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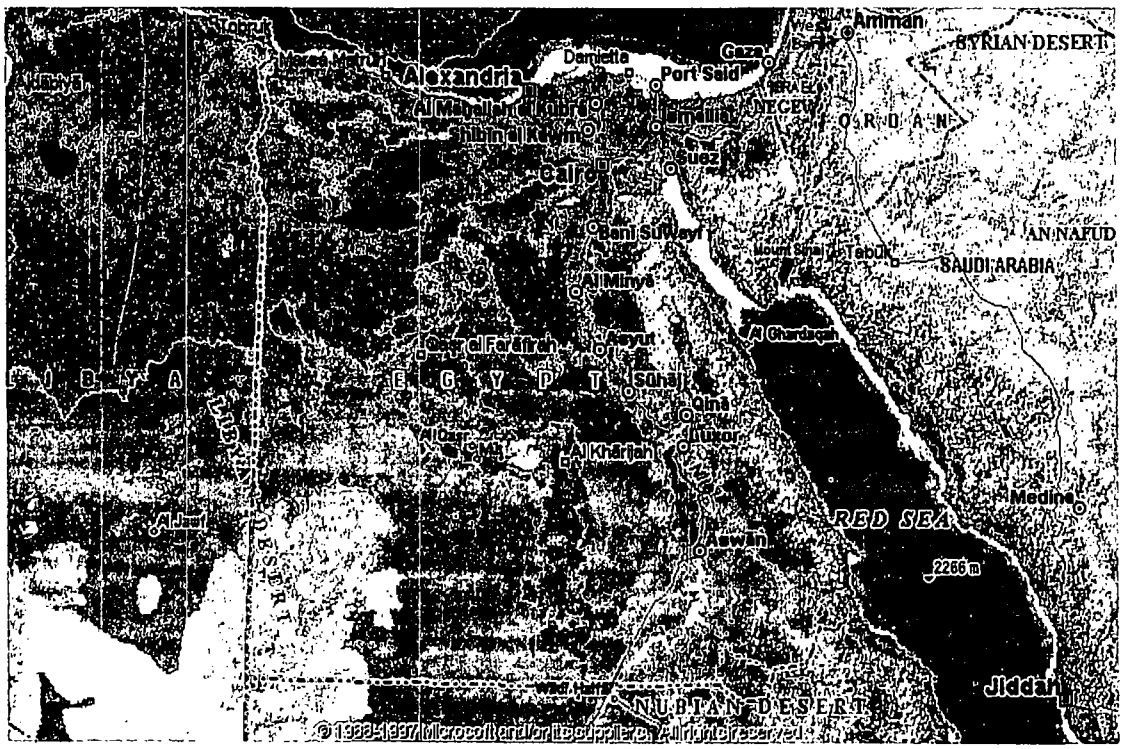
COUNTRY DATA
The Arab Republic of Egypt

MARCH 2000



PUBLIC AFFAIRS SECTION
U.S. EMBASSY, CAIRO
EGYPT

TABLE OF CONTENTS:

GENERAL INFORMATION

HEAD OF GOVERNMENT (Mohammed) Hosni Mubarak, President (since October 1981)

GEOGRAPHY

Capital: Cairo

Cities: 26 governorates: Al Qahira: Greater Cairo - (population estimated at 16,000,000); Alexandria (the second largest city, population estimated at 3,126,000); Al Daqahliyah, Al Bahr al Ahmar (Red Sea), Al Beheirah, Al Fayyum, Al Gharbiyah, , Al Isma'iliyah, Al Giza, Al Minufiyah, Al Minya, Al Qalyubiyah, Al Wadi al Jadid, Al Sharqiyah, Al Suways (Suez), Aswan, Asiut, Bani Suweif, Bur Sa'id, Dumyat, Janub Sina', Kafr El Sheikh, Marsa Matruh, Qina, Shamal Sina', Suhaj - NOTE: English transliteration of these names varies widely

Area: Total: 1,001,450 sq km (slightly more than three times the size of New Mexico), land: 995,450 sq km, water: 6,000 sq km

Land boundaries: Total: 2,689 km, border countries: Gaza Strip 11 km, Israel 255 km, Libya 1,150 km, Sudan 1,273 km

Coastline: 2,450 km

Climate: Desert; hot, dry summers with moderate winters

Terrain: Vast desert plateau interrupted by Nile valley and delta, mountains on Sinai peninsula

Natural Resources: Petroleum, natural gas, iron ore, phosphates, manganese, limestone, gypsum, talc, asbestos, lead, zinc

Land Use: Arable land: 2%; permanent crops: 0%; permanent pastures: 0%; forests and woodland: 0%; other: 98% (1993 est.)

Environment: Agricultural land being lost to urbanization and windblown sands; increasing soil salinization below Aswan High Dam; desertification; oil pollution threatening coral reefs, beaches, and marine habitats; other water pollution from agricultural pesticides, raw sewage, and industrial effluents; very limited natural fresh water resources away from the Nile, which is the only perennial water source; rapid growth in population overstraining natural resources

Geography: Controls Sinai Peninsula, only land bridge between Africa and remainder of Eastern Hemisphere; controls Suez Canal, shortest sea link between Indian Ocean and Mediterranean Sea; size and juxtaposition to Israel establish its major role in Middle Eastern geopolitics

POPULATION

67.974 million (1999)

Population Growth Rate: 1.82% (1999 est.)

Infant Mortality Rate: 39.5 deaths/1,000 live births (1999 est.)

Life Expectancy at Birth: Total population: 62.39 years; male: 60.39 years, female: 64.49 years (1999 est.)

Total Fertility Rate: 3.33 children born/woman (1999 est.)

Ethnic Groups: Eastern Hamitic stock (Egyptians, Bedouins, and Berbers) 99%, Greek, Nubian, Armenian, other European (primarily Italian and French) 1%

Religions: Muslim (mostly Sunni) 94.12% (official estimate), Coptic Christian 5.87% and other 0.01% (official estimate)

Languages: Arabic (official), English and French widely understood by educated classes, in that order

Literacy: Definition: age 15 and over can read and write; total adult: 55.2%; male: 66.6%, female: 43.6% (1999/2000 est.)

GOVERNMENT

The Arab Republic of Egypt has been a republic since August 1954. Anniversary of the Revolution is 23 July (1952).

Legal System: Based on English common law, Islamic law, and Napoleonic codes; judicial review by Supreme Court and Council of State (oversees validity of administrative decisions); accepts compulsory ICJ jurisdiction, with reservations.

Executive Branch: Vested in the *chief of state*, President Mohammed Hosni Mubarak, who appoints the Prime Minister (Dr. Atef Mohammed Ebeid as of October 1999) and the cabinet. The President is nominated by the People's Assembly for a six-year term. The nomination must then be validated by a national, popular referendum; The national referendum, last held October 1999, validated President Mubarak's nomination by the People's Assembly to a fourth term.

Legislative Branch: Bicameral system consists of the People's Assembly (Maglis Al-Shaab), with 454 seats; 444 elected by popular vote, 10 appointed by the President; members serve five-year terms. And the Advisory Council (Maglis Al-Shura) which functions only in a consultative role, with 264 seats; 176 elected by popular vote, 88 appointed by the president; members serve NA-year terms. People's Assembly elections were last held 29 November 1995 (next to be held 2000); Advisory Council elections were last held 7 June 1995 (next to be held 2001). *election results:* People's Assembly—percent of vote by party—NDP 72%, independents 25%, opposition 3%; seats by party—NDP 317, independents 114, NWP 6, NPUG 5, Nasserist Arab Democratic Party 1, Liberals 1; Advisory Council—percent of vote by party—NDP 99%, independents 1%; seats by party—NA

Suffrage: Universal over age 18, excepting active duty military and security forces and high-ranking members of the judiciary branch.

Political Parties and Leaders: National Democratic Party (NDP), President Mohammed Hosni MUBARAK, leader, is the dominant party; legal opposition parties are as follows: New Wafd Party (NWP), Fu'ad SIRAJ AL-DIN; Socialist Labor Party (SLP), Ibrahim SHUKRI; National Progressive Unionist Grouping (NPUG), Khalid MUHI AL-DIN; Socialist Liberal Party, Mustafa Kamal MURAD; Democratic Unionist Party, Mohammed 'Abd-al-Mun'im TURK; Umma Party, Ahmad al-SABAHI; Misr al-Fatah Party (Young Egypt Party), leader NA; Nasserist Arab Democratic Party, Dia' al-din DAWUD; Democratic

Peoples' Party, Anwar AFIFI; The Greens Party, Kamal KIRAH; Social Justice Party, Muhammad 'ABDAL-'AL

EDUCATION AND SCHOOL ENROLLMENT

Schooling is compulsory for all children ages six to 11 and is free through university if academic standards are met.

In academic year 1998/99, 293,388 matriculated from high school (literature and science). Enrollment figures are: Primary (6 years) 8,384,70; Preparatory (3 years) 4,037,00; Secondary (3 years) 1,015,30 (Commercial 989; Agriculture 222; Industrial 1,004).

ECONOMY

The Egyptian government can view with satisfaction a number of economic developments over the last ten years. Egypt's positive macroeconomic situation at the end of the decade contrasts positively with the country's circumstances at beginning of the 1990's. The accomplishments of the government's reform program include respectable levels of GDP growth and international reserves, as well as sustained fiscal discipline. While not unscathed by the fallout of the financial crises of the last two years, Egypt navigated these upheavals in relatively smooth fashion in comparison with the experiences of developing countries in the Far East and South America. Foreign exchange earnings appear to be on an upward trend in such key sectors as tourism and oil and gas. The GOE reports, for example, that tourist room occupancy was at all time highs in May 1999 (although revenue recovery continues to lag behind the rebound in tourist numbers). Egypt may also benefit in the near and medium terms if oil prices hold and the Far Eastern economic recovery gathers strength, developments that could benefit Egypt in terms of increased Suez Canal receipts, worker remittances and exports.

Egypt must deal with a number of challenges if it is to fully capitalize on these accomplishments and positive trends. Continued structural reforms remain critical to the government achieving its long-term objective of export-driven, private sector-led sustainable annual GDP growth of 7 to 8 percent. For example, renewed momentum in Egypt's privatization program, particularly in key areas such as insurance, banking and telecommunications, could provide an important boost to investor interest and the economy. Companies also continue to cite the need for Egypt to improve the business climate by cutting transaction costs and reducing bureaucracy and red tape, among other measures. Egypt's key sources of foreign exchange (tourism, petroleum exports, Suez Canal receipts and worker remittances) remain vulnerable to external shocks and export growth is lagging, points which underscore the need to diversify the economy. Egyptian policy makers will need to consider how to address monetary and balance of payment issues in ways which impact less on investor confidence. Several trade-related decrees over the past year, for example, generated concern in the business community regarding the GOE's commitment to continuing economic reform. The Central Bank's use of foreign exchange rationing and other measures to control the outflow of foreign exchange disrupted business and sent a confusing policy message to local and international investors. These and other pressures led financial observers to question whether the government could maintain simultaneously its current Egyptian pound/dollar exchange rate policy and domestic interest rates at their current levels.

The Government is aiming at a GDP growth rate in the range of six to seven percent in FY 1999/2000 (year ending June 30). Many analysts view this rate as overly ambitious, anticipating growth in the five to six percent range. The GOE's growth target demonstrates the priority it attaches to providing opportunities for the approximately 550,000 annual new entrants to the job market, a key objective in a country with a population growth rate of around 1.9 percent. The construction, transportation, and industrial sectors will be primary engines of economic growth. The Government remains committed to a set of macroeconomic

policies that in recent years has achieved significant success. Its fiscal discipline is reflected in a 1998/99 budget that kept the government deficit to around US$1.2 billion, equivalent to 1.3 percent of GDP. The GOE anticipates holding the deficit to a similar level in FY 1999/2000. The inflation rate in FY1998/99 will likely average around 3.8 percent, the level recorded for the prior year and anticipated for FY 1999/2000.

The Government took several steps in FY 1998/99 to advance its reform agenda. Laws were passed, for example, laying the basis for expanded participation by the private sector and foreign investors in the banking and insurance sectors. The Parliament in 1999 also passed a new Commercial Law. The Government passed this major piece of legislation -- it has 700 articles arranged in five chapters -- to effect a broad modernization of the legal environment for business. Legislation is pending to expand the application of Egypt's sales tax, an important measure for strengthening the Government's fiscal base. The GOE also instituted another round of tariff cuts. There remains, however, an extensive list of reforms yet to be taken. U.S. businesses look for a strengthening of Intellectual Property Rights protection in terms of increased enforcement, as well as the passage of a new patent law. Passage of a new labor law granting employers the right to dismiss employees and workers the limited right to strike has been pending for several years and may be on the People's Assembly agenda in late 1999 or early 2000. A range of hurdles hinders U.S. agricultural exports, and firms are concerned by decrees setting new requirements for imports of consumer goods and automobiles. Companies continue to cite red tape, bureaucracy and a changing and opaque regulatory environment as impediments. Senior Egyptian leaders continue to stress the Government's determination to press forward with economic reform while assuring that the social needs of the Egyptian people are met. The World Trade Organization (WTO) disciplines coming into play between 2000 and 2005 will also provide an impetus for reform.

