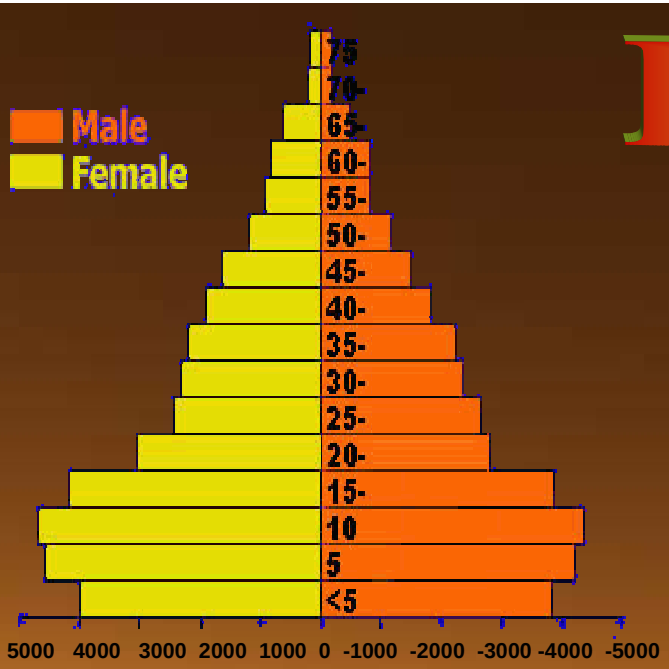
EGYPT



Egypt Population Pyramid

Population
76, 497,000

Birth rate
22.9/1000

No. of live births/year
1,790,740

Consanguinity

Rural = 36.2% **Urban = 24.4%**

Epidemiological Transition

U5 Mortality rate/1000 births

40.4 → 28.6

Infant Mortality Rate/1000 births

28.8 → 22.4

Improvement in MCH Services in MOHP

Mother

- Prenatal follow-up program
- Essential obstetric care
- Post natal care

Child

- Vaccination > 97%
- IMCI > 1 million children/year
- NCU →150 centers > 600,000 newborns/year

Micronutrient Supplementation Program

Iron + folic acid Vitamin A Iodine

Children with special needs department in PHC sector of the MOHP

- National neonatal screening program for CH
- Genetic counseling program
- Early detection of hearing and visual disabilities
- Operational research

Genetic Services in Egypt

MOH&P

Primary Care

- 20% of 4000 PHC:
  - Early detection
  - Referral to genetic counseling clinics

Secondary Care

- 10 genetic counseling clinics:
  - Diagnosis
  - Counseling
  - Treatment
  - Referral for Rehabilitation

Tertiary Care

- 5 genetic depts/units in Universities
- Genetic Department in the National Research Center (NRC)
- Health Insurance Organization (HIO)
- Private Sector

NGO's

- ≈10 organizations working in the field of genetics
- ≈ 120 organizations working in the field of MCHC

