

Egypt



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| Total population, thousands ¹ | 81 121 |
| % population Under 15 ¹ | 32 |
| Population distribution % urban ¹ | 43 |
| Life expectancy at birth ¹ | 71 |
| Fertility rate, total (births per woman) ¹ | 2.7 |
| Under 5 mortality rate per 1000 live births ¹ | 19.0 |
| Maternal mortality ratio per 100 000 live births ¹ | 66.0 |
| Total expenditure on health as % of GDP (2009) ¹ | 4.8 |
| General government expenditure on health as % of the total government budget (2009) ¹ | 5.6 |
| Human Development Index Rank, out of 186 countries ² | 112 |
| Per Capita Gross Domestic Product (PPP current international US\$ ³ | 6,141 |
| Adult (15+) literacy rate ⁴ | 71.0 |
| Adult male (15+) literacy rate ⁴ | 78.0 |
| Adult female (15+) literacy rate ⁴ | 63.0 |
| % Population with sustainable access to water source ¹ | 99.0 |
| % Population with sustainable access to improved sanitation ¹ | 95.0 |

¹WHO: World Health Statistics 2012, http://www.who.int/gho/publications/world_health_statistics/2012/en/index.html, 24 March 2013.

²UNDP: Human Development Report 2013, <http://hdr.undp.org/en/reports/global/hdr2013/download/>

³World Development Indicators & Global Development Finance, <http://www.worldbank.org/>, 24 March 2013.

⁴WHO: Regional Health Observatory <http://rho.emro.who.int/rhodata/>, 24 March 2013.

The structure of the Egyptian Government is a democracy in transition, having recently elected a president; with all political authority is vested in the Government in Cairo. Cairo, with a per-capita income of US\$ 6,141 is ranked 112 out of 186 countries in *Human Development Index* dropping from 101 in 2010. The Gender Inequality Index for Egyptians is 0.590 with a ranking of 126, and 63% of females over 15 are literate.

Poverty has declined over the past few decades; however, there is disparity - poverty in Upper Egypt increased from 29 to 34% in rural areas and from 11 to 19% in urban areas. Although Egypt has experienced a rapid transition to lower fertility, Egypt is the second most populous country in the WHO Eastern Mediterranean Region, with 43% of the population living in urban areas and overcrowded conditions. The continuously increasing population has impacted the per capita share of renewable water resources which is currently 750 m³/capita/year and is expected to reach 250 m³/capita/year in 2050.

HEALTH & DEVELOPMENT

Health System: The health care system in Egypt is quite complex with a large number of public entities involved in the management, financing and provision of care. Egypt's wide network of public (several ministries beside the military and police), NGO, faith based charity organizations and private health facilities allow good geographic accessibility and coverage. The Ministry of Health and Population is responsible for overall health and population policy as well as the provision of public health services, and is responsible for health insurance organization that provides services too. The Ministry of Higher education is however responsible for health profession education (medical, nursing, dentistry and pharmacy etc.) and also runs university teaching hospitals. Public health expenditure is low and has pluralistic and complex financing mechanisms: tax-based financing; health insurance and fee for service through out-of-pocket expenditures. To achieve universal coverage, Egypt is rolling out a new insurance scheme, currently being piloted in Suez Governorate, based on a 'family physician model' which will separate financing from service provision. Despite Government's efforts for universal coverage, about half of total health expenditure comes from out-of-pocket (50%) at the point of service in public and private facilities. Egypt produces over 90% of the pharmaceuticals it consumes. Pharmaceuticals account for just over one-third of all health spending, of which approximately 85% is private expenditure. Publicly produced medicines are heavily subsidized, which to a considerable extent accounts for their overuse. Egypt is one of the four countries in the region that is a major producer of vaccines.

Life courses: Data on height-for-age indicate that approximately 25% of Egyptian children under age five have chronic malnutrition, with rural children slightly more likely to be stunted than their urban counterparts (26% and 23% respectively). The weight-for-height index which provides a measure of wasting or acute malnutrition indicates approximately 7% of Egyptian children under age five suffer from acute malnutrition, with the highest levels of wasting observed in the urban governorates (8%). A third measure of nutritional status, weight-for-age which is a composite of height-for-weight and weight for height, reflects effects of both chronic and short-term malnutrition. 8% of children under the age of five years are underweight for their age. The highest proportions of underweight children are in Upper Egypt. The high level of stunting seen in Upper Egypt appears to be due to insufficient household food security, inadequate feeding and caring practices, and high infection rates.

Communicable Diseases: Polio eradication is sustained and a national campaign was organized by Ministry of Health and Population, WHO and UNICEF as part of the launch of World Immunization Week in 2012; ongoing elimination of Filariasis, schistosomiasis and measles; upgrading primary care centers and ambulance network. Hepatitis B and C continue to be a public health problem in Egypt with data suggesting their incidence, particularly hepatitis C, may be increasing.

