

## Egypt



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Egypt is a low-middle income country, with a sluggish economy, low economic growth and difficulty in creating new jobs, leading to high rates of unemployment and poverty, high illiteracy rates and environmental degradation. In a country where tourism is an important source of the gross domestic product (GDP), terrorist attacks by fundamentalist groups have had a negative impact on the economy.

Egypt is a desert plateau divided by the Nile valley, with an area of 1 001 450 km<sup>2</sup> of which only 6% is inhabited. It is the second most populous country in the WHO Eastern Mediterranean Region.

### HEALTH & DEVELOPMENT

**Most of the population has easy access to health care.** Egypt has an extensive network of health facilities ensuring easy access to basic health services for its population. Management of the health system is highly centralized at the overstuffed Ministry of Health and Population (MOHP). Different public entities (MOHP, other ministries (Higher Education, Defense and Interior), the Health Insurance Organization (HIO), private practitioners and nongovernmental organizations (NGOs)) are involved in managing, financing and providing health services, without performance assessment mechanisms or quality assurance. The HIO covers only 45% of the population and there is a growing unregulated private sector. Nationally produced pharmaceuticals account for more than a third of health expenditure.

**Communicable diseases have largely been controlled in Egypt;** high coverage rates for routine immunization, vaccine-preventable diseases have shown a remarkable decline in the last decade. Egypt has been considered as a polio-free country since 2006. The neonatal tetanus incidence rate is 0.06 per 1000 births. There were no reported cases of diphtheria. Prevalence of *Schistosoma mansoni* infection decreased from 14.5% in 1995 to 0.9% in 2007 and the prevalence of *Schistosoma hematobium* infection decreased from 5.4% in 1995 to 0.6% in 2007. Hepatitis B and C continue to be a public health problem in Egypt with data suggesting their incidence, particularly hepatitis C, may be increasing. A 1996–1997 survey of individuals aged two years old or older indicated the overall prevalence of anti-HCV and HBsAg was 18.9% and 4.5%, respectively. Tuberculosis is considered to be the third most important communicable disease problem after schistosomiasis and hepatitis C. Egypt ranks among countries with mid/low level of tuberculosis incidence. The prevalence of HIV/AIDS among 15–49 year-olds is approximately 0.03%. Epizootic outbreaks of avian influenza were reported in Egypt with 20 human cases and 5 related deaths confirmed in 2007. Most human cases of A/H5N1 in Egypt had exposure to backyard poultry.

**Maternal and child health present continuing challenges.** Maternal mortality and infant mortality rates remain high. Iron deficiency anaemia is prevalent and malnutrition is common in children under five particularly in rural Upper Egypt.

**Noncommunicable diseases are on the rise.** Neuro-psychiatric disorders and digestive system diseases are leading causes of morbidity accounting for 19.8% and 11.5% of the non-fatal burden respectively, followed by chronic respiratory diseases (6.9%), injuries (6.7%) and cardiovascular diseases (5.6%). Osteoarthritis, injuries and asthma are the leading causes of disability. The most common cancers are breast, liver, bladder and lymph nodes.

**Lifestyle-associated disorders are of growing importance.** Smoking, substance abuse, lack of exercise, over-consumption of fatty and salty foods, non-use of car seatbelts and non-observance of traffic rules contribute to a significant proportion of the overall morbidity and mortality.

**Environmental conditions are a major determinant of health.** Air pollution in Egypt, especially in Cairo, Cairo Metropolitan and Alexandria has been of concern for a number of years. Particulate matter is the most common air pollutant in urban and industrial areas. Lead was completely phased out from petrol distributed in Cairo, Alexandria and most of the cities of Lower Egypt in late 1997, and consequently, lead concentration in the atmosphere of Cairo city centre and residential areas decreased markedly during the years 1997–2002 reaching less than 30% of those recorded during the early 1990s.