Basic Statistics and Data:

GDP: US$91.9 billion (1999)

GDP real growth rate: 6% (1999)

GDP per capita: US$1.350 (1999)

GDP composition by sector: agriculture 17%; industry 33%; services 50% (1999)

Inflation rate: 3.2 % (December 1999)

Labor Force: Total 18.3 million (1998/99)

Unemployment Rate: 7.9% (1998/99)

Industries: textiles, food processing, tourism, chemicals, petroleum, construction, cement, and metals

Agricultural products: cotton, rice, corn, wheat, beans, fruits, vegetables, cattle, water buffalo, sheep, goats, annual fish catch about 140,00 metric tons

Exports: Total US$4.8 billion (1999); Commodities: crude oil and petroleum products, cotton yarn, raw cotton, textiles, metalurgical products, chemicals; Partners: E.U., U.S., Japan

Imports: Total US$15.2 billion (1999); Commodities: fuel, non-petroleum products, machinery, livestock, food and beverages

Currency: 1 Egyptian pound (L.E.) = 100 piasters

Exchange rates: Egyptian pounds (L.E.) per US$1 = 3.43 (December 1999); 3.4 (1994); 3.369 (1993); 3.345 (1992)

Sources: Ministry of Planning 1999, CIA Factbook, Egyptian Economic Bulletin, UNESCO, USAID

HISTORY

Cairo (in Arabic, "Al-Qahirah" meaning "the victorious") was given its name in 973 A.D. by the Fatimid caliph Al-Muizz. It is now one of the largest cities in the world, with a population of more than 14 million. Situated on the River Nile about 120 miles from the sea, it divides the rich northern delta lands between the Nile branches of Damietta and Rosetta from the narrow strip of cultivation that stretches to the south through upper Egypt and the Sudan.

Although Cairo itself is a thousand years old, it lies near ancient Memphis, which was a pharaonic metropolis 5,000 years ago. West of Memphis rises the plateau of Sakkara containing pharaonic monuments built some 3,000 years ago, the most important being the Step Pyramid of King Zoser. Also near Cairo stand the Pyramids of Giza and the Sphinx.

About 2,000 years ago, the Romans occupied a town on the site of Cairo called Babylon. It is at Babylon that the Holy Family is said to have taken refuge from King Herod. Christianity, introduced into Egypt by St. Mark, spread through the entire country after the first century A.D. The Christians of Egypt, whose descendants are known as Copts (from the Greek word for "Egyptian"), built numerous churches and monasteries. Most of the major Christian monuments in Cairo are located in the Old Cairo area within the perimeters of the former Roman fortress.

The seed from which contemporary Cairo sprang was the town of Fustat, founded at Babylon in 641 A.D. by Amr Ibn al-As, commander of the Arabs who brought Islam to Egypt. After the Arab conquest, numerous mosques, mausoleums, palaces, and other buildings of interest were built. Cairo became an unequaled treasure house of Islamic architecture - the city of a thousand minarets.

In 969 A.D., the Fatimids established a new walled city northeast of existing settlements. Initially called Al-Mansouriyah, the city was renamed Al-Qahirah when the Caliph Al-Muizz arrived to make it the capital of a dynasty that lasted 200 years. Among other institutions, the Fatimids established the University of Al-Azhar, one of the oldest continuously operating universities in the world and still the internationally pre-eminent Islamic theological center.

Saladin (Salah al-Din), the famed adversary of Richard the Lion-Heart, founded Egypt's Ayyubid dynasty which expanded the city's boundaries in the late 1100's and constructed the citadel on top of the Muqqattam Hills.

Cairo served as the capital of the Mamluk empire, "slave-soldiers" from the Caucus mountain region, which governed Egypt and much of the Fertile Crescent from 1260 until 1516. The Mamluks built many of Cairo's finest mosques and extended the city to its present boundaries.

The Ottoman Turks controlled Egypt from 1517 until 1882. In 1805, Mohammed Ali, commander of an Albanian contingent of Ottoman troops, was appointed Pasha, founding the dynasty that ruled Egypt until his great-great grandson, Farouk I, was overthrown in 1952. Mohammed Ali ruled Egypt until 1848, writing the first chapter in the modern history of Egypt. However, the modern urban growth of Cairo began only in the reign of Ismail (1863-1879). Eager to westernize the capital, he ordered the construction of a European-

style city to the west of the medieval core. The Suez Canal was completed in his reign in 1869, and its completion was celebrated by many events, including the commissioning of Verdi's "Aida" for the new opera house and the building of great palaces such as the Omar Khayyam (originally constructed to entertain the French Empress Eugenie, which is now the central section of the Cairo Marriott Hotel.

During the twentieth century, Cairo has grown spectacularly in population and area, with both doubling in the past twenty years. It is now a place of vivid contrasts: old and new, east and west, are juxtaposed.

Yet Cairo remains the hub of the Middle East and the acknowledged center of Arab political thought and activity. Its universities enroll several hundred thousand students annually, including many from neighboring Arabic-speaking countries. Egyptian films, newspapers and magazines produced in Cairo are highly popular and circulate throughout the region.

Major Tourist Sites: The Pyramids; Islamic Cairo: Azhar, Khan Al Khalili, Islamic Museum; Coptic Cairo: Seven Churches, Coptic Museum, and a Synagogue; The Egyptian Museum, The Citadel, Abdin Museum.

DIPLOMATIC REPRESENTATION IN THE U.S.

Chief of Mission: Ambassador Nabil FAHMY
Chancery: 3521 International Court NW, Washington, DC 20008
Telephone: [1] (202) 895-5400
FAX: [1] (202) 244-4319, 5131
Consulate(s) General: Chicago, Houston, New York, and San Francisco

DIPLOMATIC REPRESENTATION FROM THE U.S.

Chief of Mission: Ambassador Daniel C. KURTZER
Embassy: (North Gate) 8, Kamel El-Din Salah Street, Garden City, Cairo
Mailing Address: Unit 64900, APO AE 09839-4900
Telephone: [20] (2) 355-7371
FAX: [20] (2) 357-3200
Branch Office: Alexandria

MASS COMMUNICATIONS

RADIO

Government controlled. Radio uses 44 shortwave frequencies, 18 mediumwave stations, and 4 FM stations. There are seven regional radio stations covering the country. Egyptian Radio transmits 60 hours daily overseas in 33 languages and 300 hours daily within Egypt.

TELEVISION

Egyptian television (ETV) is government controlled and depends heavily on commercial revenues. ETV sells its specially-produced programs and soap operas to the entire Arab world. ETV's main competitors are the Middle East Broadcast Company, which is a Saudi-owned television station transmitting from London (MBC), Arab Radio and Television from Rome (ART), Al Jazeera Television from Qatar and Lebanese Television (LBC). Their strong signals can be picked up by a 1.4m dish. ETV has two main channels, six regional channels and twelve satellite channels. Of the two main channels, Channel I uses mainly Arabic, while Channel II is dedicated to foreigners and more cultured viewers, broadcasting in English and French as well as Arabic. The six regional channels are: Greater Cairo, Alexandria, Ismailia, Tanta, Minya, and Aswan.

Two of the Egyptian satellite channels broadcast to the Middle East, Europe and the U.S. East Coast. The first, the Egyptian Space Channel, still heavily depends on programs produced for channels I and II, having few of its own productions. Gradually, the Arabic-language channel plans to produce more of its own programs to meet the need of its audience in the Arab world and Europe. Financial constraints still obstruct its growth, yet its signal is very strong and clear. The second, newly-created Nile TV (June 31, 1995), is an English and French language international satellite channel hoping to cover the same area as the Egyptian Space Channel. This channel produces its own programs and has its own staff. In April 1998, Egypt launched its own satellite known as NileSat 101. Seven channels started operation in October 1998. They are specialized in news, culture, sports, education, entertainment, health, and children, and can be received onlyh via decoder. A second NileSat satellite is scheduled to be launched in August 2000.

The Minister of Information's office is located on the 8th floor of the TV building, which reveals the importance of this media organization to him. The TV building also houses the television censorship department.

PRESS

Nationalized since 1960 and concentrated in Cairo; five major publishing houses control most dailies and periodicals. The three major Arabic dailies are the establishment Al Ahram, Al Akhbar, and Al Gomhouriya. The minor afternoon daily is Al Masaa and the leading opposition daily paper is Al Wafd. There are two French-language dailies. The English-language press has one English daily (the Egyptian Gazette; the weekly edition is called the Egyptian Mail). Other publications include one English weekly (Al Ahram Weekly), eight general-interest weekly magazines and several biweeklies and monthlies. The ruling National Democratic Party currently publishes a weekly newspaper, Mayo. There are eight opposition party papers, all but three (Al Wafd, Al Shaab and Al Ahrar) weeklies: the Socialist Labor Party's Al Shaab (which reflects Islamic thinking); the Nasserite party's paper Al Arabi; the leftist National Progressive Unionist Grouping Party's Al Ahali; and the right-of-center New Wafd Party's Al Wafd. Al Umma, issued by the religious party of the same name, appears irregularly; Al Khodr issued by Al Khodr Party which focuses on environmental issues.

Major Newspapers of Egypt

Al Ahram

Founded in the last century, Al Ahram is Egypt's oldest and most prestigious daily. It is also the most prosperous of Egypt's five publishing houses. It adopts a sober tone in its reporting and commentary, and generally supports the government's policies in its unsigned editorials. It has an influential op-ed page open to prominent writers representing a variety of responsible political views on domestic and foreign policy issues. Editorials, whether by its editor-in-chief or unsigned, are widely regarded as barometers of high-level official thinking.

Al Akhbar

Al Akhbar, the top selling Egyptian daily, is more informal than its main rival, Al Ahram, giving wider coverage to local activities and human-interest stories. It supports government policies in its unsigned editorials, but dedicates an influential op-ed page, in the style of Al Ahram, to contributions by writers of varying political orientations.

Akhbar El Yom

Akhbar El Yom, the Saturday edition of Al Akhbar, has the widest one-day circulation of all newspapers in Egypt. Claiming to be the most widely read paper in the Middle East, it differs from its sister daily in its larger format and additional pages. Like other government-owned papers, Akhbar El Yom supports the government's policies, yet its columnists and commentators are not adverse to criticizing individual ministers or foreign and domestic policies. The newspaper has many special interest sections (such as lifestyle, sports, and women) and is renowned for its excellent political cartoons. Akbar Al Yom's simple writing style is largely responsible for its popularity.

Al Gomhouriya

Al Gomhouriya was established in the late 1960's by then vice-president Sadat as the organ of the Egyptian Free Officers Group. (Sadat was the newspaper's first editor-in-chief.) Taking over under Mubarak's presidency, former Editor-in-chief Mahfouz Al Ansari earned the paper respect for his intellectual, political, and social analyses. Samir Ragab, known for his close association with President Mubarak, is the current editor-in-chief. Al Gomhouriya has less foreign and more local news than the other dailies, and is popular for its excellent sports coverage.

Al Wafd

The mouthpiece of the New Wafd party, the paper reflects its populism and nationalism. With the 1984 legalization of the partisan press, Al Wafd was the first opposition paper to appear and has remained the most prominent opposition voice. Al Wafd is most vocal on domestic political and economic subjects. On the political front, Al Wafd argues strongly for greater democracy and an end to the emergency law. The new Wafd party tends to favor more economic liberalism, and the paper's editorial line frequently criticizes the government's reform effort. The paper is often critical of U.S. Middle East policies.

INTERNET

Internet access, available through a government gateway since October 1993, is growing in importance, but is still limited by the relatively slow pace of improvement in telephone service. Initially available only to government officials and academics, in January 1996, the government permitted the establishment of private ISPs to service companies and individuals. There are around 50 ISPs competing for subscribers (estimated at 250,000 total users). Egypt also has around 50 cyber cafes. Currently, over 100,000 PCs per year are sold, and the market is growing by as much as 25-30% a year. Most journalists and news organizations do not yet have universal Internet access, but almost 1,000 private companies and 150 government entities have established homepages.

The U.S. Embassy Cairo homepage includes all kinds of information and services provided by the different Embassy sections in Egypt. The homepage attracts about 3,000 hits per month, and that number has been steadily growing. While Egyptian journalists still rarely use the Internet, their employing media institutions increasingly promote their own websites (for example, a pro-Islamist paper improbably boasts "A million hits per month"). In any case, the U.S. Embassy homepage is increasingly an important resource both within the USG and for Egyptians. All official public announcements and press releases are posted, while links to other USG sites allow users to find the answers to a wide range of questions almost instantly. The homepage address is http://usembassy.egnet.net

MOTION PICTURES

The Egyptian film industry at one time ranked as the number three national industry. From a vibrant industry that produced over eighty films a year, production had dropped in recent years to as low as 8 films, mostly of inferior quality. Recent changes in the Egyptian film industry and its environment have brought about drastic but positive changes. New private sector owned cinemas and cinema complexes have sprouted in several of the commercially viable districts of Cairo and Alexandria. All government owned cinemas have been either sold or leased long-term to the private sector. The number of cinema theaters which was down to less than 150 run-down theaters reached a total of 200 fully-operational and modernized theaters and cinema complexes, more than three quarters of which are located in Cairo. American films are back on the market and popular. A revised tax law has decreased ticket taxes and ticket prices have been reduced. These changes have caused a surge in the size of the cinema going public at every socio-economic bracket. On the production side, sales taxes on the import of film production equipment and raw materials have been lifted to encourage modernization of production technology and improve production qualities. Egyptian film production is on the increase. In 1998 fifteen films were produced and production rose to about 20 films for 1999. Production remains funded by the private sector while much of the industry facilities such as labs, studios, equipment, etc. are still state-owned. State owned and run Egyptian television has a giant film production facility "Media City" and is now producing films for the cinema. There is a strong awareness of the need to improve film content and scenarios. Recently, to elevate the quality of film scripts, the Minister of Culture announced an award program which promises the production of the best original screenplay. The film school which had for decades used antiquated and out-dated filming and editing equipment to teach and train its students today boasts a state of the art studio with the latest production and editing equipment. It is a welcome addition for the forthcoming generation of Egyptian film professionals.

