

Egypt: Health Systems Profile

Health status (2013)

Life expectancy at birth in years	total	71.0
	males	69.0
	females	74.0
Maternal mortality ratio per 100 000 live births	total	45.0

Communicable diseases (2014)

Tuberculosis notification rate per 100 000 population	10.0
Incidence rate of malaria per 100 000 population	...
Number of newly reported HIV cases	825.0

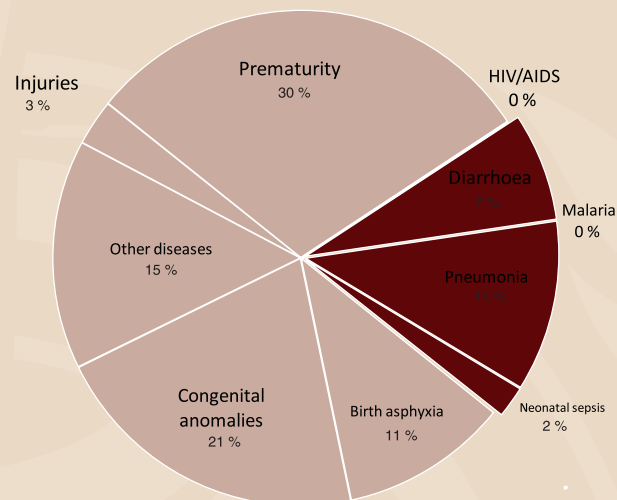
Behavioural risk factors

Prevalence (%)	males	females	total
Current tobacco smoking (2011)*	0.4	47.5	23.8
Insufficient physical activity (2008-)	32.3

Metabolic risk factors

2014 estimated prevalence (%)	males	females	total
Raised blood pressure	23.5
Raised blood glucose	18.9
Overweight	62.0
Obesity	28.9

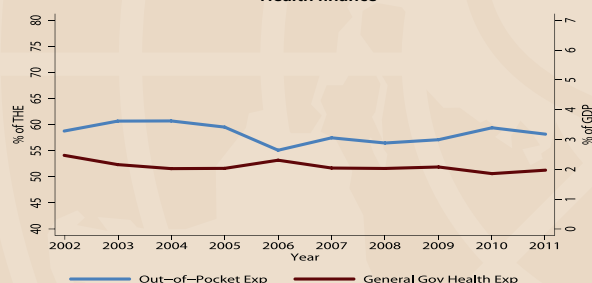
Distribution of causes of death among children aged <5 years (%)



Communicable diseases are estimated to account for 49% of all deaths among children aged <5 years

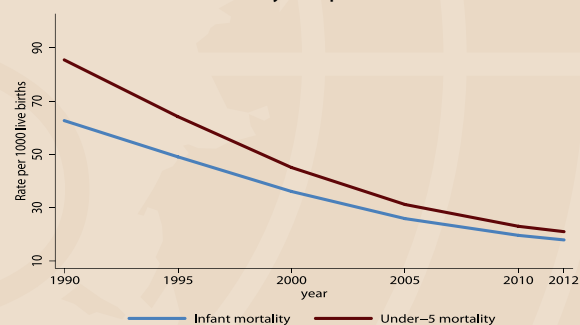
Expenditure and mortality trends

Health finance



*GGHE%GDP is the general government expenditure on health as % of gross domestic product
**OOP%THE is the out-of-pocket expenditure as % of total health expenditure

Infant and under 5 mortality rates per 1000 live births



Health system: selected coverage interventions

Antenatal care visits (4+ visits) (2013)	...
Measles immunization coverage among 1-year-olds (2014)	93
Treatment success rate of new bacteriologically confirmed TB cases (2014)	88
DPT3-containing vaccine / Pentavalent coverage group among children under 1 year of age group (2014)	93

Health system: finance (2013)

General government expenditure on health as % of general government expenditure	5.5
Out-of-pocket expenditure as % of total health expenditure	58
Per capita total health expenditure at exchange rate (US\$)	151

Health system: workforce (2014)

Health workforce per 10 000 population	
Physicians	8.4
Nurses/midwives	14.8
Dentists	1.7
Pharmacists	3.4

Health system: information

Percentage of births registered	1
Percentage of causes of death recorded	0.98

Health system: medicines and medical devices (2013)

Availability of selected essential medicines and medical products in health facilities (%)	public	...
	private	...
Number of scanners (in public facilities) per million population ^c	CT	...
	MRI	...