**Economic challenges continue.** Egypt's economy relies on tourism, remittances from Egyptians working abroad, revenues from the Suez Canal and oil. It has managed to improve its macroeconomic performance throughout most of the last decade in the areas of fiscal policy, monetary and structural reform. Recognizing the role of the private sector in development, the government has made job creation and creating an improved climate for investment and private sector development specific priorities. Agriculture accounts for 14% of GDP, industry 30% and services 56%. The major export is petroleum and petroleum products (28.7%). Poverty has declined over the past few decades with the Millennium Development Goal Second Country Report for Egypt suggesting that as a national average the MDG commitment to halve poverty by 2015 will be realized. A World Bank-supported Poverty Alleviation Study carried out in 2002 showed that poverty incidence fell from 19.4% in 1995–1996 to 16.7% in 1999–2000.

% Under 15	45.9
Life expectancy at birth	60
Under-5 mortality rate per 1000	23.3
Maternal mortality rate per 100 000 live births	44.6
Total expenditure on health as % of GDP	6.1
General government expenditure on health as % of general government expenditure	7.4
Human Development Index Rank, out of 177 countries	112
Adult (15+) literacy rate	71.4
Adult male (15+) literacy rate	75.9
Adult female (15+) literacy rate	66.9
% population with access to improved drinking water source	98
% population with improved access to sanitation	70

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>The existence of a wide primary health care network providing easily accessible health services (95% of the population is within 5 kilometers of a facility).</li> <li>An extensive infrastructure of physicians, clinics and hospitals.</li> <li>Egypt also has been able to provide the vast majority of the population with access to safe water and sanitation.</li> </ul>	<ul style="list-style-type: none"> <li>The existence of a multitude of health care providers and financing mechanisms.</li> <li>Under funding and rising cost of care.</li> <li>Over-employment in the public sector with low remuneration and low motivation.</li> <li>Population growth</li> </ul>

## PARTNERS

The overall external support to the health sector constitutes approximately 2% of the total national expenditure on health. The principal providers of bilateral support to the health sector during the fiscal years 2006-2007 and 2007-2008 are the African Development Fund, the European Commission, the Japanese Development Fund, the World Bank, and the United States Agency for International Development (USAID). It should be noted that with the continued improvement in Egypt's health indicators USAID is reducing its assistance to the MOHP and will end its support to the health sector in 2011. The health sector also receives bilateral support from Finland, Italy, Netherlands, Spain, and Switzerland. Among the UN agencies represented in Egypt, technical and modest financial support to the health sector is provided by: WHO; UNFPA which has a number of agreements with MOHP in the field of family planning and reproductive health. It also has agreements with other ministries and agencies that have an impact on the Egyptian health status including UNICEF which continues to support efforts to maintain Egypt's polio free status, micronutrients programme, and women and child-related issues; UNAIDS; UNDP; and ILO.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>• Donors Advisory Group serves as a coordinating body between Government and donor agencies; it has a subgroup for health development.</li> <li>• The Department of Projects within the MOH regulates all health and population projects to prevent duplication and ensure resource mobilization.</li> <li>• Considerable donor support for health care reform to a family health model and district health systems approach.</li> <li>• The Social Fund for Development (SFD) was established in 1991 with the aim of acting as a safety net to protect vulnerable groups against the adverse effects of the economic reform program (1991). It has now become the main funding vehicle for channeling government and donor resources to the poor.</li> </ul>	<ul style="list-style-type: none"> <li>• Weak management capacity for better utilization of donor's resources.</li> <li>• Limited coordination between national and international partners in health development and between programmes funded by donors and those funded by MOH.</li> <li>• Complicated procedures that vary from donor to donor.</li> </ul>

## WHO STRATEGIC AGENDA (2010-2014)

WHO provides technical support to the different national health programmes and emerging health issues. The strategic agenda focuses on four main areas:-

- Building institutional capacity in the MOH for enhancing the functions of the health system to Strengthen the governance and leadership role of the Ministry of Health to effectively implement the National Health Strategic Plan (2008 – 2017)
  - Addressing Noncommunicable Disease to Support reorganization of health services to address non-communicable diseases at all levels of care
  - Addressing the unfinished agenda for communicable diseases to sustain current coverage for vaccine preventable diseases and introduce new vaccines and technologies, linking immunization to the delivery of the basic health services package.
  - Addressing social determinants of health
- Strengthening health sector cooperation and partnerships for enhancing the capacity of Ministry of Health.



## ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/egy/en/>  
EMRO country profile page <http://www.emro.who.int/emrinfo/index.asp?Ctry=egy>

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