VIDEO CLUBS

It is estimated that more than 1000 videocassette outlets are operating in Egypt, all privately owned. Outlets exist in practically all towns and cities, and the number is growing steadily. With increased criminal attacks against these clubs, the government now requires that all outlets be registered. A majority of the films available are produced in Egypt, the United States, India and the Far East, and most are pirated. Video clubs

are known to pirate the latest major American movies, sometimes making them available on tape sooner here than in the U.S. Draft legislation to address the need for enhanced protection of intellectual property is currently under consideration.

MASS CULTURE

To compensate for lack of cultural opportunities in small towns and villages, the Ministry of Culture has established cultural centers and "caravans" to provide people with free theatrical performances, film showings, lectures, exhibits and books. The State Information Service, under the Ministry of Information, maintains information centers throughout the country which organize local cultural, informational, and educational programs. A national literacy campaign has resulted in several highly-publicized library openings.

THEATER

The Egyptian Government sponsors several groups including folklore dance companies, puppet shows and a national circus. Private troupes are active, and have a larger audience. There are a few privately-owned theaters, but most are still government-owned. The latter, however, are frequently rented out for private productions. Ticket prices are high by local standards. Theater is the art form where political criticism is most likely to be expressed. Because actors are government employees, the stars tend to spend most of their time pursuing more lucrative film careers.

U.S. NEWS MEDIA REPRESENTATIVES

Correspondents resident in Cairo represent: American Broadcasting Company (ABC); Associated Press (AP); Bloomberg News Radio; Boston Globe; Bridge News; Business Today; Businessweek, Business Monthly (of the American Chamber of Commerce); Cable News Network (CNN); Christian Science Monitor; Cox Newspapers; Columbia Broadcasting System (CBS); Dallas Morning News; Detroit News; Dow Jones; International Herald Tribune; Los Angeles Times; McGraw-Hill World News; Miami Herald; Middle East Times; The Nation; National Broadcasting Corporation (NBC); National Public Radio (NPR); New York Times; Newsweek; San Francisco Chronicle; Time; US News & World Report; United Press International (UPI); Voice of America (VOA); Washington Post; and Washington Times.

BRITISH, EUROPEAN, AND OTHER MAJOR MEDIA REPRESENTATIVES IN CAIRO

ABC (Australian Broadcasting Corporation); AFP (Agence Francaise de Presse); Al Anba' (Kuwaiti); ANSA (Italian News Agency); APN (USSR); ARD (German Radio and Television); Africa Economic Digest; Al Hayat (London); Anatolian News Agency; BBC; DPA (German News Agency); The Daily Telegraph; Der Spiegel; The Economist; El Pais; The Financial Times; Frankfurter Rundschau; GDR Radio; German Radio; The Independent; Izvestia; Journal de Geneve; KUNA; Kyodo News; Li Independente; Le Monde; MEED (Middle East Economic Digest); Maclean's; Manichi; Middle East Times; Neues Deutschland; The Observer; People's Daily (China); Politika (Belgrade); RAI; Radio Suisse Internationale; Reuters; Sankei Shimbun (Tokyo); Sociedad Espanola de Radiofusion; Russian National TV and Radio; Stern; Suddeutsche Zeitung (Munich); Sunday Correspondent; Tass; Telegraaf (Dutch Newspaper); The Times; VISNEWS; Worldwide Television News; The Wall Street Journal; Vatican Radio; Xinhua News Agency; and Yomiuri Shimbun.

American Information Programs

PRESS AND PUBLICATIONS

The Pubic Affairs Section (formerly the United States Information Agency) provides many services inside the Embassy and for the Egyptian media. These activities include:

Media Reaction and Reporting:
- Provide daily reporting on major stories and editorial comment in Egypt to Washington
- Provide summaries and translations of stories of interest to other Embassy Sections

Media Support for the Ambassador:
- Arrange Ambassador's press conferences, interviews and briefings
- Provide probable media questions and answers to Ambassador for public events
- Travel with Ambassador in country to work with media outside Cairo
- Accompany Ambassador to public events to assist the media

Media support for Embassy and AID:
- Write and distribute all U.S. Embassy press releases
- Clear and arrange all media interviews or briefings for U.S. Embassy personnel
- Coordinate media coverage of AID activities with USAID
- Develop thematic media strategies and plan activities to support them
- Serve as spokesperson to provide information on USG and US Embassy

Distribution of Information to media and public:
- Distribute Washington File daily reports in English and Arabic
- Distribute special collections documents on topics of interest
- Maintain and update media related portions of the Embassy web site
- Placement of official texts and other information in the Egyptian newspapers

Support for Official Visits:
- Arrange press conferences, interviews, and briefings for all official visitors
- Assist any U.S. press traveling with the visitor
- Maintain contacts with Egyptian counterparts to ensure coordination of media concerns during official visits
- Prepare transcripts of public remarks and interviews given by official visitors

Support for U.S. Press in Egypt:
- Assist U.S. journalists in obtaining official credentialing for work in Egypt
- Arrange interviews and briefings with Embassy Officers, including the Ambassador

Assistance to the Egyptian Media:
- Arrange interviews, briefings and backgrounders for the Egyptian media
- Provide official texts and other US related documents as requested
- Help journalists traveling to the U.S. with visas, interview requests, contacts in the U.S.
- Nominate journalists for exchange and training programs in the U.S. and elsewhere

The ACA is located in a converted private residence, purchased by the U.S. Government in 1958. The building was gutted by fire at the beginning of the June 1967 Arab-Israeli War, at which time diplomatic relations between the U.S. and Egypt were severed. The center was renovated beginning in 1977, and after the signing of the Sinai disengagement accords, was reopened in 1979. The U.S. Foreign Commercial Service, Embassy shipping and general services offices and Amideast student advising and English language teaching program share the building.

The Consulate General was closed in September 1993. The building was sold in 1997 and all consular functions were transferred to the American Embassy in Cairo. A representative of American Citizen Services visits Alexandria on a monthly basis to provide consular services.

BOOK PROGRAM

The The Public Affairs Section's Regional Book Office in Cairo works with Egyptian publishers to produce Arabic translations of American books that address major themes important to U.S. foreign policy. The book translation program emphasizes works which promote better understanding of American society and portray recent American developments, ideas, and achievements in the fields of political science, international relations, economics and business, mass communications, history, environment, science, education, U.S. legal system, intellectual property rights, social trends, arts and literature, including works of contemporary fiction. These books explain American, culture, showcase American intellectual and artistic achievements, and address some of the pressing issues of mutual concern to Americans and Arabs which may not be met through commercial publishing channels. To date, the program has subsidized and supervised the translation into Arabic of 146 titles.

ENGLISH LANGUAGE PROGRAMS OFFICE

The Public Affairs Section works closely with the Government of Egypt to promote English teaching and training activities throughout the country. The Public Affairs Section offers programs in the areas of language acquisition, methodology, training, use of technology, and incorporating Civic Education and American Studies themes into the English classroom to universities, Ministry of Education schools and training centers, and a growing number of private-sector schools and training facilities. The Regional English Language Officer (RELO) and staff maintain a very active Academic Specialist exchange program and promote the sale of Agency-produced English teaching and training materials through a cooperative agreement with a local publisher.

FULBRIGHT COMMISSION

The U.S.-Egypt Fulbright Commission, founded in 1949, supervises the exchange of approximately 100 individuals annually. In addition the Commission, working with the Public Affairs Section, has developed programs for institutional advancement, such as the University Partnership Program, promoting cooperation between Egyptian and American institutions on a range of cultural and curricular issues. This is the only binational commission which has "Friends of Fulbright" adjunct dedicated to strengthening the links between the commission and the corporate and scholarly communities it serves. Fulbright screens and selects the Salzburg, Humphrey, Eisenhower, Hyderabad and Young African Leader grantees. The Cultural Attache sits on the Commission Board. Under contract to USAID, Fulbright supervises an Integrated English Language Program (IELP) which has American EFL experts in Faculties of Education and Ministry of Education in-service centers and ESP centers training and assisting Egyptian English teachers throughout the country

American Cultural Programs and Exchanges

EDUCATIONAL AND CULTURAL EXCHANGES

Through the large and multi-faceted educational and cultural exchange program administered by The Public Affairs Section (formerly USIS) in Egypt, about 35 Egyptians from a wide range of professions traveled to the United States in FY '99 under full or partial International Visitor grants. Of these, 9 traveled on Multi-Regional programs, including participants nominated by U.S. Embassies worldwide; 3 on Regional programs, 17 on Egypt-only programs, 6 on individual grants and 12 on special initiative grants.

CULTURAL PRESENTATIONS

A major new venue for cultural presentations, the Cairo Opera, is the focus of Embassy efforts to cooperate with the private sector in the production of major events. The Embassy also works closely with Egyptian institutions, universities and organizations in presenting cultural programs, speakers, performers, artists and American films. In addition, a variety of exhibits and seminars are conducted on such subjects as American literature, development, foreign policy, communications and the arts. Also, the Embassy uses news, documentary, and feature films from the Agency's collection for special invitational showings.

AMERICAN STUDIES INFORMATION RESOURCE CENTER

The American Studies Information Resource Center (ASIRC) includes reading and study areas, audio and videotape facilities, as well as CD-ROM and Internet search workstations. ASIRC's collection includes 14,000 circulating books, 3,000 reference volumes, and 125 periodical titles. Specialists in a wide variety of subject areas conduct cultural programming and provide professional information and reference services to mission officers and the Center's members in support of public diplomacy goals of the American Mission in Egypt, using state-of-the-art information resources, such as an online public access catalog (OPAC), online databank searching, and electronic document delivery.

U.S. SPEAKERS/ACADEMIC SPECIALISTS

American experts who are either U.S. based or locally recruited are programmed with key decision and public opinion makers at target institutions: universities, think tanks, media, judiciary, the legislature and government officials. Programs can be in the form of lectures, participation in seminars and conferences, or by conducting workshops. Program areas directly support of U.S. mission in Egypt objectives in areas such as the Peace Process, Economic and Social Development, Rule of Law and Human Rights, Democracy and Civil Society and American Studies.

BRANCH POST - ALEXANDRIA

The American Center Alexandria (ACA) is a branch post of the U.S. Embassy Cairo. Public Affairs Officer-Alex Juliet Wurr is director of the center; ten FSNs make up the PA-Alex team. The ACA houses a 7600 volume library, including 1300 reference books, subscriptions to 103 American periodicals and access to online data bases. PA Alexandria organizes workshops, lectures by U.S. speakers and academic specialists, Internet training sessions and other cultural activities in support of Mission goals. Participants from Alexandria travel to the U.S. on Fulbright grants, Hubert Humphry Fellowships and International and Citizen Exchange programs. This year a U.S. Fulbright Professor in American History is teaching at Alexandria University for four months.

OTHER AMERICAN INSTITUTIONS IN EGYPT

The American University in Cairo (AUC), with 3,624 undergraduates, 648 graduate students and 15,263 evening students, brings American educational techniques and concepts to Egypt and provides considerable cultural input through its own cultural and educational activities. Egyptians form 84.6% of the student body, Americans 30% and others (mostly Arab) 15.4% (1998-9 profile).

The American Research Center in Egypt (ARCE), which also receives USG grants, is a private organization whose primary function is to facilitate the work of American scholars in Egypt to carry out archeological and academic research projects.

Student counseling in Cairo and Alexandria is performed by the American-Middle East Educational Training Services (AMIDEAST) under a grant from USG. The Embassy maintains close liaison with the AMIDEAST staff, which counsels over 25,000 students annually. AMIDEAST handles youth exchange projects for organizations such as Open Door. AMIDEAST also provides English and specialized training courses at their Professional Resource Centers in Cairo and Alexandria.

The Ford Foundation has a regional office in Cairo and sponsors a range of projects oriented towards social and economic development.

The Center for Arabic Study Abroad (CASA), contained in AUC's Arab Language Institute, is a consortium of 18 American universities (including AUC) funded primarily by the USG, also receives financial support from corporate donors, and the constituent members. In aiming to raise the level and broaden the base of Arabic-language competence in the American academic community, CASA provides summer and full-year programs for American graduate and undergraduate students with at least two years of prior instruction in Arabic.

Library of Congress - Cairo (LOC) is a regional office which acquires scholarly materials for LOC and more than 30 research libraries. As part of the Legislative Branch, its primary mission is to serve the informational need of Congress.

