

Egypt





System/structure



Governance

A comprehensive national health sector policy, strategy or plan with goals and targets that includes all three components of a PHC approach exists and has been updated (2014)



Adoption of a Health-in-All-Policies approach and existing mechanism for multisectoral governmental coordination (Egypt Vision, 2030)



Inclusion of indicators on relevant social, economic, environmental and commercial determinants of health in national health policies, strategies and plans (Egypt Vision, 2030)



(\$) Finance



PHC expenditure per capita in US\$ (2015)



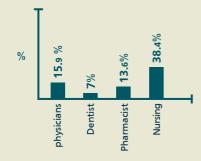
Percentage of domestic general government health expenditure on PHC from total GGHE-D. (2015)

Inputs

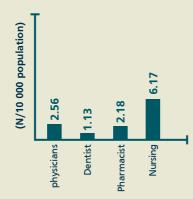


Health workforce

Percentage of health workforce in PHC care by occupation (2017)



Density of PHC by occupation (2017)



Health information systems

Presence and use of unique patient identifiers

Use of patient health records follow a patient through their encounter with the health care system



Infrastructure



Percentage of population that have to travel more than 5 km or 1 hour to arrive at PHC facility (World Bank, 2018)

Processes



Model of care

Percentage of patients who are registered at PHC facilities





Percentage of cases referred to secondary care

Gatekeeper role for general practitioners/family physicians



Formal process exists for referrals¹





Quality processes



Percentage of facilities that monitor patient experience

Empowerment and engagement

Community/patient participation in facility management meetings²



Outcomes



Effective coverage and quality of care



Percentage of hospital admissions for ambulatory care sensitive conditions



Average availability of 5 tracer reproductive, maternal, newborn and child health (RMNCH) services

Empowerment and engagement

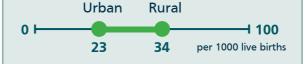
Percentage population who believe decision-making is inclusive [SDG 16.7.2]





ប៉ុម្មិន Equity

Under-5 mortality by residence (EDHS, 2014)



Percentage coverage of RMNCH services by mother's education (DHS 2014)



Impact



Financial protection



Percentage of population with impoverishing health expenditure

Mortality

Maternal mortality ratio [3.1.1]

43.4 per 100 000

Premature noncommunicable diseases (NCD) mortality [3.4.1] (WHO 2016)

28%

Country context

GDP per capita (PPP current international \$)

\$ 12 251

Population living in poverty

(Under \$1.90 int'l dollars/day)³

3.8%

(World Bank, 2017)

Life expectancy at birth

70.5 Years

REFERENCE KEY



Yellow fill indicates a Vital Signs Profile indicator



Present

Not available or not reported

Not available or not reported

INTEGRATED SERVICES/PRIMARY HEALTH CARE

System/structure

Governance	\
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dovernance	
Presence of UHC legislation inclusive of PHC	
Equity mainstreamed in health policy	
Existence of regulatory authorities for (health workforce, facilities, essential medicines and products) for both public	
and private sectors ⁴	
Presence of quality improvement and assurance processes in the national health plan	
Participatory governance structures	
Finance \(\frac{1}{2}\)	
Government health spending as percentage of GDP	7 2%
PHC expenditure as percentage of current health expenditure	7. 46%
Domestic general government expenditure on PHC as percentage of PHC spending	33.3 %
Other sources of PHC expenditure (out of pocket, donor, etc.) as percentage of total PHC expenditure	66.7%

Inputs

Health workforce

Percentage of primary care workforce specialized in family practice (by occupation)	N/A
Proportion of health workforce in PHC who have received minimum continuous professional education according to	N/A
national requirements in the last year Vacancy rate in PHC ⁵	11.7%

Health information systems

Percentage of births registered	100%
Percentage of deaths registered	99%
Explicit adoption of a set of PHC indicators for monitoring and evaluation	
Inclusion of section on PHC performance in annual health sector reporting	
Percentage of public sector PHC that reports performance data	100%
Presence of a comprehensive individual patient record	
Presence of a comprehensive family record	
Is there a functioning electronic health information system (eHIS) in the country?	
Percentage of PHC facilities using an eHIS	N/A

