

2008 National Youth Shadow Report

Progress Made on the 2001 UNGASS
Declaration of Commitment on HIV/AIDS



North Secretariat:
307 West 38th Street, Suite 1805
New York, NY 10018 USA
Phone: +1 212 661 6111
Fax: +1 212 661 1933

South Secretariat:
P.O. Box OS 982
Osu, Accra GHANA
Phone/Fax: (+233) 21241244

info@youthaidscoalition.org
www.youthaidscoalition.org

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United Nations Population Fund
220 east 42ND Street
New York, NY 10017
USA
www.unfpa.org

Preface¹

In just two years, the world will evaluate ten years of work toward “Universal Access by 2010” to HIV and AIDS prevention, care and treatment. While progress has been made in several areas of the AIDS response, the targets laid out so ambitiously for youth in the 2001 Declaration of Commitment on HIV/AIDS (DoC) will be unmet by drastic margins; indeed, 7 years later, few governments even bother to collect data specifically on youth.

Globally, 1.7 billion young people aged 10-24 make up one quarter of the world’s population. Approximately 40% of all new HIV infections occur among young people between 15-24 years of age,² and there are 5.4 million young people living with HIV.³ Young people are the face of HIV. We are at higher risk of HIV infection because we lack access to the crucial information, education, and services to protect ourselves. However, our needs are often ignored when data is collected and strategies on HIV and AIDS are drafted, policies developed, and budgets allocated. Successful programs often lose funding as interests shift toward other, less controversial topics, or young leaders “age out” and others with similar potential are not empowered. This is especially tragic, because we, as young people, are statistically more likely than adults to adopt and maintain safe behaviors.⁴

Ignoring us in policies, programs, and resource allocation is a main contributing reason to the further spread of the HIV epidemic. Our particular vulnerability to HIV infection draws attention to societal inequities that few want to speak of, let alone address, such as sexual violence, injecting drug use, same-sex relationships, and sex work. Evidence clearly displays that the longer governments, stakeholders and health care providers continue to ignore the unpleasant realities faced by many young people, the more our peers and siblings will be infected with HIV.

In June 2001, heads of State and government representatives convened for the United Nations General Assembly Special Session on HIV/AIDS (UNGASS). At the first UNGASS on HIV/AIDS, 189 countries signed the Declaration of Commitments (DoC) as a pledge to halt and begin to reverse the spread of the AIDS epidemic through international, regional and country-level partnerships and with the support of civil society. Progress is measured through intermittent reviews.

Despite DoC commitments to work in full partnership with youth, governments still treat us as beneficiaries of programmes and services rather than crucial stakeholders and key actors in achieving the DoC targets and goals.⁵ The impact of this exclusionary attitude will manifest shortly in a lack of leadership and an even greater shortage of health care workers. As we come of age to adulthood, we must be trained and empowered today as a cadre of young leaders.

The DoC states that by 2005, at least 90 per cent, and by 2010 at

Notably, the DoC recognizes young people’s higher risk to HIV infection and established time-bound targets for action:

- (Paragraph 37) By 2003, ensure the development and implementation of multi-sectoral national strategies and financing plans for combating HIV/AIDS that (...) involve partnerships with civil society and the business sector and the full participation of people living with HIV/AIDS, those in vulnerable groups and people mostly at risk, particularly women and young people (...)
- (Paragraph 47) By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal: to reduce, by, 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 per cent.
 - To reduce, by 2010, HIV prevalence among young men and women aged 15-24 globally.
 - To intensify efforts to achieve these targets as well as to challenge gender stereotypes, attitudes, and inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys.
- (Paragraph 53) By 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV/AIDS education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection, in full partnership with young persons, parents, families, educators and health-care providers.
 - Expanding good-quality, youth-friendly information and sexual health education and counseling services;
 - Strengthening reproductive and sexual health programs; and
 - Involving families and young people in planning, implementing and evaluating HIV/AIDS prevention and care programs.