USAID: 25 YEARS IN EGYPT 1975-2000

The United States Agency for International Development (USAID) administers the United States Government's economic assistance programs abroad.

USAID's partnership with Egypt began in 1975. Following the Camp David Accords in 1979, the U.S. Congress substantially increased U.S. economic assistance to Egypt. Prior to 1999, Egypt received about $815 million annually, the largest USAID program in the world, aimed at enhancing stability, democracy and prosperity in Egypt and the Middle East region.

USAID support has played an important role in ensuring that Egyptians have access to dependable electricity, clean water, improved health care, more schools, reliable telecommunications, cleaner air, new agricultural technologies, and expanded support for farmers and small and medium-sized businesses. The $22 billion in economic assistance from the United States over the past 25 years have enhanced overall quality of life for the Egyptian people, and helped lay the foundation for a stronger, market-oriented economy.

THE SEVENTIES

When USAID launched its program in 1975, Egypt was in transition, moving away from 40 years of state intervention and tight control of resources. The country was confronting extreme economic and political challenges: the economy was at a standstill; physical infrastructure had almost irreparably deteriorated; technical and scientific ties with the West had broken down; agricultural productivity was low; and basic health and welfare services were poor.

Focusing at first on immediate economic needs, the United States assisted clearing, repairing and reopening the Suez Canal, restoring this important trade artery to Egypt and the world.

Thereafter USAID supported renovating and expanding critical infrastructure such as power, water and wastewater, grain storage, telecommunications and port facilities. At the same time professional and institutional ties between Egypt and the United States were also restored.

THE EIGHTIES

By the early 1980s, USAID had broadened its assistance to more directly improve the quality of life for Egyptians, particularly in rural areas. Agriculture, health, basic education, and local development received greater attention. During this period USAID also began helping Egypt rebuild its industrial and commercial

base through a commodity import program which provided commodities, equipment and intermediate goods.

Egypt's efforts in structural adjustment and economic policy reforms opened up a greater role for the private sector at every level. USAID supported regulatory change and privatization, while facilitating market entry and increasing employment through greater access to credit for small businesses.

THE NINETIES

In the early 1990s, responding to Egypt's changing needs, USAID shifted its emphasis. More attention was given to supporting the Egyptian Government's efforts to accelerate economic growth, privatize state-owned enterprises, increase exports, increase water-use efficiency, expand access to sustainable infrastructure services, improve civil courts, improve women's and children's health services, reduce air pollution, protect natural resources, and strengthen Egyptian non-governmental organizations to play a more active role in development activities.

Since 1994, the U.S.-Egyptian Partnership for Economic Growth and Development, established by Egyptian President Hosni Mubarak and U.S. Vice President Al Gore, has provided a framework for further economic development through policy dialogue between the public and private sectors.

2000 AND BEYOND: AID TO TRADE

USAID's relationship with Egypt will continue to evolve. As Egypt strengthens its role in the global economy, trade and investment in Egypt will increase while the role of economic assistance will decline. In the context of the U.S.-Egyptian Partnership, USAID activities will support Egypt's transition to a successful emerging economy with expanded job opportunities and a better quality of life for all Egyptians.

Into the 21st Century, USAID Remains Committed to Sustainable Economic and Social Development in Egypt.

U.S. Economic Assistance Breakdown - 1975-1997:

- $ 5.3 billion - physical infrastructure (water, sanitation, power, telecommunications, industry);
- $ 4.5 billion - basic services (health, family planning, education, agriculture, environment);
- $ 6.2 billion - commodity imports (equipment and materials for industry and development);
- $2.8 billion - cash transfers (policy reform, structural adjustment);
- $3.9 billion - food aid (grain imports, ended in 1990).

THE IMPACT

HEALTH

Deaths among infants and children under five years of age have dropped by more than 50%: infant mortality rates fell from 129 per 1000 live births in 1975 to 53 in 1997.

Diarrheal disease no longer represents the number one cause of infant mortality as a result of the expanded use of oral rehydration therapy (ORT), which reached 43% in 1992.

A national childhood immunization program against tuberculosis, measles, pertussis, diphtheria, tetanus, polio and hepatitis B dramatically increased immunization rates over the past five years to almost 90%, giving Egypt one of the highest immunization coverage rates in the world. Death and disability rates from these diseases have declined as immunization rates increased.

Nearly 100% of Egyptians have access to primary health care services.

Schistosomiasis (bilharzia) -- once a major public health problem in rural areas -- has been reduced to the lowest levels ever recorded due to extensive research to develop new control methods.

POPULATION

Egypt's 1997 Demographic and Health Survey revealed a dramatic decline in fertility, from the 1979 average of 5.3 live births per woman to 3.3 in 1997. This drop in fertility is due to increased contraceptive use, from 37% to 54% respectively, the result of a massive Egyptian effort to expand and improve the quality of family planning information and services.

EDUCATION AND TRAINING

Over 1,900 schools have been constructed throughout Egypt, serving approximately one million children, increasing attendance and reducing dropout rates.

Each year 4,800 girls in low-income areas -- who would otherwise not go to school or would be forced to drop out -- receive scholarships to attend primary school.

Over 14,500 Egyptian professionals have been trained in many of the best academic and technical institutions in the U.S. in a variety of fields, including agriculture, engineering, medical services and administration, and management.

More than 19,000 students have attended training programs in the United States.

U.S. and Egyptian universities have collaborated on nearly 470 research activities.

ENVIRONMENT

Urban water and wastewater systems in Cairo, Alexandria and other major cities, serving some 22 million Egyptians, have been rehabilitated and expanded.

Raw sewage flooding in Cairo and Alexandria has stopped; discharge of sewage onto the beaches of Alexandria has been reduced.

Less polluting fuels have reduced air pollution, with unleaded gasoline mandated since 1996 and about 19,000 vehicles converted to compressed natural gas in 1998.

Levels of pollutants such as sulfur dioxide, nitrogen oxide and carbon monoxide were reduced in urban areas, after technical assistance, training and equipment were provided to more than 150 industries to reduce pollution and conserve energy.

A marine park sanctuary was created for the islands and coral reefs of the Red Sea coast.

AGRICULTURE

The decontrol of 11 major crops resulted in a 46% percent increase in cultivated land area devoted to these crops and production increases of about 36% in wheat, 26% in rice, and 28% in maize. From 1987 to 1993 Egypt had the highest average annual yield increase in the world for rice, from 5,830 to 7,710 kilograms per hectare.

Farmers have increased exports of high-value crops such as grapes, melons, strawberries and potatoes through improved technologies, management practices and market information.

Waterlogging and soil salinity are being reduced through improved irrigation practices, including replacement of over 17,000 obsolete irrigation structures, affecting two million farmers.

Water user associations, now numbering 1,400, have been given control over water usage decisions.

More than 2.3 million small farmers have increased access to credit.

ECONOMIC OPPORTUNITY

About 100,000 jobs have been created since 1988 through small businesses. A total of 350,000 loans valued at approximately $560 million have been provided to 145,000 borrowers. In 1997 alone, 71,000 loans, valued at $74 million, were disbursed to more than 31,000 borrowers.

At least 85 public sector companies have been sold on the stock exchange, sold to investors or employees, or liquidated, most since 1996.

Private sector participation in the market for a wide range of imported commodities from corn, soybeans, wheat and vegetable oil to tractors, packaging material and dental equipment increased dramatically as the public sector's monopoly on bulk imports was eliminated.

Private sector exports increased 15% annually between 1994 and 1997.

Over 1,200 private sector companies have imported equipment and materials from more than 1,600 American suppliers, building important trade links with U.S. exporters. Since 1986, over 7,000 import transactions have been financed, totaling almost $2 billion.

Import tariffs on most goods have been reduced from 150% in 1991 to 31% in 1998.

Egyptian producers have been introduced to new external markets and the demands for competitiveness which this brings.

LOCAL DEVELOPMENT

Over 16,000 basic infrastructure projects have been implemented in each of Egypt's 26 governorates through matching grants from USAID and the central Egyptian government. These projects, selected locally, have benefited over 75% of the rural population.

1,473 village water systems provide clean, piped water to 22 million people;

3,250 kilometers of roads connect villagers to their homes, farms, and work;

4,793 classrooms added to existing schools provide space for 184,000 students;

New wastewater treatment plants in 25 villages contribute to improved health for about 350,000 inhabitants.

CITIZEN PARTICIPATION

USAID support has enhanced each governorate's capability to plan and implement local projects and has increased awareness of the importance of maintenance in the sustainability of infrastructure.

Since 1992, 67 grants totaling $17.3 million have been awarded to 19 Egyptian and 14 U.S. non-governmental organizations (NGOs) to carry out development activities throughout Egypt.

Services provided under these grants benefited 450 Egyptian NGOs and reached more than 500,000 Egyptians.

Egyptian NGOs have received 5,000 grants for small services projects in low-income areas. Since 1994, 290 community-based development projects have been implemented by 150 Egyptian NGOs.

USAID is assisting with the automation of commercial and civil court operations and with the training of 5,500 judges, prosecutors and court administrators in civil law.

TELECOMMUNICATIONS

Approximately 700,000 telephone lines, serving 2.8 million Egyptians, were installed with USAID assistance.

The average number of telephones per 100 residents increased from 1.2 to 7.5; telephone lines increased from 50,000 to over 4.7 million; international circuits increased from 820 to 8,840; between 1978 and 1997, the number of communities connected to the direct dial network rose from 7 to 251.

ENERGY

Approximately 95% of Egyptians have access to electricity.

Over 2,500 megawatts of electric generating capacity have been installed and an additional 2,500 megawatts rehabilitated, amounting to over 40% of the total electricity output of Egypt. The Aswan High Dam Power Station was rehabilitated prolonging the life of the station for 30 years and increasing efficiency by 5%.

USAID Public Relations Office
Mansour Building
Zaharaa Al Maadi
Phone: 20-2-561-55505
Fax: 20-2-521-8501

Egypt Desk
Bureau for Asia & the Near East
USAID
Ronald Reagan Building
1201 Pennsylvania Avenue, NW
Washington, DC 20004
Phone: (202) 712-0050
Fax: (202) 216-3028
Web site: www.usaid-eg.org

USEFUL INTERNET LINKS ON EGYPT

United States Mission in Egypt – www.usembassy.egnet.net

The Egyptian Presidency -- www.presidency.gov.eg

Egypt' Parliament -- www.parliament.gov.eg/index.htm

Egypt's Information Highway -- www.idsc.gov.eg

Egypt State Information Service -- www.sis.gov.eg

Egyptian Tourism Authority -- http://touregypt.net

Egypt: Country Profile -- www.ifc.org/camena/egypt.htm

Egyptian Universities Network (EUN) Homepage -- www.frcu.eun.eg

U.S.-Egypt Partnership for Economic Growth and Development -- http://usembassy.egnet.net/usegypt/usegmain.htm

U.S. Foreign Commercial Service Country Commercial Guide for Egypt -- http://www.ita.doc.gov/uscs/ccg98/ccgoegyp.html

U.S. Energy Information Administration -- http://www.eia.doe.gov/emeu/cabs/egypfull.html

COMESA (Common Market for Eastern and Southern Africa) site on Egypt -- http://www.comesa.int/states/egypt/qegycont.htm

Al Azhar Institution -- www.alazhar.org/index6.htm

The Coptic Patriarchate -- www.copticpope.org/

Snap search on Egypt with useful links:
http://nscp.snap.com/search/directory/results/1,61,nscp-0,00.html?tag=st.sn.sr.1.pg&keyword=%22Egyptian+government%22&start=0&dm=1
http://www.internets.com/segypt.htm
http://www.egyptsearch.com/

Egypt

Epidemiological Fact Sheet

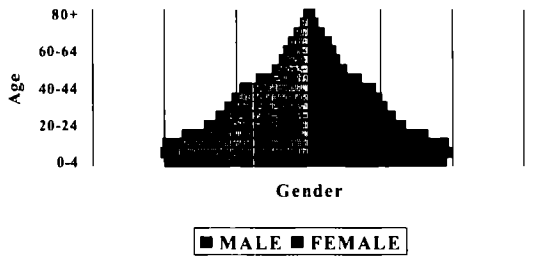
on HIV/AIDS and sexually transmitted diseases

