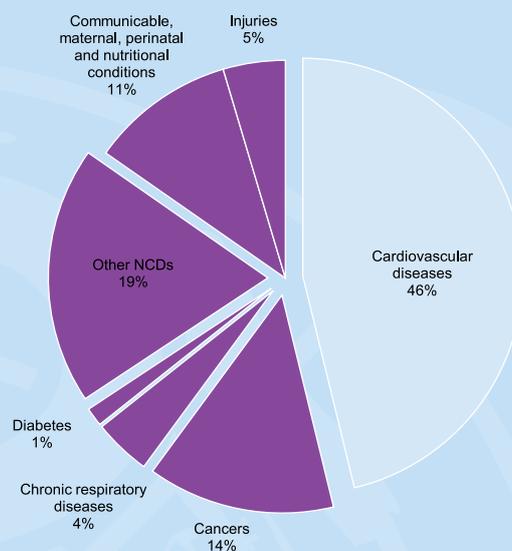


# Egypt: Health Systems Profile

## Health status (2015)

Life expectancy at birth in years	<i>total</i>	73.2
	<i>males</i>	68.8
	<i>females</i>	74.0
Maternal mortality ratio per 100 000 live births	<i>total</i>	33

## Proportional mortality (% of total deaths, all ages, both sexes)



## Communicable diseases (2015)

Tuberculosis notification rate per 100 000 (2014)	8.3
Incidence rate of malaria per 1 000 population	...
Number of newly reported HIV cases	1171

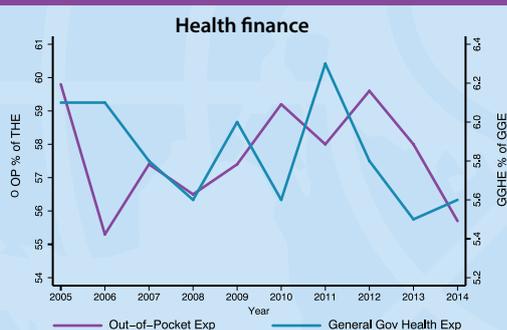
## Behavioural risk factors

Estimated prevalence (%)	<i>males</i>	<i>females</i>	<i>total</i>
Current tobacco smoking (2014)*	47.5	0.4	23.8
Insufficient physical activity (2010)	...	...	32.3

## Metabolic risk factors

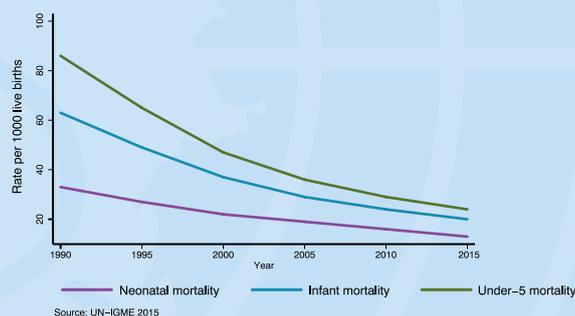
2014 estimated prevalence (%)	<i>males</i>	<i>females</i>	<i>total</i>
Raised blood pressure	...	...	23.5
Raised blood glucose	...	...	18.9
Overweight	...	...	62.0
Obesity	...	...	28.9

## Expenditure and mortality trends



\*GGHE % GGE is the general government health expenditure as % of general government expenditure  
 \*\*OOP % THE is the out-of-pocket expenditure as % of total health expenditure

## Neonatal, infant and under 5 mortality rates per 1000 live births



## Health system: selected coverage interventions

Antenatal care visits (4+ visits) (2011)	...
Measles immunization coverage among 1-year-olds (2015)	92.0
Treatment success rate of new bacteriologically confirmed TB cases (2013)	86.0
DTP3-containing vaccine / Pentavalent coverage group among children under 1 year of age group (2015)	93.0

## Health system: finance (2014)

General government expenditure on health as % of general government expenditure	5.6
Out-of-pocket expenditure as % of total health expenditure	55.7
Per capita total health expenditure at exchange rate (US\$)	178

## 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 (2012-2015)

Percentage of births registered	100.0
Percentage of deaths registered	98.3

## 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 <sup>a</sup>	CT	...
	MRI	...

## Health system: service delivery (infrastructure) (2013)

Primary health care facilities per 10 000 population	0.6
Hospital beds per 10 000 population (2012)	15.6