¹ Adapted from GYCA and Global Youth Partners, “Our Voice, Our Future: Young People Report on Progress Made on the UNGASS Declaration of Commitment on HIV/AIDS.” UNFPA, 2005. <http://www.youthaidscoalition.org/resources.html>

² UNAIDS (2007) AIDS epidemic update: Core slides: Global Summary of the HIV and AIDS epidemic. UNAIDS, Geneva. http://www.unaids.org/en/KnowledgeCentre/HIVData/Epidemiology/epi_slides.asp

³ UNAIDS (2007) AIDS Epidemic Update

⁴ UNICEF/UNAIDS/WHO (2004) Young People and HIV/AIDS, Opportunity in Crisis. UNICEF, UNAIDS & WHO, 2004.

least 95 per cent of young men and women aged 15 to 24 will have access to the information, education, skills and services to protect themselves from HIV infection. **However, as of 2007, only 40% of young men and 36% of young women had accurate HIV knowledge on transmission and prevention.**⁶

The needs of young people are not homogenous or universal. Young people are mothers, students and sex workers. They are injection drug users and prison inmates. Young people have varying sexualities, lifestyles and definitions of the family. Young people living with HIV are studying, working, having sex and planning families. Young advocates are best positioned to design policies and programs that are most relevant and effective at addressing our varying needs.

Methodology

With only two years left to achieve the UNGASS goals and targets, young people are actively participating in the tracking and reporting of UNGASS commitments. In 2008, these young people have produced 10 UNGASS Youth Shadow Reports to present at the UNGASS, in its seven-year review. Young researchers from Egypt, Jamaica, Viet Nam, Nepal, India, Kenya, Zimbabwe, Senegal, Nigeria and the United States of America tracked and monitored progress on the UNGASS commitments to young people in their own countries and made recommendations for moving forward. Their research, findings and analysis will set the tone for needs and priorities that must be taken into account during the high level meetings. On 10-11 June 2008, 30 young leaders will advocate to decision-makers by sharing knowledge of their country's national response and identifying major gaps and barriers to success.

Since 2005 GYCA has facilitated the production of 34 UNGASS National Youth Shadow Reports.⁷ GYCA members from 17 countries volunteered to research and produce shadow reports, and assembled national teams of young people from various networks to take part. For several of researchers, this report was the first of such an undertaking. Seven reports address findings at the community level, and will be available shortly on GYCA's website. Researchers used a range of methods to conduct their research and collect relevant information. They gathered inputs from young people, including young people living with HIV (YPLHIV) in their countries through focus group discussions, in-depth interviews and workshops.

Young people were asked to make recommendations for strategies to ensure that their country would meet the UNGASS targets for young people. This qualitative information was supplemented by reviews of national policies, laws and documents, as well as academic literature. Young people also consulted representatives from national and local governments and national AIDS programs when available, as well as various stakeholders such as service providers, representatives from NGOs, international and bilateral organizations. The final reports were reviewed and edited by GYCA staff, preserving original content, tone, and perspectives as much as possible.

A guide was developed by young people with the technical assistance of adult allies to assist youth researchers in gathering information and reporting on their country's progress.⁸ A number of questions, based on the indicators suggested by the UNAIDS National AIDS Programs - A guide to indicators for monitoring and evaluating national HIV/AIDS prevention programs for young people,⁹ were suggested to guide their research. Data collection and analysis focused on four main areas:

- 1) Political Commitment
- 2) Financial Commitment
- 3) Access to Information Services
- 4) Youth Participation

Country's progress on collecting youth-specific, disaggregated data was also evaluated. This report details the findings of the young researchers, and their recommendations and vision for the way to move forward.

⁶ UNGASS (2008). Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS: midway to Millenium Development Goal.

⁷ The first twelve reports were compiled into GYCA & GYP's "Our Voice, Our Future", UNFPA 2005. In 2006, six independent reports were produced, and in 2008, this report is one of 17- 10 national reports and 7 community level reports.