Infrast	tructure	•				
Percenta	age of PHC 1	acilities with a	dequate WASH: ⁶			
	84.7%	43.7%	67.8%			
	water	sanitation	hand hygiene			
		acilities with ro tient consultat	ooms with auditory and ions		N/A	
Percenta	age of PHC f	acilities with co	ommunication equipment	7	84.5%	

Percentage of PHC facilities with access to computer with email/internet access	N/A
Percentage of PHC facilities with standard precautions for infection prevention	N/A
Percentage of PHC facilities with all infection control items	61.7%
Medicines <	
Percentage of PHC facilities with correlated package of services	100%
Proportion of facilities in which essential medicines are available (no stock outs in one year)	N/A
Supplies ¬	
Percentage of PHC facilities with standard priority diagnostics and equipment available	N/A
Processes	
Model of care	
Annual outpatient department utilization rates per capita ⁸ Percentage of PHC facilities that can provide mental health services	0.5% 0.52%
Number of consultations per health worker (physician, nurse, etc.) per day	N/A

Management/quality improvement

Evidence-based national guidelines/protocols/standards exist for the management of all priority causes of morbidity and mortality	100%	
Professionalized management at PHC level Proportion of facilities with up-to-date performance reports in	N/A 100%	
the last 6 months to 1 year	100%	
Percentage of PHC facilities with systems to support quality improvement	N/A	
Improvement		

Outcomes

Effective coverage/quality of care

Percentage of adverse events reported (immunization/medication)	539,071
Percentage of PHC prescriptions that include antibiotics in out patient clinics	N/A
Percentage of PHC prescriptions that include injectable medicines	N/A

	e of registered 90/140 at last		n patients with bl visits	ood	N/A
Percentag blood sug	N/A				
_	je of registered cular risk recor	•	ts with 10 years evious year		N/A
_	je of women w natal care visit		and received at $oldsymbol{l}$	east	N/A
Percentag		users, includ	ling tobacco users	, in	N/A
	je of children in the previou		had weight and h	eight	37.3%
Children u	ınder 5 who aı	re stunted, w	asted, overweight	, obese	
	22.3%	9.5%	20.4%	8.5%	
	22.3% Stunted	9.5% Wasted	20.4 % Overweight	8.5 % Obese	
Children u		Wasted	Overweight	0.0,0	30 %
	Stunted	Wasted	Overweight iving ORT ⁹	0.0,0	
Exclusive k	Stunted Inder 5 with di	Wasted iarrhoea recei 0-5months (%	Overweight iving ORT ⁹	0.0,0	30 %
Exclusive k	Stunted under 5 with di preastfeeding (Wasted iarrhoea recei 0-5months (% g rates	Overweight iving ORT ⁹	0.0,0	30 % 40 %
Exclusive k Cervical ca Measles-co coverage	Stunted Inder 5 with di preastfeeding (ancer screening pontaining-vacci	Wasted iarrhoea recei 0-5months (% g rates ine second-do	Overweight iving ORT ⁹	Obese	30% 40% 1.6%
Exclusive k Cervical ca Measles-co coverage Diphtheria Average a	Stunted Inder 5 with di preastfeeding (ancer screening pontaining-vacci	Wasted iarrhoea recei 0-5months (% g rates ine second-do ussis (DTP3) ir	Overweight iving ORT ⁹ b) ose immunization	Obese	30% 40% 1.6% 94.2%
Exclusive k Cervical ca Measles-co coverage Diphtheria Average a diseases (S Average a 3 tracer N	Stunted Inder 5 with dispreastfeeding of the second secon	Wasted iarrhoea recei 0-5months (% g rates ine second-do ussis (DTP3) ir ervices for 3 t	Overweight iving ORT ⁹ ose immunization mmunization cove	Obese	30% 40% 1.6% 94.2%
Exclusive k Cervical ca Measles-co coverage Diphtheria Average a diseases (S Average a 3 tracer N cardiovaso	Stunted Inder 5 with dispreastfeeding of the street of th	Wasted iarrhoea recei 0-5months (% g rates ine second-do ussis (DTP3) ir ervices for 3 t	Overweight iving ORT ⁹ ose immunization mmunization cove racer communical management of iratory disease,	Obese	30% 40% 1.6% 94.2% 94.9% N/A

Equity

developmentally on track [4.2.1]

Malaria incidence [3.3.3]

