

Table 1. Demographic and reproductive health indicators, Egypt, 2005–2008

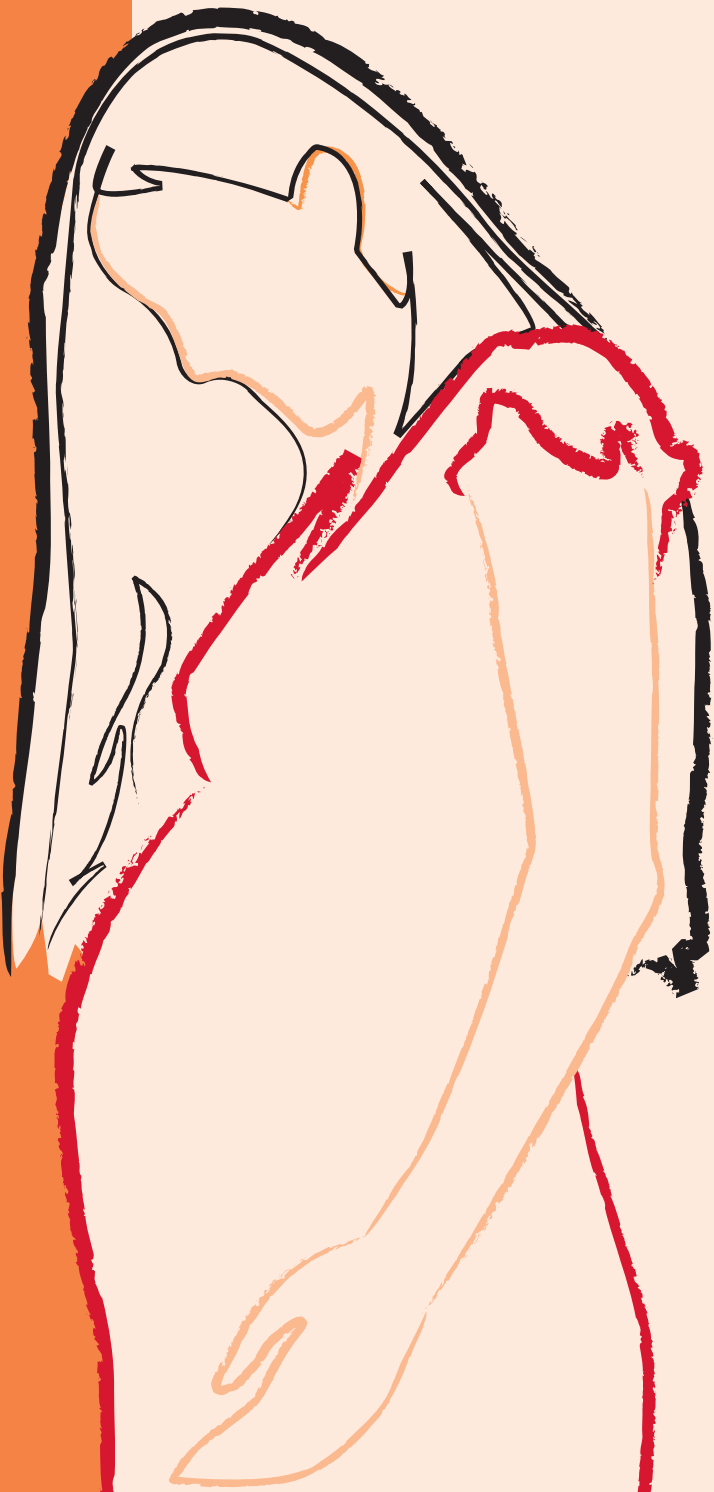
Indicator	Parameter	Year	Source
Total population	73.4 million	2007	CAPMAS
Population growth rate (%)	2.05	2007	CAPMAS
Crude birth rate	26.6	2007	CAPMAS
Crude death rate	6.1	2007	CAPMAS
Urban to rural population (percentage urban)	74.3	2007	CAPMAS
Number of women of reproductive age (15–49 years)	17.8 million	2006	CAPMAS
Total fertility rate	3	2005	EDHS
Percentage of pregnant women attended by skilled personnel (of all pregnant women)	69.6	2008	EDHS
Number of facilities with functional essential obstetric care per 500 000 persons	2	2007	MOH
Percentage of pregnant women attended by skilled personnel	73.6	2008	MOH
Percentage of deliveries attended by skilled personal	78.9	2008	EDHS
Percentage of deliveries undertaken in health facilities	71.7	2008	EDHS
Percentage of caesarean sections (of all deliveries)	27.6	2008	EDHS
Percentage of pregnant women with anaemia	34.2	2005	EDHS
Percentage of newborn infants with low birth weight (of all newborn infants)	11.1	2008	EDHS
Maternal mortality per 100 000 live births	55	2008	MOH
Perinatal mortality per 1000 births	n/a	-	-
Neonatal mortality per 1000 live births	16	2008	EDHS
Life expectancy at birth female (years)	74	2007	CAPMAS
Life expectancy at birth male (years)	69.5	2007	CAPMAS
Contraceptive prevalence rate among married women of reproductive age (15–49), all methods (%)	60.3	2008	EDHS
<i>Traditional methods (all)</i>	2.7	2008	EDHS
Withdrawal	0.3	2008	EDHS
Rhythm	0.4	2008	EDHS
Lactational amenorrhoea	2	2008	EDHS
<i>Modern methods (all)</i>	57.6	2008	EDHS
IUD	36.1	2008	EDHS
Condom	0.7	2008	EDHS
Pill	11.9	2008	EDHS
Injectables	7.4	2008	EDHS
Implants	0.5	2008	EDHS
Female sterilization	1	2008	EDHS
<i>Factors for not using modern methods among married women:</i>			
Fear of side-effects	28.5	2008	EDHS
Lack of knowledge	0.2	2008	EDHS
Cost	0	2008	EDHS
Lack of access	0.1	2008	EDHS
Traditional misconceptions	8.6	2008	EDHS
Partner opposes	0.5	2008	EDHS
Unmet need for modern contraception (%)	10	2005	EDHS
Receipt of postpartum care and family planning counselling (%)	24.9	2005	EDHS
HIV prevalence % of population (15–49 years) with HIV/AIDS	Less than 0.1	2005/ 2006	PRB
Married women self reported sexually transmitted infection (%)	1.5	2008	EDHS