⁸ The research guide is available upon request, and is loosely based on UNDESA's 2004 "Making Commitments Matter: A toolkit for young people to evaluate national youth policy."

⁹ UNAIDS (2004) National AIDS Programs - A guide to indicators for monitoring and evaluating national HIV/AIDS prevention programs for young people.

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Authors

Ramy Nasr is 23 years old and currently studying medicine. He started volunteering about 5 years ago through the International Federation of Medical Students’ Association where he had participated in a comprehensive leadership training program. Later, he joined the Global Youth Partners in Egypt where he worked with a team that succeeded in securing both the governmental and financial support to establish HIV/AIDS prevention clubs in five secondary schools. Ramy is an advanced trainer of trainers on peer education methodologies certified by UNFPA through the Y-PEER Network, and is now one of the five core team members who are managing and building up the Y-PEER Egypt network. He was a trainer in the International Training of Peer Educators (IPET) in London and the international ToT in Cairo. He is in his second year of serving as the Regional Focal Point for Middle East and North Africa for the Global Youth Coalition on HIV/AIDS (GYCA) which has helped connect him to current events in the region, and in Egypt specifically. Ramy has participated in numerous international events such as the high level UNGASS review meetings in New York and the International AIDS conference (IAC) in Toronto where he was a speaker in one of the youth leadership sessions.

Ahmed Tammam, 22 years old, has been working on youth issues for seven years and has spent the last four years on HIV and AIDS related issues. He is certified and has been working as a facilitator with UNICEF, the National Youth Council and the National Council for Childhood and Motherhood. Ahmed has gained great experience working with young people, along with being a medical student, which has helped him in his work on various health awareness projects. In 2006, he founded the first Medical Students’ Association in his university. Early in 2007, he worked on an awareness campaign that reached 1500 medical students and dealt with HIV and stigma. The campaign concluded with a conference presenting the campaign’s findings that had extensive media coverage. Ahmed has worked with and is connected to several organizations and initiatives including the League of Arab States, UNICEF and GYCA which provided him with knowledge and motivation to continue his work to achieve his vision of “making a change”. Recently, Ahmed was selected as GYCA’s National Focal Point for Egypt and also began working as an intern at the Regional AIDS program at the Arab States in UNDP.

Mina Tharwat Azer, 25 years old, graduated from Mansoura University with a Bachelors degree in medicine and surgery in November 2007. Six years ago he started working on HIV related issues to spread awareness, combat misconceptions and support the rights of PLHIV. Also he found the opportunity to tackle taboos pertaining to SRH and HIV in his conservative community in order to challenge people to think differently. He started by volunteering in the Mansoura Medical Students Association (member of the IFMSA) on the Standing Committee on Reproductive Health and AIDS, then he became a member of the Global Youth Partners - Egypt team where he and his colleagues gained political and financial support from the government and the UNIFEM to establish 3 Anti AIDS Clubs in secondary schools in Mansoura. He volunteered at the Egyptian Family Planning Association as a peer educator in the youth friendly clinic for SRH. Currently, he is a member of the Y-PEER core team in Egypt (since 2006) where he is a certified trainer from Y-PEER international for trainers on theatre-based peer education techniques. Mina now works for Caritas - Egypt as a field officer in its HIV/AIDS sector and a counselor in its Voluntary Counseling and Testing center.

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About the Global Youth Coalition on HIV/AIDS (GYCA)

GYCA is a youth-led global network of over 4,000 young leaders and adult allies fighting the spread of HIV and AIDS in over 150 countries worldwide. GYCA, supported by UNFPA and UNAIDS, was established in 2004 and is based in New York and Accra, Ghana. GYCA empowers young leaders with the knowledge, skills, opportunities and resources they need to be effective agents of change in their communities. For more information please visit www.youthaidscoalition.org

