from the mother to the baby is between 20 percent to 45 percent. With an evidence-based set of comprehensive interventions, this transmission rate can be reduced to less than 2 percent (UNICEF, 2017).
Even though Egypt is a low-risk prevalence country, it has markedly low levels of accurate knowledge about HIV, especially among youth populations. 2015 figures show that only 4 percent of young women and 7 percent of young men between the ages of 15 to 24 years had correct comprehensive knowledge about HIV (Ministry of Health and Population, 2015).
Moreover, knowledge about the prevention of HIV MTCT is uniformly low across most socioeconomic indicators, including educational level, regions, age groups, and wealth quintiles. Only 15 percent of women aged between 15 and 49 know that HIV can be transmitted from mother to child by breastfeeding and that the risk of MTCT can be reduced by the mother taking special drugs during pregnancy (Ministry of Health and Population, 2015), despite the fact that the Ministry of Health and Population provides antiretroviral therapy (ART) to all detected cases of pregnant women with HIV.

The number of women and men who know a place where HIV testing is available is even lower than those who are aware of or have comprehensive knowledge about HIV. Only 2 out of every 30 women (7 percent) between 15 and 49 years of age in Egypt know a place where HIV testing is available. Notably, the higher the education level, the more people are aware, or have better knowledge levels, about the availability of HIV testing, with 14 percent of women who completed secondary education or higher being aware of a place for testing versus almost no knowledge (2 percent) among those with no education.
The low levels of awareness and knowledge on HIV, coupled with common misconceptions about transmission and prevention, contribute to stigma and discrimination against people living with the disease. Social stigma and discrimination are the main contributors to the spread of HIV, and require improved education on the risks, along with stigma reduction, and advocacy for the importance of testing. While the majority of people would care for an HIV positive family member (84 percent), stigma and discrimination are strong when dealing with HIV. Less than 1 percent of people have an overall accepting attitude towards people with HIV/AIDS; with only 20 percent of people willing to admit that a family member is infected with HIV, only 10 percent prepared to buy vegetables from an infected shopkeeper, and only 11 percent believing that a female teacher who is not sick but has HIV should be allowed to teach.

**Figure 5: Percentage expressing specific accepting attitudes toward people with HIV/AIDS among women and men aged 15-49, Egypt, 2015 where HIV testing is available, by education, Egypt, 2015**

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care for a family member</td>
<td>84</td>
<td>84</td>
</tr>
<tr>
<td>Would tell that a family member got infected</td>
<td>20</td>
<td>19</td>
</tr>
<tr>
<td>Buy fresh vegetables from shopkeeper</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>Female teacher who is not sick should be allowed to teach</td>
<td>11</td>
<td>11</td>
</tr>
</tbody>
</table>

Source: Egypt Health Issues Survey, 2015

Note: Data do not include North Sinai and South Sinai

**HOW ARE CHILDREN AFFECTED?**

**Effects of HIV on children**

1. **Trauma from loss of mother, father or both**
2. **Diminishing household wealth (child poverty)**
3. **Missed opportunities in education**
4. **Exposure to stigma, isolation and discrimination**
5. **Experienced health related effects (deterioration of health and mortality)**

HIV directly and indirectly affects children in a number of ways. Children may live at high risk of HIV; they may live with chronically ill parents or adults and be required to work or put their education on hold as they take on household responsibilities; they may experience poverty because of the disease; they may be subject to stigma and discrimination because of their association with a person living with HIV. Children can also become orphans, losing one or both parents to AIDS-related illnesses (UNICEF, 2006). Finally, if they themselves are infected, they may experience stigma, discrimination, deterioration in health, or mortality.
WHAT IS UNICEF DOING ABOUT IT?

UNICEF’s HIV Programme adopts an integrated approach to programming, organized around the First and Second Decades of life and grounded in the principles of equity, gender equality, and human rights. This includes providing support to identifying and bridging knowledge gaps, formulating evidence informed programs, and improving delivery of prevention services and linking to care.

Key programs and interventions:

1. Strengthening maternal and child health will be at the forefront of UNICEF efforts to eliminate mother-to-child transmission (MTCT) of HIV with an emphasis on expanding the access of women living with HIV to treatment, and improving access to early infant diagnosis and paediatric treatment.

2. Supporting national and community efforts to address HIV prevention and treatment among vulnerable and marginalized children and adolescents.


4. Advocating for the right of people living with HIV/AIDS to receive stigma and discrimination free of quality health care services.
DATA SOURCES

Ministry of Health and Population, Egypt Health Issues Survey 2015
UNAIDS, AIDSIinfo database. Accessed in November 2018
UNAIDS, Egypt HIV Epidemic Status at a Glance, 2017
UNICEF, Children Affected by AIDS, 2006
UNICEF, Fact Sheet, Children and AIDS, 2017
UNICEF, Prevention of Mother to Child Transmission (PMTCT), 2017

For more information:

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