Noncommunicable Diseases: The prevalence of hypertension and diabetes mellitus in the adult population is around 26% and 9%, respectively. A survey for detection of pre-diabetes in the governorates of Cairo, Menoufia and Sohag found the prevalence to be 11%, 7% and 18%, respectively. Around 1% of the population is blind, mainly due to cataracts; a high prevalence of trachoma is reported in some governorates. The incidence of cancers approximately 110–120 cases per 100,000 population. The four most common cancers in the country are breast, liver, bladder and lymph node. With regards to TFI, there have been three increases in Tobacco Tax in the year since the revolution and the current Minister of Finance has passed a decree for the Tobacco Industry to apply the band roll system on all tobacco product packs in Egypt. Egypt has become the leading country in the world with an estimated road traffic death rate per 100,000 of 41.6.

Emergency and Humanitarian Crises: Preparedness for emergency response is based on an all-hazard approach and integrated frameworks e.g. International Health Regulation (2005).

PARTNERS

The health sector has benefitted from the support and collaboration with Egypt's bilateral and multilateral partners. The major partners are: European Commission, the World Bank, USAID, Japanese Development Fund, and African Development Bank. WHO country office (WRO) has contributed to the Cairo Agenda for Action on Aid Effectiveness (CAA) as the basis for UNDAF 2012-2016 as well as recent UN Strategy for Development Cooperation between Egypt and its development partners during the period of transition.

New areas for partnership are now well established with the UN Country Team and other health related sectors/institutions. WHO has been elected to co-chair with Ministry of Health and Population, the Development Partners' Group on Health for the first time next to Ministry of Health and Population. The DPG composes of the government, UN Agencies, International NGOs, key donors and development partners. WHO is also being seen as convener and working with health related sectors. These include: Ministry of Agriculture for H5N1 & E. Coli; Ministry of Finance for Tobacco Taxation; Ministry of Interior for Road Traffic Injuries (Road Safety (RS10)); Ministry of Welfare for Poverty Alleviation; Ministry of Education for Health Promoting Schools; Academia for Leadership development, patient safety, quality of care; Medical Syndicate for Continuous Medical/Professional/development and Patient Safety; NGOs & prestigious centers for tobacco-free places, community based initiatives (CBI) which has been expanded to cover more areas since the transition; development, rheumatic heart disease; private sector and Rotary for tobacco control, environment, lifestyle and noncommunicable diseases. WHO is also the convener for Egypt Technical Advisory Group on Viral Hepatitis Prevention and Control. WHO is also a member of the Health System Policy Dialogue Forum organized by MOHP and both Cairo and Ain Shams Universities; and includes all the national stakeholders.

| OPPORTUNITIES | CHALLENGES |
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| <ul style="list-style-type: none"> • Initiation of a universal coverage scheme by the Ministry of Health and Population. • Existence of a sturdy health system infrastructure with an extensive primary care network; • Availability of a strong human resource workforce in health. • A large presence of donors, external support agencies and a strong UN presence; • Favorable political climate for donors, specifically bilateral donors who have pledged US\$ 10 billion in soft loans since the newly elected president took office; • Recognized WHO presence, within government, for a stronger inter-sectoral collaboration and partnership for health. | <ul style="list-style-type: none"> • Need for a strengthened regulatory body overseeing the health system; • Need for a more effective intra and inter-sectoral collaboration; • Existence of a high out-of-pocket expenditure on health and low government expenditure; • Need for more equitable basic health services and better planning for human resources for health.. • Lack of harmonization between international cooperation and the national health agenda; • Enforcing accountability for results as part of support; • Need to strengthen the Ministry of Health and Population's capacity to exert effective leadership dealing with national and international partners; • Overcoming bureaucratic red-tapes for partnership. |

WHO STRATEGIC AGENDA 2010-2014

- **Health System Strengthening:** Building institutional capacity of the Ministry of Health and Population for enhancing the policies and functions of the health system and health sector collaboration and partnership (UNDAF; UN Delivering as one; leadership development, NGOs);
- **Noncommunicable Diseases:** Addressing noncommunicable diseases, including injuries;
- **Communicable Diseases:** Addressing the unfinished agenda of communicable diseases (IHR 2005; H1N1 epidemic; surveillance; elimination of schistosomiasis, filariasis; measles), support to the National Hepatitis Strategy and the National Regulatory Authority for Vaccine Production;
- **Life-Courses:** Addressing social determinants of health (UN partnership, lifestyles, basic development needs).

ADDITIONAL INFORMATION

WHO country page: <http://www.who.int/countries/egy/en/>

Country office web site <http://www.emro.who.int/countries/egy/>

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