Portrait of Egypt in Numbers	
Total population	74 million ¹⁰
Proportion of population ages 15-24 years	n/a ¹¹
Gross national income per capita	US\$ 4690 ¹²
Per capita total expenditure on health	US\$ 279 ¹³
Estimated number of people living with HIV	5300*
HIV prevalence among young people ages 15-24	n/a
Women married by age 18	16.6%
<i>UNGASS Core Indicator: Young people ages 15-19 who have had sex before age 15</i>	n/a
<i>UNGASS Core Indicator: Young people ages 15-24 reporting sex with a non-marital non-cohabiting partner in the last year</i>	n/a
<i>UNGASS Core Indicator: Young people ages 15-24 reporting using a condom the last time they had sexual intercourse with a non-regular partner</i>	n/a
Contraceptive prevalence rate (15 – 49 females)	59.2 ¹⁴
Percentage of women who have given birth by age 20	n/a
Schools with teachers trained in life-skills-based HIV/AIDS education who taught it during the last academic year	n/a
Number of physicians per 100,000 people	54 ¹⁵

Due to poor surveillance systems and taboos around the epidemic, all HIV numbers are suspect to underestimation. See UNAIDS Country Officer's statement in *Al-Ahram* newspaper (2007) <http://weekly.ahram.org.eg/2007/876/eg5.htm>

I. Introduction

Young people and HIV

There is a widespread belief that HIV is not an issue in Egypt. Culture and traditional laws perpetuate taboos around sexuality, but nonetheless young people have sex. The stigma around sex deprives Egyptians of accurate knowledge.

¹⁰ Population Reference Bureau (2007) World Population Data Sheet, http://www.prb.org/pdf07/07WPDS_Eng.pdf

¹¹ While UN figures estimate that 28% of population are young people, the authors of this report assert that there is no reliable data on young people at this time.

¹² WHO (2006) World Health Statistics. <http://www.who.int/countries/egy/en/>

¹³ WHO (2006) World Health Statistics.

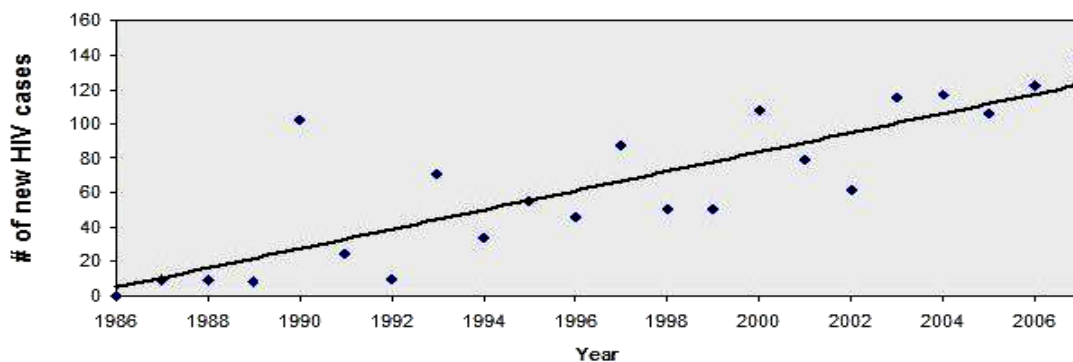
¹⁴ Demographic and Health Survey (DHS), 2005

¹⁵ <http://hdrstats.undp.org/indicators/58.html>

There is no official data on youth vulnerability is available from the Egyptian government; however, according one interview conducted with an officer at the National AIDS Program, 12% of HIV cases are young people ages 15-24 years. The expert stated that heterosexual sex is the most common mode of transmission, accounting for 60% of the HIV cases in Egypt. The other modes of transmission consisted of the following: 27% from male with male sex, 6% blood and blood products, 1% mother-to-child transmission and 2.2% intravenous drug use. The ratio of HIV infection is 4 males for every female. Higher rates in men are documented in part because more men access VCT to become migrant workers abroad in foreign Gulf countries. They must get tested for HIV and Hepatitis B & C before receiving a work visa. This alludes to a lack of data on women in general.