UNAIDS
UNICEF • UNDP • UNFPA
UNESCO • WHO • WORLD BANK

World Health Organization

Country information

Population pyramid, 1997



Indicators	Year	Estimate	Source
Total Population (thousands)	*1997*	64,465	UNPOP
Population Aged 15-49 (thousands)	*1997*	32,675	UNPOP
Annual Population Growth			
% of Population Urbanized	*1996*	45	UNPOP
Average Annual Growth Rate of Urban Population	*1980-1996*	3	UNPOP
Net Migration Rate			
GNP Per Capita (US$)	*1995*	790	World Bank
GNP Per Capita Average Annual Growth Rate	*1985-1995*	1	World Bank
Human Development Index Rank (HDI)		109	UNDP
Real GDP Per Capita Rank - HDI Rank		-20	UNDP
Gender Related Development Index Rank		100	UNDP
Gender Empowerment Measure Rank		75	UNDP
Human Poverty Index Value (HPI)		34.8	UNDP
% Population Economic Active	*1995*	30	ILO
Unemployment Rate	*1995*	11	ILO
Total Adult Literacy Rate			
Adult Male Literacy Rate			
Adult Female Literacy Rate			
Male Secondary School Enrollment Ratio	*1990-1995*	82	UNESCO
Female Secondary School Enrollment Ratio	*1990-1995*	71	UNESCO
Crude Birth Rate (births per 1,000 pop.)	*1996*	27	UNPOP
Crude Death Rate (deaths per 1,000 pop.)	*1996*	7	UNPOP
Maternal Mortality Rate (per 100,000 live births)	*1990*	170	WHO/UNICEF
Life Expectancy at Birth	*1996*	65	UNPOP
Total Fertility Rate			
Infant Mortality Rate (per 1,000 live births)	*1996*	57	UNICEF/UNPOP
Under Five Mortality Rate (per 1,000 live births)	*1996*	78	UNICEF
% Population Access to Safe Water			
% Population Access to Adequate Sanitation			

Contact address:
UNAIDS/WHO Working Group on Global HIV/AIDS and STD Surveillance
20, Avenue Appia
CH - 1211 Geneva 27
Switzerland
Fax: +41-22-791-4878
e-mail: Surveillance@UNAIDS.org
http://www.who.ch/emc/diseases/hiv
http://www.unaids.org

UNAIDS/WHO Working Group on Global HIV/AIDS and STD Surveillance

Global surveillance of HIV/AIDS and sexually transmitted diseases (STDs) is a joint effort of WHO and UNAIDS. The UNAIDS/WHO Working Group on Global HIV/AIDS and STD Surveillance, initiated in November 1996, guides respective activities. The primary objective of the working group is to strengthen national, regional and global structures and networks for improved monitoring and surveillance of HIV/AIDS and STDs. For this purpose, the working group collaborates closely with national AIDS programmes and a number of national and international experts and institutions. The goal of this collaboration is to compile the best information available and to improve the quality of data needed for informed decision-making and planning at national, regional and global levels. The Epidemiological Fact Sheets are a first output of this close and fruitful collaboration across the globe.

Following a series of consultations, the working group and its partners established a framework standardizing the collection of data deemed important for a thorough understanding of the current status and trends of the epidemic, as well as patterns of risk and vulnerability in the population. Within this framework, the Fact Sheets collate the most recent country-specific data on HIV/AIDS prevalence and incidence, together with information on behaviours (e.g. casual sex and condom use) which can spur or stem the transmission of HIV. The data include prevention indicators developed by WHO's Global Programme on AIDS, which aim to measure trends in knowledge of AIDS, relevant behaviours, and a host of other factors influencing the epidemic. Additional indicators – for example, on care and support -- will be included when available.

Not unexpectedly, information on all of the agreed-upon indicators was not available for many countries in 1997. However, the fact sheets do contain a wealth of information which allows identification of strengths in currently existing programmes and comparisons between countries and regions. The fact sheets may also be instrumental in identifying potential partners when planning and implementing improved systems.

The fact sheets can be only as good as information made available to the UNAIDS/WHO Working Group on Global HIV/AIDS and STD Surveillance. Therefore, the working group would like to encourage all programme managers as well as national and international experts to communicate additional information to the working group whenever such information becomes available. The working group also welcomes any suggestions for additional indicators or information proven to be useful in national or international decision making and planning.

Estimated number of people living with HIV/AIDS

In 1997 and during the first quarter of 1998, UNAIDS and WHO worked closely with national governments and research institutions to recalculate current estimates on people living with HIV/AIDS. These calculations are based on the previously published estimates for 1994 (WER 1995; 70:353-360) and recent trends in HIV/AIDS surveillance in various populations. Epimodel 2, a microcomputer programme originally developed by the WHO Global Programme on AIDS, was used to calculate the new estimates on prevalence and incidence of AIDS and AIDS deaths, as well as the number of children infected through mother-to-child transmission of HIV, taking into account age-specific fertility rates. An additional spreadsheet model was used to calculate the number of children whose mothers had died of AIDS.

The current estimates do not claim to be an exact count of infections. Rather, they use a methodology that has thus far proved accurate in producing estimates which give a good indication of the magnitude of the epidemic in individual countries. However, these estimates are constantly being revised as countries improve their surveillance systems and collect more information. This includes information about infection levels in different populations, and behaviours which facilitate or impede infection.

Adults in this report are defined as women and men aged 15 to 49. This age range covers people in their most sexually active years. While the risk of HIV infection obviously continues beyond the age of 50, the vast majority of those who engage in substantial risk behaviours are likely to be infected by this age. Since population structures differ greatly from one country to another, especially for children and the upper adult ages, the restriction of the term adult to 15-to-49-year-olds has the advantage of making different populations more comparable. This age range was used as the denominator in calculating adult HIV prevalence.

Estimated number of adults and children living with HIV/AIDS, end of 1997

These estimates include all people with HIV infection, whether or not they have developed symptoms of AIDS, alive at the end of 1997

Adults and children	-		
Adults (15-49)	**8100**	**Adult rate (%)**	**0.03**

Estimated number of AIDS cases

Estimated number of AIDS cases in adults and children that have occured since the beginning of the epidemic:

Cumulative no. of AIDS cases

Estimated number of deaths due to AIDS

Estimated number of adults and children who died of AIDS since the beginning of the epidemic:

Cumulative deaths

Estimated number of adults and children who died of AIDS during 1997:

Deaths in 1997

Estimated number of orphans

Estimated number of children who have lost their mother or both parents to AIDS (while they were under age 15) since the beginning of the epidemic:

Cumulative orphans

Estimated number of children who have lost their mother or both parents to AIDS and who were alive and under age 15 at the end of 1997:

Current living orphans

HIV Sentinel surveillance

This section contains information about HIV prevalence in different populations. The data reported in the tables below are mainly based on the HIV data base maintained by the United States Bureau of the Census and are a compilation of data from different sources, including national reports, scientific publications and abstracts. To provide for a simple overview of the current situation and trends over time, summary data are given by population group, geographical area (Major Urban Areas versus Outside Major Urban Areas), and year of survey. Studies conducted in the same year are aggregated and the median prevalence rates (in percentages) are given for each of the categories. The maximum and minimum prevalence rates observed, as well as the total number of surveys/sentinel sites, are provided with the median, to give the reader an overview of the diversity of HIV-prevalence results in a given population within the country.

The differentiation between the two geographical areas Major Urban Areas and Outside Major Urban Areas is not based on strict criteria, such as the number of inhabitants. For most countries, Major Urban Areas were considered to be the capital city and – where applicable – other metropolitan areas with similar socio-economic patterns. This distinction assumes that capital cities in many countries have specific characteristics related to the prevalence of higher risk behaviour and a concentration of HIV infections. The term Outside Major Urban Areas considers that most sentinel sites are not located in strictly rural areas, even if they are located in somewhat rural districts. Site/study-specific data on which the medians were calculated are printed in an annex at the end of this fact sheet.

HIV prevalence in selected populations in percent

Group	Area		1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997
Pregnant women	Major Urban Areas	N_Sites					1			1	2	2	2			
		Minimum					0			0	0	0	0			
		Median					0			0	0	0	0			
		Maximum					0			0	0	0	0			
Pregnant women	Outside Major Urban Areas	N_Sites									1	1				
		Minimum									0	0				
		Median									0	0				
		Maximum									0	0				

Group	Area		1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997
Sex workers	Major Urban Areas	N_Sites							1			1				
		Minimum							0			0				
		Median							0			0				
		Maximum							0			0				
Sex workers	Outside Major Urban Areas	N_Sites									1	1	1			
		Minimum									0	0	0			
		Median									0	0	0			
		Maximum									0	0	0			

Group	Area		1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997
Injecting drug users	Major Urban Areas	N_Sites										1	1			
		Minimum										0	7.6			
		Median										0	7.6			
		Maximum										0	7.6			

Group	Area		1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997
Prisoners	Outside Major Urban Areas	N_Sites								1	1	1	1			
		Minimum								0	0	0	0			
		Median								0	0	0	0			
		Maximum								0	0	0	0			

Group	Area		1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997
STD patients	Major Urban Areas	N_Sites					1		1			2				
		Minimum					0.7		0.8			0				
		Median					0.7		0.8			0.165				
		Maximum					0.7		0 8			0.33				
STD patients	Outside Major Urban Areas	N_Sites				1										
		Minimum				0										
		Median				0										
		Maximum				0										

Assessment of epidemiological situation

Assessment of country epidemiological situation

HIV testing has been conducted among antenatal clinic women in Egypt since the mid-1980s. HIV testing in Cairo and Alexandria up until 1994 have found no evidence of HIV infection among antenatal clinic women. Nor has there been any evidence of HIV infection among antenatal women tested in Aswan in 1992 and 1993.

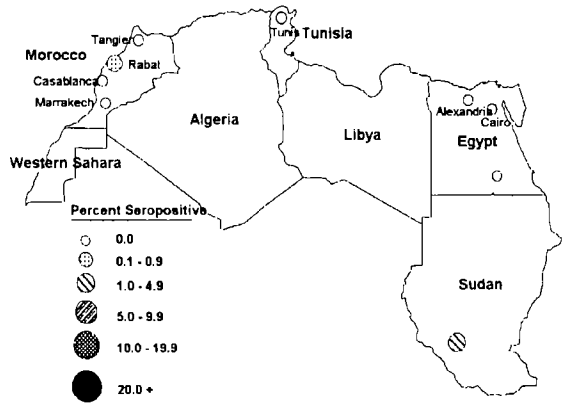
There has been no evidence of HIV infection among sex workers tested in the major urban areas of Alexandria (1990-91) and Cairo (1993). Nor has there been any evidence of HIV infection among sex workers tested outside of these major urban areas in 1992, 1993 or 1994.

A study among IV drug users in Cairo, 1994, found nearly 8 percent of users tested positive for HIV.

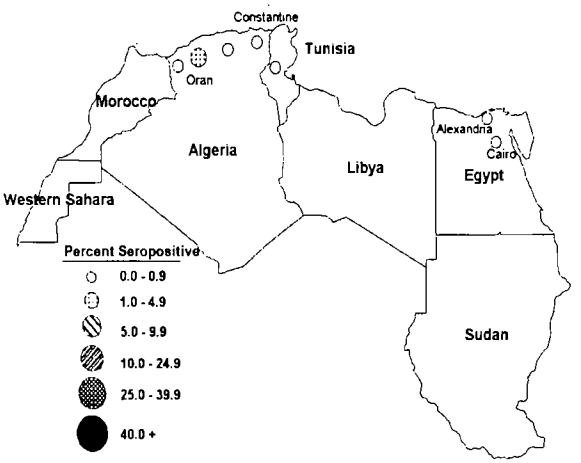
In Alexandria and Cairo, less than 0.5 percent of male STD clinic patients tested were positive for HIV.

Regional maps

Seroprevalence of HIV-1 for Pregnant Women in North Africa



Seroprevalence of HIV-1 for Sex Workers in North Africa



Reported AIDS cases

AIDS cases by year of reporting

1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	Total	Unknown
0	0	0	0	0	0	0	2	3	6	9	7	12	23	29	22	16	14	25		168	

Date of last report: 31-Dec-1997

AIDS cases officially reported to WHO. Due to gaps in diagnosis, underreporting, and reporting delays, officially reported AIDS cases represent only a portion of all cases in a country. Completeness of reporting varies substantially from one country to another, from less than 10% in some countries with fewer resources to more than 80% in most industrialized countries (please also compare with the section on estimates). Therefore, distribution by age, sex and modes of transmission may not be representative for all people living with AIDS in a given country.

AIDS cases by mode of transmission

Hetero: Heterosexual contacts.
Homo/Bi: Homosexual contacts between men.
IDU: Injecting drug use. This transmission category also includes cases in which other high-risk behaviours were reported, in addition to injection of drugs.
Blood: Blood and blood products.
Perinatal: Vertical transmission during pregnancy, birth or breastfeeding.
NS: Not specified/unknown.

Sex	Trans. group	<94	94/<95	1995	1996	1997	1998	Unkn.	Total	%
All	All			16	14	25				
	Hetero			9	9	12				
	Homo/Bi			1	4	4				
	IDU			2	0	1				
	Blood			2	0	4				
	Perinatal			0	0	0				
	Other known			0	0	0				
	Unknown			2	1	4				
Male	All			1	4	4				
	Hetero			0	0	0				
	Homo/Bi			1	4	4				
	IDU			0	0	0				
	Blood			0	0	0				
	Other known			0	0	0				
	Unknown			0	0	0				
Female	All			0	0	0				
	Hetero			0	0	0				
	IDU			0	0	0				
	Blood			0	0	0				
	Other known			0	0	0				
	Unknown			0	0	0				
NS	All			15	10	21				
	Hetero			9	9	12				
	IDU			2	0	1				
	Blood			2	0	4				
	Perinatal			0	0	0				
	Other known			0	0	0				
	Unknown			2	1	4				

AIDS cases by age and sex

Sex	Age	<1994	94/<95	1995	1996	1997	1998	Unkn.	Total	%
All	All			16	14	25				
	0-14			0	0	0				
	15-19			0	0	0				
	20-29			1	5	7				
	30-49			2	9	17				
	50+			0	0	1				
	NS			13	0	0				
Male	All			3	14	21				
	0-14			0	0	0				
	15-19			0	0	0				
	20-29			1	5	5				
	30-49			2	9	15				
	50+			0	0	1				
	NS			0	0	0				
Female	All			0	0	4				
	0-14			0	0	0				
	15-19			0	0	0				
	20-29			0	0	2				
	30-49			0	0	2				
	50+			0	0	0				
	NS			0	0	0				
NS	All			13	0	0				
	0-14			0	0	0				
	15-19			0	0	0				
	20-29			0	0	0				
	30-49			0	0	0				
	50+			0	0	0				
	NS			13	0	0				

Curable STDs

Control and prevention of sexually transmitted diseases (STD) have been recognized as a major strategy in the prevention of HIV infection and ultimately AIDS. Consequently, monitoring different components of STD control can also provide information on HIV prevention within a country. One of the cornerstones of STD control is adequate management of patients with symptomatic STDs. This includes diagnosis, treatment, and individual health education and counselling on disease prevention and partner notification.