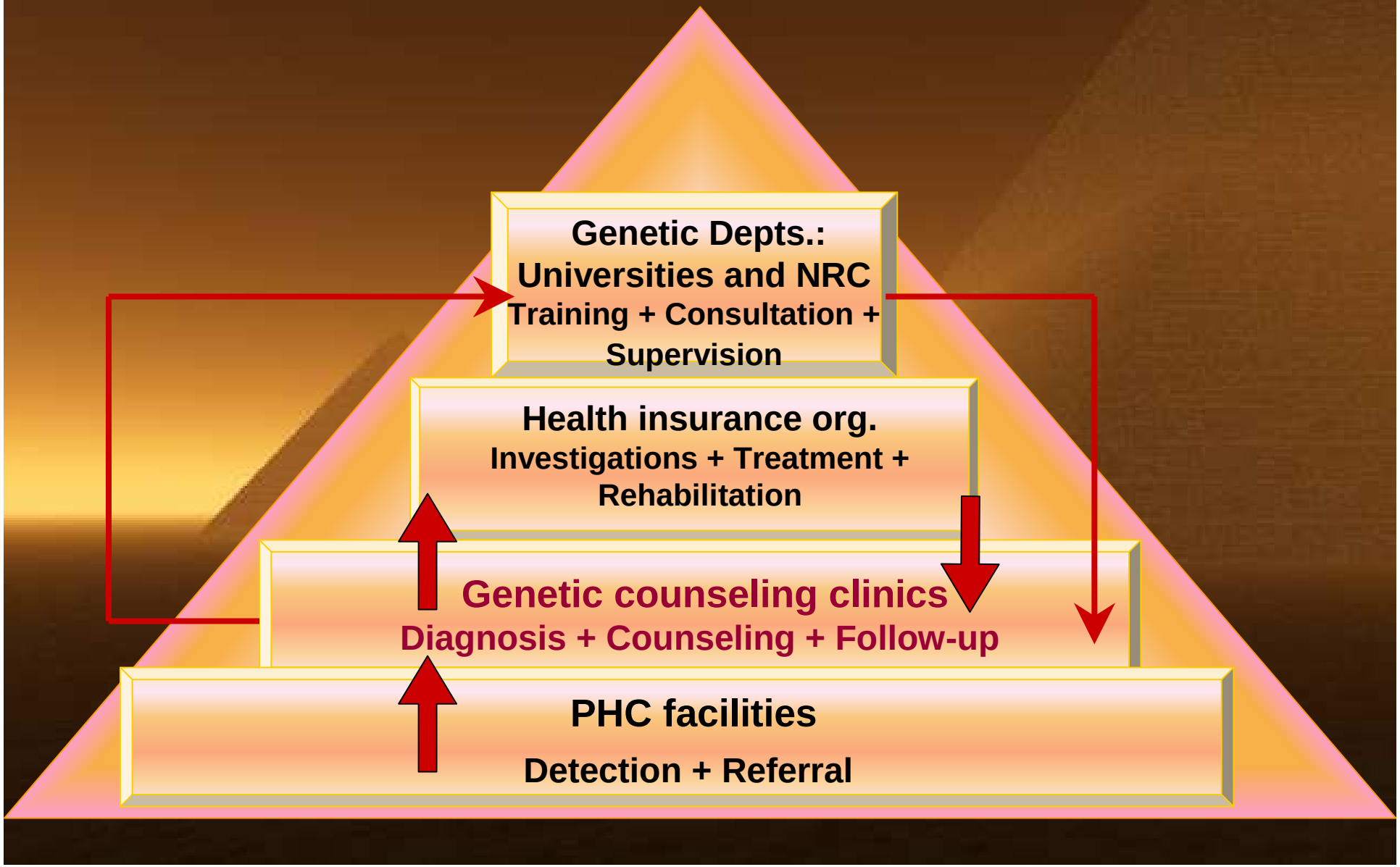
Genetic Counseling Program

- National Committee for Community Genetics / 2002
- Objectives of the program:
  - Provide Community genetic services
  - Determine the prevalence of congenital and genetic disorders
  - Raise community awareness
- Genetic counseling clinics:
  - 1 in Giza
  - 3 in Cairo
  - 4 in Alexandria
  - 1 in Port-Saiid
  - 1 in Sharkia
  - 1 in Al-Minia
  - 1 in Assiut

Supervision

- Genetic Dept. National Research Center/Giza
- Genetic Unit, Ain-Shams University/Cairo
- Genetic Dept. Alexandria University

Egyptian Module for Genetic Counseling Program



Tertiary Care

A. Services provided by genetic depts. at University level and NRC:

- Clinical
- Cytogenetics
- Biochemical genetics
- Molecular genetics
- Prenatal screening and diagnosis