With inadequate surveillance systems, epidemiological data on young people is starkly inaccurate. The lack of data highlights the fact that very little is known about transmission rates among marginalized populations such as injecting drug users, sex workers and men who have sex with men.

Overall prevalence of HIV in Egypt is between 0.007% and 0.02%. However, as the graph below illustrates, the number of reported cases is on the rise:¹⁶



Because state entities do not have clear or consistent definitions of young people, governments when designing policies and programmes have largely neglected the population as a whole. Many women marry while still in their teens and enter into marriage with only vague information on sexual and reproductive health. With 27.9% of women married by the age of 18,¹⁷ many adolescent girls find themselves isolated and unable to make decisions about their sexual and reproductive health. 30% of married women in remote rural areas have sexually transmitted infections.¹⁸ Women generally contract HIV during heterosexual sex. Egypt has high levels of Hepatitis C, a virus with similar modes of transmission to HIV. Data on condom use among married women using contraceptives indicates a decline in use.¹⁹ According to one WHO study published in 2007, only 23.9% of men have ever used condoms and few used them expressly to prevent transmission of HIV and STIs.²⁰

"I know I am not the only person with HIV in Egypt, but it does feel as if I am."

- Young male living with HIV

There is also evidence of high-risk behavior, such as needle sharing and unprotected sexual relations among injecting drug users. At particular risk are the estimated 1 million street children in Cairo and Alexandria who are often subject to violence and sexual exploitation.²¹ One study indicates a high prevalence, 6.2%, among men who have sex with men, according to the results of a study of 267 men based in Alexandria, Egypt.²²

¹⁶Based on NAP data. Graph rendered by UNAIDS Egypt (2007)
¹⁷ UNFPA. 2005. Egypt Country Profile. <http://www.unfpa.org/worldwide/indicator.do?filter=getIndicatorValues>
¹⁸ UNICEF website, HIV/AIDS: Egypt, http://www.unicef.org/egypt/hiv_aids.html
¹⁹ Demographic and Health Survey (DHS) Report, 2005
²⁰ WHO EMRO. (2007) 'Condom use among males (15-49 years) in Lower Egypt: knowledge, attitudes and patterns of use' <http://www.emro.who.int/Publications/EMHJ/1306/article19.htm>
²¹ UNICEF website, HIV/AIDS: Egypt http://www.unicef.org/egypt/hiv_aids.html
²² Based on data shared with author by UNAIDS Country Officer, 2008. The study was finalized in 2007 by the Ministry of Health and Population and the global organization Family Health International, funded by the United States Agency for International Development (USAID).

Key Findings and Recommendations

- Egypt has not followed through on its 2001 pledge to the UNGASS Declaration of Commitments. No country progress report for 2006 or 2008 has been submitted. Therefore, it is very difficult to monitor progress, or track funding allocations and prevalence trends, particularly among young people.
- The inadequate sentinel surveillance system makes new cases of infection very hard to track. Closer epidemiological attention needs to be paid to incidence rates and the trends of new infections.
- There is very little data that is disaggregated by age and gender.
- Societal homophobia perpetuates levels of discrimination towards men who have sex with men which drives this group further underground and creates a barrier for public health campaigns.
- There is an urgent need to promote condom use as a main form of contraception and prevention of HIV. Few people use condoms to prevent transmission of STIs and HIV.
- There is no second line antiretroviral treatment in Egypt. For people who develop a resistance to first line treatment, there are no alternative options.

About this Report

The findings presented in this report are based on data from published sources, data provided directly by the government or other accredited agencies, face-to-face meetings with NGOs, and interviews with young people²³. This report aims to highlight progress and point out gaps in Egypt's response young people and HIV in order to make recommendations that we, as young advocates and members of the civil society, hope to see happen.

II. Political commitment

During the last few years, civil society has been increasingly vocal within governmental processes. Many NGOs have become more engaged in HIV related efforts, running various programmes on many different issues including outreach to marginalized populations. Young people now have places to work to help their communities through a range of youth-led NGOs and informal youth groups. People living with HIV in Egypt are currently in the process of establishing an independent NGO to have an active role responding to the epidemic. However, NGOs still have a limited impact on the overall government policy and most of them need institutional capacity development.