Estimated incidence and prevalence of curable STDs

	Incidence				Prevalence			
STDs	Year	Male	Female	All	Year	Male	Female	All
Chlamydia trach.								
Gonorrhoea								
Syphilis								
Trichomonas								
Comments								
Source								

STD Incidence, men

Prevention Indicator 9: Proportion of men aged 15-49 years who reported episodes of urethritis in the last 12 months.

Year	Area	Age	Rate	N=
n/a				
n/a				

Comments:

Sources:

STD Prevalence, women

Prevention Indicator 8: Proportion of pregnant women aged 15-24 years attending antenatal clinics whose blood has been screened with positive serology for syphilis.

Year	Area	Age	Rate	N=
n/a				
n/a				

Comments:

Sources:

STD Case management (counselled)

Prevention Indicator 7: Proportion of people presenting with STD or for STD care in health facilities who received basic advice on condoms and on partner notification.

Year	Area	Age	Rate	N=
n/a				
n/a				

Comments:

Sources:

STD Case management (treatments)

Prevention Indicator 6: Proportion of people presenting with STD in health facilities assessed and treated in an appropriate way (according to national standards).

Year	Area	Age	Rate	N=
n/a				
n/a				

Comments:

Sources:

Health service indicators

HIV-prevention strategies depend on the twin efforts of care and support for those living with HIV or AIDS, and targeted prevention for all people at risk or vulnerable to the infection. These efforts may range from reaching out to vulnerable communities through large-scale educational campaigns or interpersonal communication; provision of treatment for STDs; distribution of condoms and needles; creating an enabling environment to reduce risky behaviour; voluntary testing and counselling; home or institutional care for persons with symptomatic HIV infection; and preventing perinatal transmission and transmission through infected needles or blood in health care settings. It is difficult to capture such a large range of activities with one or just a few indicators. However, a set of well-established health care indicators -- such as the percentage of a population with access to health care services; the percentage of women covered by antenatal care; or the percentage of immunized children -- may help to identify general strengths and weaknesses of health systems. Specific indicators, such as access to testing and blood screening for HIV, help to measure the capacity of health services to respond to HIV/AIDS-related issues.

Access to health care

Indicators	Year	Estimate	Source
% of Pop. with access to health services - total:			
% of Pop. with access to health services - urban:			
% of Pop. with access to health services - rural:			
Contraceptive prevalence rate (%):			
% of births attended by trained health personnel:			
% of pregnant women immunized against tetanus:	*1995-1996*	55	UNICEF
% fully immunized - Tuberculosis:	*1995-1996*	91	UNICEF
% fully immunized - DPT:	*1995-1996*	77	UNICEF
% fully immunized - Polio:	*1995-1996*	77	UNICEF
% fully immunized - Measles:	*1995-1996*	85	UNICEF
Proportion of blood donations tested:			
% of ANC clinics where HIV testing is available:			
HIV/AIDS Hospital Occupancy Rate (Days):			

Latex condoms are the only technology available that can prevent sexual transmission of HIV/STD. Persons needing protection in situations that carry risk should have consistent access to high quality condoms. National AIDS Programmes implement activities to increase both availability of and access to condoms. The two condom availability indicators below are intended to highlight areas of strength and weakness at the beginning and at the end of the distribution system so that programmatic resources can be directed appropriately to problem areas.

Condom availability (central level)

Prevention Indicator 2: Availability of condoms per capita in the country over the last 12 months (central level).

Year	Area	N	Rate
n/a			

Comments:
Sources:

Condom availability (peripheral level)

Prevention Indicator 3: Proportion of people who can acquire a condom (peripheral level).

Year	Area	N	Rate
n/a			

Comments:
Sources:

Knowledge and behaviour

Information on knowledge and behaviour related to HIV/AIDS is essential in identifying populations at risk for HIV infection. It is also critical in assessing changes over time as a result of prevention efforts. Guidelines and recommendations have been published in the publication: "Evaluation of a National AIDS Programme: A methods package. 1. Prevention of HIV infection. WHO/GPA/TCO/SEF/94.1 Geneva, 1994".

Knowledge of HIV-related preventive practices

Prevention Indicator 1: Proportion of people citing at least two acceptable ways of protection from HIV infection.

Year	Area	Age group	Male	Female	All
n/a		15-19			
n/a		20-24			
n/a		25-49			
n/a		15-49			

Comments: •
Sources:

Reported non-regular sexual partnerships

Prevention Indicator 4: Proportion of sexually active people having at least one sex partner other than a regular partner in the last 12 months.

Year	Area	Age group	Male	Female	All
n/a		15-19			
n/a		20-24			
n/a		25-49			
n/a		15-49			

Comments:
Sources:

Reported condom use in risk sex (gen pop)

Prevention Indicator 5: Proportion of people reporting the use of a condom during the most recent intercourse of risk.

Year	Area	Age group	Male	Female	All
n/a		15-19			
n/a		20-24			
n/a		25-49			
n/a		15-49			

Comments:
Sources:

Knowledge and behaviour

Ever use of condom

Percentage of people who ever used a condom.

Year	Area	Age group	Male	Female	All
1988	All	15-19		0.9	
1988	All	20-24		4.1	
1988	All	40-44		11.6	
1988	All	45-49		6.5	
1988	All	Total		8.6	
1992	All	15-19		1.1	
1992	All	20-24		1.8	
1992	All	25-29		5.6	
1992	All	40-44		12	
1992	All	45-49		9.5	
1992	All	Total		7.5	
1995	All	15-19		0.6	
1995	All	20-24		3.1	
1995	All	25-29		6.3	
1995	All	30-34		8.6	
1995	All	35-39		10.8	
1995	All	40-44		11.1	
1995	All	45-49		8.1	
1995	All	Total		7.7	

Comments: Ever-married women
Sources: Demographic and Health Survey

Median age at first sexual intercourse

Median age of people at which they first had sexual intercourse.

Year	Area	Age group	Male	Female	All
1995	All	20-24		20.2	
1995	All	45-49		18	

Comments: Median is for women aged 25-29; median for 20-24 was not calculated since less than 50% had had sex.
Sources: DHS/1995

Adolescent pregnancy

Percentage of teenagers 15-19 who are mothers or pregnant with their first child.

Year	Area	Age group	Rate	N
1992	All	15	1.2	707
1992	All	16	3.9	695
1992	All	17	6.1	671
1992	All	18	12.8	697
1992	All	19	20.8	654
1995	All	15	0.9	1050
1995	All	16	3.3	1049
1995	All	17	9.3	958
1995	All	18	17.5	905
1995	All	19	25.3	738

Comments:
Sources: DHS/1992

Sources

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Annex: HIV Surveillance data by site

Group	Area		1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997
Pregnant women	Outside Major Urban Areas	Aswan								0	0				
	Major Urban Areas	Alexandria								0	0	0			
		Cairo				0				0	0	0			

Group	Area		1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997
Sex workers	Outside Major Urban Areas	Not specified								0	0	0			
	Major Urban Areas	Alexandria									0				
		Cairo						0							

Group	Area		1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997
Injecting drug users	Major Urban Areas	Alexandria									0				
		Cairo										7.6			

Group	Area		1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997
Prisoners	Outside Major Urban Areas	Not specified							0	0	0	0			

Group	Area		1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997
STD patients	Outside Major Urban Areas	National			0										
	Major Urban Areas	Alexandria									0				
		Cairo				0.7		0.8			0.33				

Notes:

Asia/Near East

Briefing Book U.S. Assistance to Egypt

Vital Statistics

Population: 59.3 million

Population Density 59 persons/sq. km.

Size 386,000 sq. mi.

GDP$45.0 billion

Per Capita GDP 1992 : $1,869
(source: Penn World Tables)

Life Expectancy
Males: 63 years
Females:66 years

USAID Assistance
Since 1979: $21 billion
In 1999: $775 million

Source: 1997 Egypt Statistical Yearbook unless otherwise noted

Introduction

In 1979, following the Camp David Accords and recognizing Egypt's moderating role in the Middle East, Egypt became one of the U.S. largest economic assistance programs in the world. Since then the U.S. Congress has provided an average of $815 million annually to support the strong development partnership that the United States and Egypt enjoy.

Overview

Following 40 years of state intervention in resource allocation, Egypt has made significant strides over the past 15 years in its transition to a market-oriented economy. The country has successfully stabilized its economy and initiated numerous social and economic reforms. For example, in 1990 Egypt's total fertility rate (number of children per married woman) was 4.1. In 1997 it had dropped to 3.3, a significant achievement, as few countries have fertility rates that decline this rapidly. In 1990 contraceptive prevalence was 47 percent. Today it stands at 54 percent. In 1990 infant mortality (deaths per 1,000 live births) was 77. Today this figure is down to 53. In 1988 54 percent of children ages 12-23 months were fully immunized. Today coverage stands at 84 percent, which exceeds that of the United States.

In addition, between 1990 and 1998 Egypt's economy has rapidly improved: Inflation fell from 15 percent to 3.5 percent. The budget deficit declined from 17 percent of GDP to less than 1 percent. GDP growth has risen from 3.6 percent to approximately 5 percent. In 1990 foreign exchange reserves were down to $8.2 billion. Today net international reserves currently stand at approximately $20 billion. In 1990 Egypt's foreign debt was 150 percent of GDP. Today it approximates 40 percent. In 1990 no state-owned firms had been privatized. Today 84 privatizations have been carried out.

While Egypt is an enthusiastic development partner and real economic and social progress has indeed been made, Egypt needs to complete the transition to a fully open, efficient economy that generates the 500,000 jobs annually needed to absorb new entrants into the job market. This will require continued legal and regulatory reform to encourage private sector investment. Furthermore, Egypt will have to make substantial investments in health, family planning, education, the environment, and other basic services to reach vast segments of the population currently inadequately served.

In September 1994, to further stimulate development efforts, Vice President Al Gore and Egyptian President Hosni Mubarak launched the U.S.-Egyptian Partnership for Economic Growth and Development. This initiative brought about two fundamental changes that have energized policy dialogue: it elevated it to the highest levels of decision-making and enlisted vital, high-level private sector participation.

Further, in January 1996, President Mubarak announced a new vision for Egypt's economic future: a vibrant, private sector-led open market economy fully integrated into the global economy. To reinforce this vision, the President appointed a new economic cabinet and a Prime Minister who shares his vision. He issued clear directives to accelerate economic reform, particularly privatization of state-owned enterprise, streamlined investment procedures and the removal of bureaucratic obstacles. Strong support of the international community will be essential.

To help meet the challenges facing Egypt, the USAID program encourages broad-based sustainable development with increased employment and improved quality of life for the Egyptian people. The program is structured around eight strategic objectives (SOs): (1) accelerated private sector-led, export oriented economic growth; (2) increased participation of girls in quality basic education; (3) increased citizen participation in public decision-making; (4) reduced fertility; (5) sustainable improvements in the health of women and children; (6) increased access to sustainable water and wastewater services; (7) reduced generation of air pollution; and (8) natural resources managed for environmental sustainability.

Approximately 25 percent of the economic assistance program is devoted to policy reform to remove economic and social sector constraints, and 25 percent funds the commodity import program, which benefits U.S. suppliers by increasing Egyptian private sector access to and use of U.S. goods and technology. The remaining half of the program is project assistance for

infrastructure improvements, technical assistance supporting policy reform and programs to improve the well-being of Egypt's population.

Economic Opportunity

Since USAID began assisting Egyptian small- and micro- enterprises in 1988, about 70,000 jobs have been created. This was possible through 342,000 loans valued at approximately $278 million provided to more than 138,000 borrowers. In 1997, participation in USAID-sponsored micro-enterprise programs was at its highest since 1988, with 71,000 loans valued at $74 million made to approximately 31,000 borrowers. Other notable program achievements include:

- The public sector's monopoly on bulk imports was eliminated, opening the way for participation by Egypt's private sector.
- Through 22 Egyptian commercial banks, USAID has provided loans to about 1,200 Egyptian private sector businesses to import equipment and materials from over 1,500 suppliers from all 50 states. During 1997, the program financed 713 commercial transactions totaling approximately $205 million.
- In the past eight years, 84 state-owned enterprises and 15 joint venture banks have been privatized. In addition, the GOE has recently taken major steps toward private sector participation in Egypt's telecommunications and power industries and in facilitating the process of establishing new businesses.