Physical inactivity in adults

Equity	
DPT3 immunization coverage Perceived access barriers due to treatment costs Perceived access barriers due to distance	95%11%18%
Percentage of households with adequate WASH: [6.2.1/6.1.1] 96.8% 66.2%	1070
Water Sanitation Hygeine	
Percentage of households cooking with clean fuel [7.1.2]	7 99.9%
Percentage of children under 5 years of age who are developmentally on track [4,2,1]	₹ N/A

Proportion of population subjected to physical, psychological

or sexual violence in the previous 12 months [16.1.3] Use of insecticide-treated bed nets for malaria prevention 7 0

7 N/A

31%

Impact

Health status

Adult mortality rate 15-60 years	165 per 1000
Adolescent mortality rate	66 per 100 000
Under-5 mortality rate	20 per 1000 live births
Infant mortality rate	15.4 per 1000 live births
Neonatal mortality rate	7.2 per 1000 live births
Total fertility rate	3.5 children per woman
Met need for family planning [3.7.1]	7 81%
DPT3 dropout rate	0.8%
TB treatment success	85%
Antenatal care quality score based on WHO guidelines	N/A N/A
Antenatal care coverage (4+ visits) ¹⁰	88 %
Family planning quality score based on WHO guidelines	N/A
Demand for family planning satisfied with mode methods	ern 81%
Sick child quality score based on IMCI guidelines	N/A
People living with HIV receiving anti-retroviral treatment	31 %
Prevalence of raised blood pressure (age-standardized estimate)	25%

Mortality by cause **▼**

Household and ambie Road traffic injuries [3 Homicide [16.1.1]	pollution [3.9.1]	7	73 per 10 000 12.1 per 10 000 1.1 per 100 000	
Suicide rate [3.4.2]				4 per 100 000
Causes of death				
_	34%	10%	6%	
N	ICDs	Communicable diseases	Injuri	ies

Efficiency

•	
Proportion of caregivers who were given sick child diagnosis	N/A
Proportion of family planning, antenatal care, and sick child visits over 10 minutes	N/A
Provider absence rate	N/A
Adherence to clinical guidelines	N/A
Diagnostic accuracy	71
Adequate waste disposal	7

Risk factor/chronic disease prevalence

Obesity prevalence		32%	
Diabetes mellitus prevalence		17.9%	
Hypertension prevalence		25%	
Tobacco use [3.A.1]	7	22.7%	

Resilience **T**

	82 (index score) 79 (JEE score)
Disaster-related death rate [1.5.1]	N/A

Alternative indicators

- NCD inpatients from all inpatient facilities registered in general and central hospitals (5.6%) (National Information Centre for Health and Population, 2018)
- See the following indicators:
 - A Average number of postnatal care visits (2.5), based on maternal and child health data from 2019.
 - B Percentage of women who delivered and received a postnatal care visit within 48 hours of delivery, (65.5%) based on maternal and child health data, 2019.

Notes

- Formal process and referral guidelines need to be revisited.
- Community and patient engagement mechanisms needs to be operationalized.
- People living below national poverty line (32.5%).
- Regulatory authorities provide basic functions and need enhancement.
- Vacancy rates apply to physicians only.
- Data from a survey covering 183 PHC units/centres in 9
- Communication equipment refers to phones only (NICHP, 2018).
- This value only refers to curative services at outpatient departments.
- This value is based on data from the Egyptian demographic and health survey 2014. The IMCI department at the Ministry of Health and Population reported 10.2% in 2018.
- This value is based on reporting using the regional core indicators. The maternal and child health department at Ministry of Health and Population reported 24.2% in 2017.



Countries around the world agreed to the Declaration of Astana in 2018, vowing to strengthen their primary health care systems as an essential step toward achieving universal health coverage.

The Declaration of Astana reaffirms
the historic 1978 Declaration of Alma-Ata,
the first time world leaders committed to
primary health care.

Thus, a well-organized and prepared health system has the capacity to maintain equitable access to high-quality essential health services throughout an emergency, limiting direct mortality and avoiding indirect mortality.

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The data presented here are either reported by countries, come from United Nations estimates, or are directly collected from publicly available sources such as demographic and household survey reports.

Jointly developed by:
Department of UHC/Health Systems and Department of Science,
Information and Dissemination

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All data are country reported unless otherwise indicated