

## Egypt



<http://www.who.int/countries/en/>

WHO region	Eastern Mediterranean
World Bank income group	Lower-middle-income
<b>Child health</b>	
Infants exclusively breastfed for the first six months of life (%) (2008)	40
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2015)	93
<b>Demographic and socioeconomic statistics</b>	
Life expectancy at birth (years) (2015)	73.2 (Female) 70.9 (Both sexes) 68.8 (Male)
Population (in thousands) total (2015)	91508.1
% Population under 15 (2015)	33.2
% Population over 60 (2015)	7.9
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2008)	1.7
Literacy rate among adults aged >= 15 years (%) (2007-2012)	74
Gender Inequality Index rank (2014)	131
Human Development Index rank (2014)	108
<b>Health systems</b>	
Total expenditure on health as a percentage of gross domestic product (2014)	5.64
Private expenditure on health as a percentage of total expenditure on health (2014)	61.80
General government expenditure on health as a percentage of total expenditure on health (2014)	5.59
Physicians density (per 1000 population) (2014)	0.8
Nursing and midwifery personnel density (per 1000 population) (2014)	1.43
<b>Mortality and global health estimates</b>	
Neonatal mortality rate (per 1000 live births) (2014)	14
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2015)	27 [19.1-30.3]
Maternal mortality ratio (per 100 000 live births) (2016) MOHP, MMSS	15.9 [26 - 39]
Births attended by skilled health personnel (%) (2014)	92
<b>Public health and environment</b>	
Population using improved drinking water sources (%) (2015)	99.0 (Rural) 99.4 (Total) 100.0 (Urban)
Population using improved sanitation facilities (%) (2015)	96.8 (Urban) 93.1 (Rural) 94.7 (Total)

Sources of data:

- Global Health Observatory May 2017  
<http://apps.who.int/gho/data/node.cco>
- Demographic and socio-economic determinants, Eastern Mediterranean Regional Office 2015

### HEALTH SITUATION

Egypt's new Constitution 2014 strongly addresses health as a fundamental human right and declares commitment to covering the whole population with quality health services. Egypt's progress towards universal health coverage (UHC) has been spurred recently through the approval of Social Health Insurance (SHI) law which will ensure adequate and sustainable funding for health and reduces the share of out-of-pocket expenditures. The new law has been approved by the government and parliament and authorized by the president for initiating implementation.

Egypt has a long experience of developing and implementing health system reforms and engaging with development partners. It has an elaborate network whereby 95% of population lives within 5 km radius of a given health facility. Commitment to family practice programme, which has expanded to cover 50% primary care facilities and developed a National plan for scaling up of family practice. Health information system within MoHP handles a multitude of indicators generated by the health sector with robust civil registration and vital statistics (CRVS) system. Sustained health system support has helped achieve high immunization coverage, Schistosomiasis control and elimination of polio, diphtheria, pertussis and lymphatic filariasis besides improvement towards achievement of MDG goals. Noncommunicable diseases (NCDs) constitute a major burden over the health system in Egypt and are considered a major challenge for socioeconomic development in the country. About 84% of total mortality in Egypt is attributed to NCDs mainly Cardiovascular diseases, Cancer, Chronic Lung diseases and Diabetes.

Also prevalence of main behavioral and biological risk factors for these diseases are very high (Tobacco use, physical inactivity, unhealthy diet, obesity, hypertension and hypercholesterolemia).

The key challenges for the health sector in Egypt are largely known. One of these relates to equity: equity in health outcomes, equity in access to health services, and equity in the burden of health financing. An equity driven health sector can break the illness-poverty cycle, thus attacking at one of the root causes of social injustice in society. As such investing in health is about investing in the socio-economic future of the Nation. Low levels of government health expenditure in the past have resulted in around 60% of total health spending taking the form of out-of-pocket expenditure. This low investment in health has been reflected in an increased reliance on the private sector for the provision of health services and in market failures that have led to serious compromises in quality, safety, and prevention, as well as in concerns around equity of access to services. Managerial shortcomings in service provision, financing, human resources, information, health technology and governance have also been important.

The systemic obstacles that need to be tackled largely relate to the fragmentation that exists in all areas and levels of the health system. These obstacles lead to duplication and inefficiencies in allocation of financial and human resources and in capital investment. The current health financing system, which divides into a multitude of supply and demand side streams, does not allow for an equitable and effective coverage. HOWEVER the recent endorsement of the SHI Law and the subsequent successful implementation will lead to overcoming these obstacles and real improvements in all of the population, services and financial protection aspect.