Through the National AIDS Program, the government has offered first line ART, free of charge, for all people living with HIV who require treatment. Unfortunately, the majority of people in Egypt are not made aware of the existence of medications for HIV. Promotion of treatment is a critical tool to simultaneously promote testing. Widespread access to and awareness of ART is a powerful tool to combat stigma and fear of finding out one's status. Second line ART is not available in Egypt yet, but the need exists for people living with HIV (PLHIV) who developed resistance and are in need of replacement therapies. This problem will hopefully be remedied soon through a recent grant from the Global Fund.

With support from the government, NGOs, and the UN, 11 permanent VCT centres have been established along with nine mobile ones. Additionally, the National AIDS Program is running a hotline for any inquires about HIV and AIDS, as well as referrals to the centers. The community in Egypt is growing more aware about numerous issues including HIV and AIDS, though due to traditions and restrictions, information about sexual and reproductive health is not accessible and is considered taboo. There is limited access to reliable information and services for young people concerning sexual education; even those with internet access can face language difficulties if they do not understand English.

There are two support groups for PLHIV currently managed by local NGOs that include PLHIV as facilitators. PLHIV, however, are still not able to disclose their status widely. This became evident when

interviewing young activists who had several years experience working on HIV and AIDS issues. When asked if they have met anyone living with HIV, the answer was often no. In the best cases, they said that they met a person or two but they did not know he or she was HIV positive until after the meeting.²⁴ Lately, there have been efforts to include more PLHIV in AIDS response efforts. This was demonstrated by the establishment of the first NGO “for and by” PLHIV through a project by UNICEF, UNAIDS and Caritas.

There are various prevention efforts targeting marginalized populations such as street children and IDUs. UNICEF along with the Population Council and Ministry of Health and Population are running a behavioral surveillance survey among street children in Cairo and Alexandria. This survey will be used to guide further programming. There are small pilot programmes currently targeting outreach to most at risk populations including men who have sex with men (MSM) and sex workers. However, those programmes need to be scaled up and are yet not receiving government commitments due to conflict with laws and cultural norms. Also, such programmes are limited due to stigma, fear, and criminalizing of behavior. Limited data is available because these groups’ lifestyles and livelihoods remain predominantly underground.

Discriminatory laws endanger public health:

Certain laws only reinforce stigma and discrimination against same-sex relations and perpetuate rampant stereotypes that categorize HIV as a ‘disease of homosexual men.’ A Cairo court convicted four men on January 13, 2008 under Article 9(c) of Law 10/1961,²⁵ which criminalizes the “habitual practice of debauchery [fujur]” – a term used to describe consensual homosexual conduct in Egyptian law. Article 9(c) of the law is being used to detain people on the basis of their declared HIV status, and to test them for HIV without their consent. This violates international law, as well as the prohibition on arbitrary detention. In numerous cases in the last year, police have subjected detained men to forced medical examination to detect ‘evidence’ of homosexual conduct. In the case of these four men, defense attorneys stated that the prosecution based its case on the coerced and repudiated statements taken from the men and did not provide witnesses or other evidence to support the charges, which all the men denied. On February 2, 2008, a Cairo appeals court upheld their one-year prison sentences. A prosecutor in one of these cases reportedly told one of the men who tested positive for HIV: “People like you should be burnt alive. You do not deserve to live.”²⁶

III. Financial commitment

There is limited access to governmental financial information. The Ministry of Health and Population has not submitted a country level progress report to the UN despite having signed the Declaration of Commitments in 2001.