Agriculture

USAID-supported reforms have resulted in increased production of major food crops, substantial increases in real farm income and removal of most direct controls and price interventions. Productivity, as measured by real value per hectare and agricultural revenue per unit of water, has increased by 7.0 percent and 6.2 percent, respectively since the 1980s. Notable achievements include:

- Liberalized agricultural markets, improved allocation of water resources, and increased access to agricultural information. Progress includes liberalization of cotton, rice, and fertilizer markets; more than 90 percent of the rice milling and trade done by the private sector; removal of controls on farmers' choice of crops to cultivate; removal of mandatory delivery requirements on crops; removal of the ban on imported poultry; and removal of the ban on imported fabrics.

C- Egypt

Chiefs of State and Cabinet Members of Foreign Governments

Last Updated: 4/17/2000

EGYPT, ARAB REPUBLIC OF

President	**Mubarak,** Mohammed Hosni
Prime Minister	**Ebeid,** Atef Mohamed
Dep. Prime Min.	**Wally,** Youssef Amin
Min. of Agriculture & Land Reclamation	**Wally,** Youssef Amin
Min. of Awqaf (Religious Affairs)	**Zaqzouq,** Mahmoud Hamdy
Min. of Communications & Information Technology	**Nazif,** Ahmed Mahmoud Mohamed
Min. of Construction, Housing, & New Urban Communities	**Soliman,** Mohamed Ibrahim
Min. of Culture	**Hosni,** Farouq
Min. of Defense & Military Production	**Tantawi,** Mohamed Hussein, *Fd. Mar.*
Min. of Economy & Foreign Trade	**Boutros-Ghali,** Youssef
Min. of Education	**Baha al-Din,** Hussein Kamel
Min. of Electricity & Energy	**Saiedi,** Ali Fahmy El-
Min. of Finance	**Hassanein,** Muhammad Medhat
Min. of Foreign Affairs	**Moussa,** Amre Mahmoud
Min. of Health & Population	**Sallam,** Ismail Awadallah, *Dr*
Min. of Higher Education	**Shehab,** Moufed Mahmoud
Min. of Industry & Technology Development	**Rifa'i,** Mustafa Mohamed El-
Min. of Information	**Sherif,** Mohamed Safwat El-
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Min. of Interior	**Adli,** Habib El-
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Min. of Planning	**Darsh,** Ahmed Mahrus El-
Min. of Public Business Sector	**Khattab,** Mokhtar
Min. of Supply & Internal Trade	**Khedr,** Hassan Ali
Min. of Tourism	**Beltagui,** Mamdouh El-
Min. of Transport	**Demeri,** Ibrahim El-
Min. of Water Resources & Irrigation	**Abu Zeid,** Mahmoud Abd al-Halim
Min. of Youth	**Dessouki,** Ali al-Din Hillal
Min. of State for Administrative Development	**Abu Amer,** Mohamed Zaki
Min. of State for Environment Affairs	**Ebeid,** Nadia Riad Makram
Min. of State for International Co-operation	**Darsh,** Ahmed Mahrus El-
Min. of State for Local Development	**Abdel Qader,** Mustafa
Min. of State for Military Production	**Mesh'al,** Sayrd
Min. of State for People's Assembly & Consultative Council	**Shazly,** Kamal El-

Min. of State for People's Assembly & Consultative Council Affairs	**Shazly,** Kamal El-
Min. of State for Scientific Research	**Shehab,** Moufed Mahmoud
Governor, Central Bank	**Hassan,** Ismail
Ambassador to the US	**Fahmy,** Nabil
Permanent Representative to the UN, New York	**Aboul Gheit,** Ahmed Ali

Chiefs of State Home

Evaluation and monitoring methodologies, critical to achieving the desired project outcomes, have been designed at the start of program implementation. The project builds on the strengths of the existing institutional and social structures. The project further builds the institutional capacity of indigenous agencies to respond to the long-term impact of this epidemic.

Egypt

USAID/Egypt committed $850,000 to IMPACT to improve blood safety, promote universal precautions, and to strengthen HIV surveillance. An initial meeting that included Dr. Gabra, an Egyptian now serving as medical director of the Birmingham Blood Bank, Dr. Nasr, head of the Egyptian National Commission of AIDS, and FHI staff was held at FHI Headquarters in 1999 to discuss the issue of blood safety/blood banking in Egypt and to FHI's possible role.

To further discuss the IMPACT role and to explore potential collaboration, IMPACT traveled to Cairo during the week of October 7th to meet with representatives of the National Blood Transfusion Service (NBTS), the MOH, the Swiss Red Cross and the World Health Organization and to visit the new national blood transfusion center in Cairo, the refurbished regional blood center in Alexandria and the site of a future district blood center in Alexandria.

The Swiss Red Cross and WHO are extensively supporting the infrastructure (e.g., computers, mobile vans, and supplies) and the clinical training associated with refurbishment of the NBTS. Less attention however is being directed at improving capacity for recruiting non-directed donors through activities such as community mobilization. Limited attention has also been given to the issue of client service. Clearly donors would be unlikely to return for future donations if they are not encouraged by the service they receive during their first donation experience.

Based on the observation visits and subsequent consultative meetings with the NBTS, IMPACT proposed to provide technical assistance in the following areas of need and high priority:

- Assist in an assessment of current blood donor recruitment and retention strategies at the national, regional and district center levels
- Assist in the planning and implementation of a new strategy for recruitment and retention at all center levels
- Assist in the monitoring and evaluation of recruitment and retention activities at all center levels
- Advise the core group, when requested, on the development of a national mass media communications strategy for blood donor recruitment.

Objectives are established for the project:

- An increase in the number of non-directed blood donors at selected first year sites
- An increase in donor retention (percentage of blood donors returning to give blood more than once per annum)

USAID / EGYPT
POPULATION & HEALTH ACTIVITIES

[Back][Home]

Health Sector

During the late 1970s and early 1980s, USAID assistance to the Government of Egypt resulted in greatly expanded access to health services by the rural and urban poor. Substantial investments were made in training health personnel, upgrading the physical infrastructure, and improving the service delivery system. Since 1983, the focus of USAID's support has been to reduce mortality and illness of infants and children principally through three key interventions: Oral Rehydration Therapy (ORT) and an Expanded Program for Immunizations (EPI), and the acute respiratory control (ARI) program. The Egypt child survival program has been a phenomenal success in improving the health of young children, preventing more than 80,000 children deaths every year.

The current focus of the program is to improve the quality and availability of child and reproductive health services as well as to ensure the sustainability of improved systems through cost recovery and policy reform. Efforts to achieve sustainable improvements in the health of women and children are targeted to the high risk areas of the country, especially Upper Egypt.

USAID has provided about $300 million for health sector support.

Activities / Projects

- Combatting Endemic and Emerging Diseases (CEED)
- Technical Support for Health Policy
- Healthy Mother/Healthy Child(HM/HC)
- Water and Sanitation in Rural Areas
- Child Survival
- Cost Recovery Programs for Health
- Schistosomiasis Research

[Back][Home]

Title: **Combatting Endemic and Emerging Diseases (CEED)**

Number: **263-0265**

Amount: **$4 Million ($10.5 Million planned)**

Initiated: **FY 1996**

USAID is providing support in Egypt for the development and dissemination of new tools and approaches to combat selected endemic and emerging diseases.

This will help ensure that current health improvements are sustained in the face of new disease threats.

Background/progress:

Schistosomiasis is the leading parasitic disease in Egypt. The Schistosomiasis Research Project (263-0140.02) has developed new tools and approaches which have helped Egypt's National Schistosomiasis Control Program to dramatically reduce the prevalence of schistosomiasis. The development of a vaccine is critical to keep this disease from re-emerging in the future.

Egypt also faces a new emerging disease, hepatitis C (HCV). Identifying the major modes of transmission of HCV is critical, both to interrupt the transmission of HCV and also to prevent the potential transmission of other blood-borne diseases such as HIV/AIDS. Egypt has a unique opportunity to prevent an HIV/AIDS epidemic from occurring here and avoid the death and suffering which have afflicted so many other countries. The main activities of CEED include:

Building on research capacity developed under the Schistosomiasis Research Project, CEED will provide continued support for development of a vaccine to prevent schistosomiasis.

CEED supports the continuation of an ongoing hepatitis C virus research grant to identify modes of transmission and potential preventive measures for this disease.

Support for applied research, information, and human capacity development needed to prevent an epidemic of HIV/AIDS from emerging in Egypt.

back

Title: **Technical Support for Health Policy**

Number: **263-0254**

Amount: **$5 Million ($20 Million planned)**

Initiated: **FY 1996**

USAID's long-term commitment to health sector support in Egypt continues under a new phase working to overcome constraints that are susceptible to improvements through policy reforms.

Background/progress:

Egypt has made impressive strides over the past two decades in assuring that nearly all of its population has access to health care and in reducing infant and child mortality. Further efforts are required to sustain the gains made in maternal and child health and to strengthen health service delivery, particularly for high-risk groups. Greater effort is also necessary to promote health awareness and to improve health behavior at the household level.

Technical support for the development and implementation of health sector policy reforms to assure sustainability of progress and improve health sector efficiency

and equity will be working through the following key program elements:

Support for a data-based policy process;

Technical assistance to monitor and verify policy measure achievements; and

Task forces to assist with targeted health policy reform areas.

This program will work with a number of partners including the Ministry of Health and Population, the Ministry of Economy and International Cooperation, the Ministry of Planning, the Ministry of Finance, the Health Insurance Organization, the Curative Care Organization, and a number of key stakeholders such as private sector providers, non-governmental organizations and university medical schools.

back

Title: **Healthy Mother/Healthy Child (HM/HC)**

Number: **263-0242**

Amount: **$35 Million ($70 Million planned)**

Initiated: **FY 1995**

USAID's long collaboration with the Ministry of Health and Population (MOHP) to improve maternal and child health has entered a new phase focusing on the high risk governorates of Upper Egypt (Fayoum, Beni Suef, Minya, Assiut, Sohag, Quena, Luxor, and Aswan).

Background/progress:

Assistance to the health sector over the past ten years has led to several highly successful, nationwide child survival interventions, including the Expanded Program for Immunization (EPI), Acute Respiratory Infections (ARI), Control of Diarrheal Diseases (CDD), and the national neonatal care program, which continue today largely financed and managed by the MOHP. Despite substantive gains, important health problems persist, especially in Upper Egypt. There an integrated program will be established at the district levels with involvement sought from family members, the community, non-governmental organizations, and private providers. UNICEF, under a USAID grant, will collaborate in Minya, Assiut and Sohag, areas of Egypt where they already operate health sector programs. The new initiative brings together a basic package of high quality, essential health services which is expected to include:

- Prenatal care and counseling;
- Delivery and postnatal care;
- Newborn care;
- Promotion of immediate and exclusive breast feeding to improve chances of survival of the newborn;
- Child preventive services: immunization, nutrition, growth monitoring, oral rehydration therapy;
- Sick child case management (diarrheal disease, ARI);

- Reproductive health services (family planning, reproductive tract infections, education on harmful practices);
- Fortieth day integrated visit for mother and child which includes postnatal check-ups for mother and child, BCG (tuberculosis vaccination) for children, and family planning counseling;
- Counseling and health education on all of the above.

Other health sector support activities include the ongoing work of the U.S. Centers for Disease Control (CDC) which is collaborating with the Government of Egypt (GOE) to train qualified epidemiologists. These experts are already having a real impact in eradicating diseases (e.g., poliomyelitis, neonatal tetanus, measles) and health hazards (e.g., lead poisoning) in the country. Improvements in surveillance have contributed to reducing the number of new polio cases from 671 in 1992 to 70 in 1996. Their investigation of a poisoning outbreak in the Aswan area uncovered lead contamination in flour and resulted in a GOE policy decision to replace all granite grinding wheels nationwide with modern machinery.

back

Title: **Water and Sanitation in Rural Areas**
(funded Under Technical Cooperation and Feasibility Studies)

Number: **263-0225**

Amount: **$2.6 Million**

Initiated: **FY 1993**

The U.S. private voluntary organization Save the Children Federation (SAVE) has carried out a number of activities in Upper Egypt serving rural community development and health needs with USAID financial assistance. Prior activities include approximately $430,000 which strengthened community and local government participation through an activity incorporating animal production, micro enterprise, health care, education and agriculture; a $150,000 child survival program reaching a target population of 50,000 which trained 115 female health workers; and a $141,000 environmental health activity. This large Water and Sanitation activity was completed in December 1996.

Accomplishments:

SAVE's water and sanitation activity has improved access to and use of clean water and safe wastewater disposal systems in 30 villages in Upper Egypt where household slow sand filters for water purification, household water connections, and septic tanks for wastewater treatment were installed. Household water connections were added based on the results of a mid-term evaluation (September 1995). Hygiene education information has been provided to families and communities to promote sanitary practices and behaviors. This training included cleaning/disinfecting water sources and filtering unprotected water supplies.

Water and sanitation accomplishments include:

- Construction: 388 sand filters, 570 house water connections, 35 storage barrels, and 2,038 septic tanks were installed in Qena, Sohag, Minya, and Aswan governorates.