### HEALTH POLICIES AND SYSTEMS

Universal Health Coverage (UHC), defined as ensuring that all people have access to needed health services, when and where they need them, without suffering financial hardship, is an overarching WHO principal and a priority goal for Health reform. In Egypt, UHC was identified as a priority objective for health sector development. The constitution of 2014, article 18 has put Egypt on track for progressing towards UHC, while the new Social Health Insurance (SHI) law, recently endorsed, established the legislative structure to fulfill the constitutional mandate and will be an important instrument to make UHC a reality.

The new law reorganizes the health system structure into new "Social Health Insurance Organization (SHIO)"; a new "Public Provider Organization"; a new "Accreditation and Monitoring" organization, besides "the Ministry of Health and Population (MOHP)" which takes charge of oversight of the whole health system together with provision of public, preventive, ambulance, and emergency health services.

### COOPERATION FOR HEALTH

WHO is co-chairing with ministry of health and population a "Health Development Partners' Group (DPG)". DPG membership extends to include all UN and foreign agencies and bodies that have a role in health or is interested to support the Egyptian government in strengthening its health system. The DPG's mandate is to deliver coherent, effective and efficient support to the national authorities of the Government of Egypt, in order to attain to the agreed upon goals pertaining to health and development. The principles guiding DPG work are: national ownership, participation, alignment, information sharing, strategic communication and mutual accountability.

Collaboration with UN agencies goes on in day to day work as well as on strategic base for development and implementation of a United Nations Partnership Development Framework (UNPDF) formerly termed United Nations Development Assistance Framework (UNDAF). MOHP is the main counterpart with which WHO works concerning health issues. Nevertheless, WHO works and collaborates with other ministries, governmental agencies, non-government and civil society organizations including academic institutions such as universities and research centers. Mainly, WHO is cooperating with MOHP, ministries of finance, planning and administrative reform, social solidarity, foreign affairs, higher education, education, supply, agriculture, transportation, environment, interior and others.