In Egypt, the total expenditure on health care roughly accounts for 6 percent of the GDP. Egypt is the sixth ranking country on this scale in the Eastern Mediterranean Region (EMR)²⁷ of the World Health Organization (WHO). Fortunately, according to information provided from the National AIDS Program, Egypt has received the first phase of funding from the Global Fund which will be used in different programmes such as training of outreach teams from various NGOs to work in several regions on advocacy, awareness programmes, and anti-stigma campaigns. Also, funding will be used to offer second line ART for people living with HIV who have developed drug resistance. According to UNAIDS, the budget for 2007 and 2008 is around 3.5 million dollars, with 52% assigned for outreach programmes targeting people at risk. Around 28% is assigned for programmes concerned with care and support for people living with HIV and AIDS.²⁸

²⁴ Based on interviews with youth activists

²⁵ See International Gay and Lesbian Association (2007). ‘State-sponsored Homophobia.’ www.ilga.org/statehomophobia/State_sponsored_homophobia_ILGA_07.pdf

²⁶ Human Rights Watch. 2008. ‘Egypt: Spreading Crackdown on HIV endangers Public health.’ <http://hrw.org/english/docs/2008/02/15/egypt18064.htm>

²⁷ According to the regional classifications of the World Health Organization (WHO)

²⁸ From interview with UNAIDS country officer

The Egyptian Network for NGOs against AIDS (ENNAA), which was founded in 2003 by 18 NGOs and works on HIV and AIDS related issues, has been failing in programmatic reach and scope due to a great drop of the funding from a number of UN agencies, and a lack of coordination among its members. Recently though, UN agencies have shown interest in increasing ENNAA's role in the fight against HIV and AIDS by assessing its plan to regain effectiveness.

IV. Access to information and services

The prevention measures in Egypt are mainly executed through a number of distinct awareness-raising activities. Young people in Egypt have access to information mostly through media. Until recently, HIV and AIDS related programming in the media, especially on television, has been very limited. Lately there has been a new social mobilization campaign using celebrities to promote HIV testing and counseling and to combat stigma. The campaign will start with one day awareness campaigns by celebrities, after which these celebrities will use promotional and educational clips to communicate messages about HIV. UNAIDS, UNFPA and UNICEF are partnering on this campaign and young people have been invited to participate from the start. The campaign's tentative name is "I Can Stop AIDS".

Two major gaps, advocacy and prevention, still hinder comprehensive coverage and access to services. These topics are not being communicated to the Egyptian population. In particular, increased information on condom use and the availability of ARTs is desperately needed.

Condoms are promoted as a family planning method and not as a protection method against HIV and STIs. The lack of public health messages greatly influences attitudes and behavior. Based on a cross-sectional study conducted by WHO, (using a randomly selected sample of 2304 males aged 15–49 years from 4 governorates in Lower Egypt to assess their condom use and knowledge and attitudes towards condom use), condoms were considered an effective method of contraception and prevention of transmission of sexually transmitted infections (STIs) by 60.5% and 60.0% respectively. Only 23.9% had ever used condoms (11.6% of single males and 32.9% of married ones) and 26.8% would consider using them in the future. Also, among those who reported using condoms, only 35% used it for prevention of STIs. Around 25% reported knowing how to use condoms properly. Obstacles to condom use included; perceived lack of need (75.7%), rejection by partner (57.6%) and hazards of condoms (31.9%). The majority knew about HIV/AIDS (90.8%) but a few felt at risk of STIs (11.2%) or HIV infection (10.3%).²⁹ Unfortunately, parallel data on women is hard to find.

“The concept of safe sex is alien to this culture, where sex per definition is safe because it is between a husband and wife.”

Magdi Abdelhadi,
BBC Arab Affairs Analyst

This study shed light on the misconceptions of safe sexual practices when only 11.2% of the men interviewed reported that they engaged in risky sexual behavior, while 66.6% reported having multiple sexual partners and 29.9% reported having friends who are engaged in extramarital sexual relations. This is also reflected in the UNAIDS fact sheet (2006) that stated, “Unprotected sex (including paid sex and sex between men) and injecting drug use are major factors in Egypt’s epidemic. Studies carried out in Egypt showed that 55% of injecting drug users shared injecting equipment.”³⁰

The curriculum in schools and universities regarding HIV/AIDS is not comprehensive and is often skipped by teachers as it is almost always excluded from the examinations. Also, all the curricula lack the component of life-based skills.