- Hygiene Education: 747 hygiene education sessions were held for women and 643 for children.
- Child-to-child program: 627 sessions were held with children to promote health and hygiene messages that can be passed on through children's networks.
- Quick Health Messages: 4,900 home visits were conducted to provide residents with quick health messages about the proper use and maintenance of both the slow sand filter and the septic tank.

back

Title: **Child Survival**

Number: **263-0203**

Amount: **$67.6 Million**

Initiated: **FY 1985**

USAID has worked with the Ministry of Health and Population (MOHP) setting up programs to overcome the major causes of illness and death of infants and young children. Impressive results have been achieved under the Expanded Program for Immunization (EPI), Control of Diarrheal Diseases (CDD), Acute Respiratory Infections (ARI), and Maternal and Child Health (M/CH) services. Although the USAID project ended on August 15, 1996, the programs continue under the MOHP.

Accomplishments:

EPI: The program focused on maintaining coverage above 80% for six childhood vaccines, introducing hepatitis B vaccination, eradicating polio and eliminating neonatal tetanus.

- Child immunization coverage rates are being maintained at near 90% for all six vaccines compared to 54% in 1984. Hepatitis B immunizations, initiated in 1992, have reached 90% for all three doses.
- Reported confirmed cases of polio dropped from 671 in 1992 to 70 in 1996.
- Reported cases of tetanus among neonates dropped from 1,830 in 1992 to 790 in 1995 (in contrast to 7,256 cases in 1986).

CDD: Due to the widespread knowledge and use of oral rehydration therapy (ORT), diarrhea is no longer the primary cause of infant death in Egypt.

ARI: The World Health Organization case management protocol has been adopted in all health facilities and 80% of primary care physicians and nurses throughout the country were trained in the correct diagnosis and treatment of respiratory illnesses.

M/CH - Child Spacing: Over 9,000 traditional birth attendants were trained on safe delivery and referral to family planning services. Doctors and nurses were

trained on neonatal care, prenatal, natal and postnatal services. One hundred neonatal care units are now operational to manage neonatal problems. The first national maternal mortality survey was conducted which has helped in planning key interventions to improve services to women. Mass media was used to promote services and to educate families.

- The infant mortality rate declined 42% from 108 (between 1978-82) to 63 (between 1991-95) deaths per 1,000 live births.
- The under-five mortality rate declined 48% from 157 (between 1978-82) to 81 (between 1991-95) deaths per 1,000 live births.


back

Title: **Cost Recovery Programs for Health**

Number: **263-0170**

Amount: **$78.5 Million**

Initiated: **FY 1988**

USAID is working with the Ministry of Health and Population (MOHP) to broaden and diversify approaches for the financing and delivery of personal health services in Egypt to promote sustainability in the health sector. This involves three focus areas: (1) the development and testing of cost recovery systems in select MOHP facilities as a model for country-wide application; (2) the promotion of improved management information systems (MIS) in two leading health care systems; and (3) the expansion of the private health care sector by guaranteeing loans to private practitioners and the development of prepaid and other managed practices.

Background/progress:

- Pilot Testing: Five hospitals located in Embaba, May 15th, Kafr El-Dawar, Shark El- Medina and El Kantara Gharb are participating. Over 80% of the design and implementation of new management and clinical operating systems has been completed. Training in the use of these systems will be continuous at all sites. New biomedical equipment (at a total value of $5.9 million) has been delivered to all sites. Renovation work has been completed at Kafr El-Dawar, Kantara El Garb and May 15th. Renovation work at Embaba is ongoing. Marketing staff at all five facilities are conducting market research and executing marketing plans.
- MIS: A system for the collection and classification of expenditures in health care units has been finalized and a software guide prepared for the routine collection and incorporation of this information in the MOHP/Health Information System. For the Health Insurance Organization (HIO)/MIS, development work has been completed, data conversion problems resolved and implementation of the hardware and software initiated at headquarters and each of the four branches scheduled for full automation. A MIS department has been established at the Cairo Curative Care Organization (CCO), staff trained in department operations, and operational forms authorized and data fields standardized in preparation for

the implementation of the planned CCO hospital MIS.

- Loan Guarantees: Nineteen banks are now participating in the Credit Guarantee Corporation, Medical Practitioner Loan Program and over 2100 guarantees have been issued.

- Other activities include a financial assessment and feasibility study of Suez Canal University's Faculty of Medicine proposal to establish a managed care system. Another involved an assessment of the Egyptian Medical Syndicate's request for support to expand its Health Insurance of the Medical Union program. That assessment also looked at the potential market for expansion and concluded that a very favorable climate exists. A business plan/proposal including human resources development and staffing plans, upgrading of the MIS, legal, market analysis, and capital investment plans are now being prepared.

back

Title: **Schistosomiasis Research**

Number: **263-0140.02**

Amount: **$39.65 Million**

Initiated: **FY 1988**

These resources are provided under the USAID umbrella project Science and Technology for Development which supports the Egyptian science and technology community's efforts to solve national development problems and constraints through applied research and technology in the fields of health, productivity, and science and technology. This sub-project focuses on schistosomiasis control to develop tools, methods and information through directed research and by improving the capability of medical research institutions to conduct practical, control-oriented research in the schistosomiasis field.

Background/progress:

Research grants have been provided to Egyptian and U.S. private and public sector groups in the categories of vaccine development, improved diagnostic methods, better chemo-therapeutic regimens, epidemiology of schistosomiasis, socio-economic factors that affect the disease, and operations research to develop systems for delivering appropriate interventions. This program is jointly managed by Egypt's Ministry of Health and Population (MOHP) and U.S. organizations: NAMRU-3, Lowell University, Medical Service Corporation International (MSCI) and the U.S. Centers for Disease Control (CDC). MSCI provides management and technical assistance, arranges for training in the U.S. for Egyptian researchers and procures research equipment and supplies. NAMRU-3 provides local training and scientific collaboration with Egyptian scientists.

- Egyptian and American scientists currently are working collaboratively under 90 project research grants.

- The GOE Theodore Bilharz Research Institute and Lowell University have established an internationally-acclaimed laboratory facility to provide

grantees with the biological materials needed for their research.

- MOHP and CDC have established a National Reference and Diagnostic Laboratory to improve imuno-diagnostic methods for the detection and treatment of schistosomiasis.
- World-class scientists participate in the project's annual technical seminars. Research is underway to develop candidate vaccine agents and effective new diagnostic tests.
- Primarily as a result of capacity developed under the project, Egypt has been selected as a field test site for candidate schistosomiasis vaccines selected by the World Health Organization.

 back

C - Middle East

I. The HIV/AIDS Situation in the Middle East

The table below provides the number of reported AIDS cases to date, by selected countries and states in the Middle East.

Table 1. Number of reported AIDS cases

Name of Country	No. of Reported AIDS cases
EGYPT	113 (as of 23 Jan.1995)
ISRAEL	316 (as of 31 Mar.1995)
WEST BANK & GAZA	8 (reported to UNRWA)
LEBANON	83 (as of 18 Apr.1995)
SYRIA	30 (as of 31 May 1995)
JORDAN	38 (as of 07 Feb.1995)
TOTAL	**588**

(Source: WHO Weekly Epidemiological Record, No.27, 7 July 1995)

The reporting of HIV/AIDS in the Middle East is by the Eastern Mediterranean Regional Office of the World Health Organization (EMRO). The total number of AIDS cases as described in the above table maybe further characterized as follows: 77% of infections accrued by heterosexual transmission, 12 % through infected blood, 5% by homosexual contact and 4% by IVDU. 2% of infections were prenatal. The rate of Male:Female transmission was almost 3:1, with a sharp rise in females infected in the last few years. From 1993 to 1994 there has been an increase of 20% in the total number of AIDS cases in the region. The estimated total number of HIV infections is currently 150,000 adults (personal communication - Dr. Asad Ramlawi, Chief epidemiologist, the Palestinian Ministry of Health).

A. The Situation of HIV/AIDS in Israel

1.) Epidemiology of AIDS in Israel

The state of Israel has a population of around 5.5 million which is mainly made up of 81% Jews, 14% Muslims, 2.9% Christians, and 1.7% Druze.

As of Nov. 1995, Israel has a total of 1,359 persons identified to be HIV positive with 66% or 907 men and 26% or 357 women. The government is giving a total estimate of 2,500-3,000 HIV positives. They also had a total of 347 persons reported with AIDS with 304 men and 43 women. Israel has a cumulative incidence of 6.1/100,000 for HIV/AIDS.

Regarding the character of the annual incidence of HIV seropositivity, Israel had a peak in 1991 mainly due to the absorption of 20,000 Ethiopian Jews, but presently there is an increasing rate of heterosexual transmission. Looking at trends from 1986 until 1995, the rate for men went down from 89% to 60%, while the rate increased for women from 11% up to 40%.

2.) Programs for HIV/AIDS by the Government and NGOs

At present, the Israeli government has an AIDS program which is being implemented under the leadership of the Ministry of Health. This program has the following objectives:

1.) Prevention of sexual transmission of HIV
2.) Reduction of the personal and social impacts of AIDS

(Source: Dr. Z. Ben-Ishai, Chair: National AIDS Steering Committee, Ministry of Health-Israel)

Related to educational programs in schools, Memorandum No.MZ/9, section 342 establishes that an educational program on family life and sex education (where AIDS prevention program is a part of) is compulsory for different age groups. The government through this educational program in schools is also requiring the training of principals, teachers and other personnel on teaching HIV/AIDS in school.

Several other NGOs are also actively implementing HIV/AIDS programs like the Israeli AIDS Task Force, which is mainly involved in projects with emphasis on giving care and support for people with HIV and AIDS; the Jerusalem AIDS Project which is involved in developing and conducting HIV/AIDS education programs with emphasis on the youth; and another local NGO, The Israeli Association for AIDS Prevention which is involved in educating the general public and lobbying in the Israeli Parliament.

B. The Situation of HIV/AIDS in the Palestinian Autonomous Areas (PAA)

1.) Epidemiology of HIV/AIDS in the West Bank & Gaza:

West Bank and Gaza City are home to an estimated total of 2.1 million people where majority of whom are Muslims.

The detected cases of HIV/AIDS in the last 10 years were 6 cases, while the UNRWA has reported a total of 8 cases to the WHO as of 1995, but the real figure is unknown because there is no active screening other than blood banking. The data available

to the PAA Ministry of Health is of 18 AIDS cases in the West Bank and 6 in Gaza. 12 of them had died. 61% of the 24 cases had acquired the virus by heterosexual contact. 3 patients are children. (personal communication - Dr. Asad Ramlawi, Chief epidemiologist, the Palestinian Ministry of Health).

There is no anonymous testing service. The risk of spreading of infection is increasing due to the expansion of the exposed groups after the release of the Intifada restriction and increase in freedom of movement outside of the Gaza strip whether for work or study abroad after the establishment of the Palestinian Authority.

For both Israel and PAA, although we could say that the HIV/AIDS situation is not alarming, the trend for HIV infection and AIDS have been slowly increasing over time.

II. Current HIV/AIDS Education initiatives in Israel and PAA

With the advent of the peace initiative in the Middle East, dramatic changes are taking place in the region. The International Community, has opened the door for the first time in the history of the region for new collaborations within between Israeli and Arab professionals in the area of HIV/AIDS education. Particularly, the Jerusalem AIDS Project (JAIP) has been a main initiator of this concern, especially with reference to the training-workshop that was monitored and evaluated here.

Despite these hopes and the optimism of this new era, there are still the dangers of HIV/AIDS that lurk in the background, remaining a constant threat to the respective communities. The small overall number of cases precludes any definite conclusion as to trends in the Epidemiology of AIDS in the region. This is a potentially dangerous situation which demands advanced preparations in the area of prevention, for a day (maybe very close in the future) when the striking numbers will appear.

In both Israel and the PAA activities are taken to stop the further spread of HIV. The blood banks in Israel had started to screen all blood donations for HIV-1 in April, 1986 and for HIV-1&2 in 1992. Screening of blood donations is also conducted, although not on a national scale in the PAA. The media is informing the public on HIV/AIDS. mostly around and on World AIDS Day (Dec.1), and the government initiative is very limited in both communities.

While in Israel there is a National AIDS Committee, attempts to organize a functioning such committee in the PAA had not succeeded until now. Mostly because the issue is not high on the health agenda in the PAA. From time to time, initiatives taken by the international organizations (e.g. UNICEF) resulted in some local action, but not on a wide scale

Embassy of the Arab Republic of Egypt

The Ambassador

November 30, 2000

Dear Mrs. Thurman,

I would like to thank you for inviting me to the reception in celebration of World AIDS Day and the Interfaith Service on November 30, 2000.

Although I was looking forward to attending, the Holy month of Ramadan and the breaking of my fast coincided with the time of the reception.

Please accept my sincere apology, and I hope to have the opportunity to meet with you in the future.

Sincerely,

Nabil Fahmy

Mrs. Sandra L. Thurman
Presidential Envoy for AIDS Cooperation &
Director, Office of National AIDS Policy
Office of National AIDS Policy
Executive Office of the President
The White House
736 Jackson Place
Washington, DC 20503