## WHO COUNTRY COOPERATION STRATEGIC AGENDA (2010–2014) - Updated

Strategic Priorities	Main Focus Areas for WHO Cooperation
<p><b>STRATEGIC PRIORITY 1:</b> Building institutional capacity in the Ministry of Health for enhancing the functions of the health system</p>	<p>Supporting ministry of health and concerned stakeholders in the following areas:</p> <ul style="list-style-type: none"> <li>• Implementing new universal social health insurance which entails reform of the entire health system</li> <li>• Development of national health information system particularly development of data warehouse and strengthening health system monitoring framework, civil registration and vital statistics as well as development and implementation of management information systems for health insurance organization and providers</li> <li>• Institutional development of human resources for health to ensure adequate supply of well educated, trained, motivated health workers as well as management systems to support it</li> <li>• Improve healthcare delivery, particularly strengthening family practice model, referral system and ensuring efficient and effective secondary and higher levels of care</li> <li>• Improving patient safety and injection safety</li> <li>• Improving access to quality medicines and develop and implement health technology policies, assessment and management systems.</li> <li>• Enhance Good manufacturing practices in medicine production, combating Spurious, Sub-standard, Falsified, Falsely Labelled and Counterfeit drugs (SSFFC), and strengthening medical products' regulatory systems</li> </ul>
<p><b>STRATEGIC PRIORITY 2:</b> Addressing noncommunicable disease</p>	<p>Supporting ministry of health and concerned stakeholders in the following areas:</p> <ul style="list-style-type: none"> <li>• Implementation of the National strategies and action plans for prevention and control of NCD, cancer, tobacco and Disability</li> <li>• Develop a national multi-sectoral governing body/committee for NCD prevention and control in the country</li> <li>• Sustain monitoring NCD and their risk factors prevalence in the country through establishment of NCD surveillance system</li> <li>• Sustain updating and developing national guidelines on NCDs</li> <li>• Raise public awareness on NCD and their risk factors through Implementation of the mHealth global initiative at the national level</li> <li>• Strengthen the implementation of the FCTC in the country through supporting implementation of the FCTC 2030 project strategy</li> <li>• Integration of mental health care services at the level of the PHC (mhGAP)</li> <li>• Revive the National Decade of Action for road safety 2011-2020</li> <li>• Achieve nutritional target in line with the Global NCD Action Plan 2013-2025 and Nutrition Decade of action.</li> </ul>
<p><b>STRATEGIC PRIORITY 3:</b> Addressing the unfinished agenda for communicable diseases</p>	<ul style="list-style-type: none"> <li>• Develop and implement activities to achieve measles elimination</li> <li>• Implement outreach vaccination activities in areas with under-coverage and hard to reach children</li> <li>• Strengthen surveillance of vaccine preventable diseases and Adverse Events Following Immunization (AEFI)</li> <li>• Support Egypt in the "Last mile" to achieve Schistosomiasis and Malaria elimination</li> <li>• Implement annual deworming campaigns to address Soil Transmitted Helminthiasis (STH) among school aged children</li> <li>• Enhance elimination efforts of leprosy in Egypt</li> <li>• Strengthening national capacity to scale up diagnostic procedures, preventive chemotherapy, innovative and integrated vector management (IVM) interventions</li> <li>• Support Egypt to have a strong comprehensive hepatitis elimination plan and support achieving this target by 2023</li> <li>• Support the country in reducing mother to child transmission for HBV and HIV infections by timely birth dose and/or Immunoglobulin and sustained high coverage with of hepatitis B vaccine for HBV and by providing antiretroviral treatment to the pregnant mother and provide Post Exposure prophylaxis for HIV</li> <li>• Support the country in implementing HIV drug resistance surveillance.</li> <li>• Developing and Implementing Egypt antimicrobial resistance national action plan (2018-2020)</li> </ul>
<p><b>STRATEGIC PRIORITY 4:</b> Addressing social determinants of health</p>	<ul style="list-style-type: none"> <li>• Promoting health through the life-course which includes: Reproductive, maternal, new-born, child and adolescent health, (priorities: - Improving Maternal and perinatal death surveillance and response systems. - Improving quality of maternal, neonatal, child, adolescent and reproductive health care. - Strengthen counselling services to improve quality of the existing surveillance and response to the unmet needs of family planning. - Elimination of Female Genital mutilation (FGM) Ageing and health, Gender, equity and human rights mainstreaming Social determinants of health, and Health and the environment; (priorities: Strengthen capacity on: Environmental preparedness and response to emergencies, Environmental health risk assessment, Water sanitation, Chemical safety, Improving air quality and food safety).</li> </ul>
<p><b>STRATEGIC PRIORITY 5:</b> Strengthening health sector cooperation and partnerships</p>	<ul style="list-style-type: none"> <li>• WHO is co-chairing with ministry of health and population a "Health Development Partners' Group (DPG) which include all UN and foreign agencies and bodies that have a role in health or is interested to support the Egyptian government in strengthening its health system</li> <li>• Development and implementation of a United Nations Partnership Development Framework (UNPDF) formerly termed United Nations Development Assistance Framework (UNDAF)</li> <li>• Sharing of strategic health information to other UN agencies through the UNCT</li> <li>• MOHP is the main counterpart with which WHO works concerning health issues. Nevertheless, WHO works and collaborates with other ministries, governmental agencies, non-government and civil society organizations including academic institutions such as universities and research centers.</li> </ul>
<p><b>STRATEGIC PRIORITY 6:</b> Preparedness, surveillance and emergency response *</p> <p>*: a new strategic priority added after the strategic agenda -2014.</p>	<ul style="list-style-type: none"> <li>• Supporting real time surveillance through enhancing both indicator based surveillance ( Egypt electronic Disease surveillance system ) and the event-based surveillance</li> <li>• Supporting the National Laboratory System in detecting and characterizing pathogens causing epidemic disease, including both known and novel threats, and establishing the first BSL3 affiliated to MOHP of Egypt</li> <li>• Developing/updating the strategic prevention and control plan for zoonotic disease using the one health approach</li> <li>• Developing and testing the National public health emergency response plans</li> <li>• Developing and testing the risk communication strategy during outbreaks, epidemic and pandemic</li> <li>• Strengthening IHR public health core capacities at designated points of entry in Egypt</li> <li>• Addressing the health challenges of migrants and refugees, WHO Egypt will continue to support the development and implementation of migrant sensitive health policies that incorporate a public health approach and equitable access to health services to refugees and migrants without discrimination or stigmatization, moreover WHO will continue the support of health promotion, health care service delivery, disease surveillance, in addition to building the national capacity for emergency risk management</li> <li>• The securing and procurement of Inactivated Polio Vaccine (IPV)</li> <li>• Sustaining the highly sensitive Acute Flaccid Paralysis (AFP) surveillance system.</li> </ul>