Health system: service delivery (infrastructure) (2014)

Primary health care facilities per 10 000 population	0.6
Hospital beds per 10 000 population	15.6

... No data available

^a International Classification of Diseases

^b Gross domestic product

^c Computed tomography (CT) and Magnetic resonance imaging (MRI)

* Age-standardized estimated

Please note the data sources are in the attachment

Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities – Egypt 2015

Strengths	Weaknesses
<ul style="list-style-type: none"> Ministry of Health and Population [MoHP] has a long experience of developing and implementing health system reforms and engaging with development partners 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 Experience with social health insurance programme spans five decades, currently 58% of population is covered Institutional capacity in training physicians and other health workforce cadres Robust local pharmaceutical industry that caters to 90% of products in the market Five rounds of National Health Accounts produced by MoHP with international technical support 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 malaria besides improvement towards achievement of MDG goals Finalized the demographic Health Survey 2014 	<ul style="list-style-type: none"> High share of out-of-pocket spending on health that has increased in recent years Highly centralized administrative structures, resource management and flow of funds Fragmented health system with fragmented regulatory and health financing structures; health care delivery spread across a large number of providers that is not designed for integrated services Uneven and inefficient allocation of resources between primary, secondary and tertiary care Low quality and use of public health sector services Unclear policies and weak regulation of the network of private hospitals, clinics, pharmacies and laboratories Poor workforce governance (licensing, employment, deployment, and private practice) and lack of appropriate incentives to qualified workforce leading to demotivation, migration and extensive dual practice Lack of channeling, integration, communication, sharing and usage of data and information pertinent to various health indicators with compromised quality and validation Fragmented and non-inclusive surveillance system, particularly with regards to noncommunicable diseases
Opportunities	Challenges
<ul style="list-style-type: none"> Growing political commitment for health as reflected in the 2014 Constitution with its target of increasing government health expenditure to at least 3% of GDP White Paper launched in August 2014 by the MoHP, which sets clear principles and objectives for future health policies, strategies and plans Rising level of population expectations and demand for improved quality of health care Growing focus on producing evidence to support health policies, strategies and plans and their implementation Continued commitment of development partners to support the health sector Presence of a large private health sector (for profit and not for profit) providing services to more than one third population High national capacity for production of vaccines and biological products with a functional WHO qualified national regulatory authority (NRA) Potential to engage strategically with the civil society 	<ul style="list-style-type: none"> Historical stagnation of government expenditure on health at around 5% of total government expenditure and rising share of out-of-pocket expenditure Need to address the systemic market failures resulting from low public investment in health: 1) low quality of public health service provision; 2) inequity in access to health services; 3) inadequate focus on prevention Need to pursue a comprehensive health sector reform extending beyond ministry of health mandates to achieve efficient and effective development of health system towards realizing universal health coverage Omnipresent and unregulated private health sector with limited control on quality or cost Minimal multisectoral coordination in order to address health determinants, health problems and integrate health plans within the national development agenda Double burden of communicable and non-communicable diseases with emerging and re-emerging diseases and high prevalence of various risk factors High burden of Hepatitis C with increased prevalence among poor, rural, and low-education populations Increasing prevalence of substance abuse and mental health issues, especially among youth and women Lack of a strategic purchaser to enable a transition to social health insurance coverage for disadvantaged groups

Priorities

- Ministry of health in collaboration with stakeholders from health sector beyond the ministry as well as other stakeholders outside the health sector is currently leading work to develop health policies, strategies and plans that are in-line with the White Paper guiding principles and strategic directions, including a clear path to accelerate progress towards universal health coverage. This has been driven by aspirations from new 2014 constitution putting health high in the national development agenda with clear statement to increase government allocation for health to at least 3% of GDP which is about double the current allocation. Setting strategic priorities is one of the outputs of this policy and planning work which is currently in progress. The following priorities should be considered in 2016 – 2017:
- Developing evidence based strategic action plan to overcome shortage of the family physicians
- Build a consensus around a vision for effectively moving towards Universal Health Coverage
- Revitalization of the Supreme Council of Health to deal with governance, planning, fragmentation and multisectorality
- Put in place a regulatory framework and regulatory institutions that also cover the private sector
- Focus on key public health programmes
- Improve quality of health services and strengthen human resources for health, especially at the peripheral level
- Increase equity through Health insurance coverage for all Egyptians
- Set and implement measures to improve efficiency and put in place tools for cost containment

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