... No data available

<sup>a</sup> 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 June 2016

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>Ministry of Health and Population [MoHP] long experience in developing and implementing health system reforms and engaging with development partners</li> <li>Elaborate providers' network whereby 95% of population lives within 5 km radius of a health facility</li> <li>Commitment to family practice programme, which has expanded to cover 50% primary care facilities</li> <li>Long experience with social health insurance programme spans five decades</li> <li>Institutional capacity in training physicians and other health workforce cadres</li> <li>Strong pharmaceutical sector with strong regulatory and organizational framework and management system with robust local pharmaceutical industry</li> <li>Six rounds of National Health Accounts produced by MoHP with international technical support with starting institutionalization within MOHP</li> <li>Health information system within MoHP handles a multitude of indicators with robust civil registration and vital statistics (CRVS) system</li> <li>High immunization coverage, schistosomiasis control and elimination of polio, diphtheria, pertussis and malaria</li> <li>Institutional capacity for conducting community based research finalized the demographic Health Survey 2014, health issues survey 2015, and a multitude of other health system related surveys and secondary analyses produced</li> <li>Development and start implementation of a national strategy for control of Viral Hepatitis</li> </ul>	<ul style="list-style-type: none"> <li>High share of out-of-pocket spending on health that has increased in recent years (SHA 2014)</li> <li>Highly centralized administrative structures with rigid resource management and flow of funds</li> <li>Fragmented health system with fragmented regulatory, health financing and providers' structures</li> <li>Uneven and inefficient allocation of resources between primary, secondary and tertiary care with skew towards secondary and higher levels</li> <li>Low quality and inadequate use of public health sector services</li> <li>Unclear policies and weak regulation of the network of private providers</li> <li>Poor workforce strategies with lack of harmonization between medical education and practice, lack of appropriate incentives to qualified workforce leading to demotivation, migration and extensive dual practice</li> <li>Lack of harmonization, integration, communication, sharing and use of data and information with questionable and high fragmentation</li> <li>Fragmented and non-inclusive surveillance system, particularly with regards to noncommunicable diseases</li> <li>Inadequate intersectoral coordination, collaboration and integration with no effective governance structure to cater for it</li> </ul>
Opportunities	Challenges
<ul style="list-style-type: none"> <li>Growing political commitment for health as reflected in the 2014 Constitution targeting increasing government health expenditure to at least 3% of GDP</li> <li>White Paper launched in August 2014 by the MoHP, which sets clear principles and objectives for future health policies, strategies and plans, followed by finalizing and endorsing the health pillar in Egypt's 2030 sustained development strategy (SDS) and other overarching policy documents (including World Bank document :Road map to achieve social justice in health care)</li> <li>Near finalization of new universal social health insurance (SHI) law which constitute a comprehensive reform of the entire health system</li> <li>Growing focus on producing evidence to support health policies, strategies and plans around achieving universal health coverage through implementing new universal SHI system</li> <li>New SHI law almost finalized which mandates comprehensive reform of the whole health sector</li> <li>Continued commitment of development partners to support the health sector with more engagement and heightened vitality of health DPG forum co-chaired by MOHP</li> <li>Presence of a large private health sector (for profit and not for profit) providing services to more than one third population and potential to engage strategically with the civil society</li> <li>High national capacity for production of vaccines and biological products with a functional WHO qualified national regulatory authority (NRA)</li> </ul>	<ul style="list-style-type: none"> <li>Historical stagnation of government expenditure on health at around 5% of total government expenditure with high out-of-pocket expenditure</li> <li>Systemic market failures resulting from low public investment in health particularly leading to low quality of public health services, inequity in access to health services; and inadequate focus on prevention</li> <li>Need to champion a comprehensive health sector reform extending beyond ministry of health for implementing universal SHI with needed institutional, regulatory and organizational transformation</li> <li>Inadequately regulated private health sector with limited control on quality or cost</li> <li>Minimal multisectoral coordination to address health determinants, and integrate health plans within the national development agenda</li> <li>Double burden of communicable and non-communicable diseases with emerging and re-emerging diseases and high prevalence of various risk factors</li> <li>High burden of Hepatitis C with increased prevalence among poor, rural, and low-education populations</li> <li>Increasing prevalence of substance abuse and mental health issues, especially among youth and women</li> <li>Need to develop, implement and monitor the new universal SHI gradually, with clear implementation steps and transitional arrangements</li> <li>Need to establish robust information system to support universal social health insurance at both provider and insurer (purchaser)</li> </ul>

### Priorities

Ministry of health in collaboration with stakeholders from health sector and beyond and in collaboration with development partners is currently leading work towards achieving UHC ensuring accessible and affordable people-centred, quality health services. This has been driven by aspirations from new 2014 constitution putting health high in the national development agenda, the development of health pillar in the SDS2030 with clear vision, goals, objectives and defined KPIs. The following priorities should be considered in 2016 – 2017:

- Stepwise implementation of the new universal SHI with its mandated reform of the whole health system
- Improve access to quality of health services for primary, secondary and higher levels of care and strengthen human resources for health, especially at the peripheral level
- Scale up of family health model as a means for providing integrated PHC with focus on upgrading its human resource component particularly measures to overcome shortage of the family physicians
- Institutionalization of health information system with development of data warehouse, health sector monitoring framework, and information system to manage universal SHI
- Implementation of national plan of action for the prevention, care and treatment of viral hepatitis as well as focus on key preventive and public health programmes, patient safety including blood and injection safety
- Strengthen institutional and management capacity and services for noncommunicable disease and nutrition with emphasis on use of modern technology in communicating health education and promotion
- Develop and implement effective governance, regulatory and institutional arrangements in pharmaceutical sector to improve access and rationalize use of quality medicines and health technology
- Set and implement measures to ensure financial risk protection, improve efficiency and put in place tools for cost containment

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