Voluntary testing is available in the VCT centers as well as in private labs. Although testing is anonymous, people are still afraid to get tested largely because of stigma and facing the fact that they are positive. NGOs provide additional services for counseling outside of those offered at VCT centers. The Egyptian Family Planning Association has established youth-friendly clinics where young people can

²⁹ The study was published December, 2007 (<http://www.emro.who.int/Publications/EMHJ/1306/article19.htm>)

³⁰UNAIDS Fact Sheet, 2006. http://data.unaids.org/pub/GlobalReport/2006/200605-FS_MENA_en.pdf

seek information from their peers and receive referrals if needed. Still, negative opinions regarding the distribution of free condoms can be a barrier for young people to access condoms for fear of stigma. 53.1% reported that they would be embarrassed to buy condoms in the presence of somebody known to them³¹. A possible solution to this problem could be offering condoms at local NGOs which present a safe space or by using condom dispenser machines.

"There is still stigma facing HIV and AIDS but it's becoming better. I told my family about my status and they became even more supportive than before. In Caritas, I work in the schools but I do not reveal my status. But I, think if I told the students that I am HIV positive this will help so much to fight the stigma. Many of my friends of the support group, as well as me, are ready to disclose our status."
 - Young person living with HIV

V. Youth Participation

During the last few years, the role of civil society has become stronger and more central. Many NGOs have been established which running different programmes on a variety of issues. Unfortunately, these NGOs have limited influence on government policy.

Young people have become more involved in shaping their communities. Youth-led independent NGOs and groups are on the rise, but the lingering problem remains that NGOs and young people are not integrated into the decision-making process. They normally act as the implementing agency rather than having a role in creating policy. Funding opportunities are limited due to the increasing number of competing NGOs and groups. Moreover, governmental restrictions on establishing an NGO and receiving funds from an international agency often jeopardize the energy and vision of activists who are frustrated by red tape and bureaucracy.

The Youth Advisory Panel, launched in April 2008 by Y-PEER Egypt with the support of UNFPA and UNICEF, is composed of 13 members aged 14 – 24, representing different youth groups as well as different geographical distributions. The Youth Advisory Panel will be given the opportunity to give feedback and recommendations on the strategies and programmes implemented by UNFPA and UNICEF, especially those targeting young people. Such an initiative will represent a method by which young people can have an input on the UN policy in Egypt.

Caritas-Egypt is carrying out the GIPA (Greater Involvement of PLHIV) project which will offer an official legal status to a newly formed NGO for PLWHA, a home based care program, a newsletter, and a website for PLWHA. The NGO is named "Life Friends," and it is the first NGO in Egypt led by PLHIV. The idea started two years ago with preparations beginning in June 2007. Many of the 32 founders are living with HIV. The board is formed of 11 members, 5 of whom are PLHIV, including young people, and the rest are stakeholders and decision makers, such as religious leaders (Muslim and Christian), doctors and members from UNAIDS and UNICEF. 'Life Friends' will be launched in 2008.

VI. Major Recommendations

- There is a desperate need for a comprehensive media campaign. Condoms and VCT should be promoted as a way of protection from HIV and STIs and not just as a form of contraception.
- Real input from civil society, and in particular young people, to governmental processes is extremely limited. Mechanisms need to be put in place through which young people can effectively engage in policy-making.
- Despite the increased effort to target and involve many marginalized groups, there is still widespread stigma and discrimination. Support groups and NGOs should be established and run by those in need of services and programmes. Moreover, they must also be involved in reviewing the policies and laws in order to participate as community members and collectively respond to HIV and AIDS.

³¹ Demographic Health Survey, 2005

- Comprehensive curriculum about sexual and reproductive health needs to be introduced to both the secondary and higher education levels. These topics are frequently deficient in the current curricula, and are often neglected altogether.

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