B. Central health laboratories (MOH&P) (2003):

- Cytogenetics
- Biochemical genetics
- Molecular genetics

C. Health Insurance Organization (governmental):

- Rehabilitation services

D. Private Sector:

- Private genetic labs.
- Private clinics

Medical Genetic Education Courses
(2002 – 2006)

Target Population	Type of Training Course				No. of Trainees
	Theoretical		Practical		
	No.	Duration	No.	Duration	
1) PHC Nurses	10	3 days	15	3 days	116
2) PHC Physicians	76	2 days	15	3 days	1371
3) SHC Physicians	32	3-5 days	10	2 months	40

Community Education and Orientation

- Seminars
- Home visits
- Community mobilization
- Mobile teams
- Health education through the media
- Development of printing and audio-visual materials

Cooperation with Other Organizations

- **European Genetic Foundation "EUMEDIS Project":**
  - **International Conference (Genetics and its Impact on Medical Practice of Mediterranean Countries) (Alex. 2004)**

  - **International Training Course on Consanguinity (Alex. October 2004)**

  - **Other courses; hybrid courses:**
    - * Clinical genetics
    - * Bioinformatics
    - * Thalassemia
    - * Molecular genetics

Cont.

- **March of Dimes Organization:**
  - Visit to Egypt (Nov. 2005)
  - Development of a training curriculum for PHC physicians

Cont.

- **NIH, "Prevention research and international programs Dept.":**
  - **International Conference on Strengthening Newborn Screening in the M.E. and North Africa (Marrakech 2006)**
  - **Workshop on neonatal jaundice (Cairo,2007)**

- **EU Commission:**
  - **Capability Project**

Planning for Community education

- Developing a strategy to reach the community
  - Raising awareness

    Target?

    1. Community leaders
    2. Traditional birth attendants (Daya)
    3. Community outreach visitors
    4. Mothers, mothers-in-law, grandmothers
    5. PHC services providers: physicians, nurses, midwives
    6. NGO's
    7. Media
- Production of educational materials:
  - posters
  - leaflets
  - brochures
  - handouts
- Transmission of genetic health messages through the media:
  - TV and radio spots
  - Talk shows
  - Newspaper and magazine ads
- Conducting relevant workshops and seminars

Capacity Building Project
(Community Education in Health Aspects of Genetics)

Goal:

- To develop and implement a module for community education on the prevention and care of genetic disorders.

Phases of the Project:

I. Preparatory Phase:

1) Selection of:

a) setting b) target population

- Criteria for selection of the setting:
  - Rural area
  - Closed Community
  - Inaccessible tertiary care
  - High prevalence of genetic disorders

- ❖ **Criterion for selection of target population:**
  - **Persons who have an influence on the community:**
    - **a) Community Leaders:**
      - **Mayor of the village**
      - **Emam, Priest**
      - **Members of popular assembly**
    - **b) Traditional birth attendants (Daya)**
    - **c) Influential persons in the family:**
      - **Mothers, mothers in law, grand-mothers**

2) Situation analysis: Study of the sociodemographic characteristics of the selected community

- * Education
- * occupation
- * resources
- * Family size and family planning
- * Consanguinity
- * M/F ratio
- * Culture (beliefs, behaviors, attitude)

Cont.

- Health services provision (facilities, providers, community outreach visitors)
- Types and number of educational facilities

3) **Needs assessment:**

a. Gap analysis b. prioritization c. causes d. solution

Tools: a) Questionnaires

b) Focus groups discussion

4) **Develop health messages (selection, design and printing)**

5) **Prepare a tailored training course for community outreach visitors**

6) **Prepare training curriculum and materials**

Cont.

II. Implementation Phase:

- Training of selected community outreach visitors

Why community outreach visitors (COV)?

- There are 6000 COV working in outreach programs for PHC.
- They are well-trained in the provision of health education & health message transmission.
- They live in rural areas.
- They are young females so they are accepted during home visits.
- Self-motivated.

- Evaluation of training
- Application of the health education program in the community (target population)

III. Project outcome evaluation phase


Thank You