CAPMAS: Central Agency for Public Mobilization and Statistics
EDHS: Egypt Demographic and Health Survey
PRB: Population Reference Bureau
MOH: Ministry of Health

Egypt

Reproductive health profile

2008



National Population Strategic Plan 2002–2017

Egypt has a long history of adopting national population policies and strategies which consider the quantitative as well as the qualitative aspects of the population as important determinants of development. Longstanding experience in policies and strategies has paved the way to determine the main dimensions of population problems: rapid population growth, unbalanced geographical population distribution and the deterioration of population characteristics. Addressing these dimensions, numerous approaches and interventions have been defined for the implementation of Egypt's National Population Strategic Plan 2002–2017.

This plan includes four elements:

- Improving the quality and access to family planning and reproductive health services within the framework of the basic health service package
- Changing attitudes and behaviours in order to adopt the concept of the “Small Family”
- Enhancing the relationship between population goals and comprehensive development
- Activating the follow-up, monitoring and evaluation systems.



The corresponding strategies of the national population plan are related to the following areas:

- Family planning and reproductive health
- Child health and child survival
- Education and illiteracy elimination
- Empowerment of women
- Adolescents and youth
- Family support and protection
- Information, Education and Communication
- Environment protection
- Population redistribution
- Elimination of disparities
- Support of information and research.

The preliminary results of the population census in 2006 revealed that the percentage of illiteracy had decreased from 39.4% (1996) census to 29.3% (2006) among persons 10 years and older. Meanwhile, the percentage of university graduates has increased from 5.7% in 1996 to 9.6% in 2006. Female literacy has gained special attention in Egypt since the International Conference on Population and Development in 1994. “One Classroom Schools” for girls have been developed and 3000 classrooms built for girls between 14 and 18 years in rural areas. This project aimed at enrolling girls who had left school due to economic or social constraints. In addition to formal education, the curriculum of these schools

includes training in basic skills for conducting small economic activities to provide further gains.

The Egyptian Government modernized all means of production to develop socioeconomic infrastructure and subsequently raise the standard of living. Recently, the State initiated a new strategy for privatization of the Egyptian economy, aiming to promote a market economy, attract foreign investment and to upgrade export performance. According to the Population Reference Bureau, the gross national income measured in purchasing power parity per capita has reached US\$ 5400 (2007). However, the unemployment rate has increased from 8.98% in 2000 to 9.72% in 2006 (Central Agency for Public Mobilization and Statistics, CAPMAS).

Health care system

Egypt has given much attention to the health situation by applying strategies and programmes to provide adequate health and medical care, despite the growing population. According to CAPMAS statistical year book (2008); the number of beds in Ministry of Health (MOH) hospitals reached 79 076 in 2007 (a 10% increase from 1998); the number of health units (without beds) reached 3135 in 2007 (a 47% increase from 1998); the number of rural health units reached 3814 in 2007 (a 24% increase from



1998); and the number of primary health care units reached 4656 in 2007 (a 20% increase from 1998).

The medical treatment units in the rural sector consist of health integrity hospitals (470), health groups (214) and health rural units (3076). The maternity and infant care units include: maternity and infant care centres in cities (196), maternity and infant care divisions in health centres and health integrity (684), maternity and infant care divisions in rural health units (3076). Admissions to central and general hospitals have reached 2 190 606 in 2006. There are 6.68 physicians, 1.04 dentists, 1.2 pharmacists and 13.75 nursing staff per 1000 persons. There is wide variety of pharmacy types in Egypt including: general, cooperative, treatment, night services and storage pharmacies making a total of 27 550 pharmacies. Government health expenditure in Egypt increased from 2.7% in the late 1990s to 3.77% in 2002/2003 and then decreased to 2.3% in 2006/2007.

The importance of strengthening the information system to collect, analyse and facilitate the use of health information at all levels is recognized and realized through the management information system at the MOH. A quality assurance management system and continuous quality improvement programmes are now main areas of focus at the

MOHP. There are intensive training programmes for service providers on quality improvement.

Recently, the MOH in Egypt has adopted an integrated maternal and child health/family planning/reproductive health services project, within which the following programmes are promoted:

- Family planning programme
- Family support and protection programme
- Child survival programme
- Basic compulsory education programme
- Adult education programme
- Improvement of women's status programme
- Population in formation, education and communication programme
- Regional development programme

Reproductive health

The Government of Egypt regards family planning as a priority component of reproductive health and essential to achieve the national goal of lowering the rapid population growth and realizing broad-based sustainable development. The first national family planning programme was launched in 1966 and heavily focused on distribution of contraceptive pills and intrauterine devices through the MOH and the voluntary service outlets of the Egyptian Family Planning Association. Revival of the programme and adoption of formal development plans took place in the early 1970s under the full responsibility of the MOH.

In response to the Declaration of the International Conference on Population and Development (Cairo, 1994), the MOH merged family planning and maternal and child health services into a

broad-based women's health programme. Family planning services were expanded to low-income populations, remote areas and rural Upper Egypt. As part of these efforts, the MOH renovated most of its clinics and added more than 300 mobile clinics to improve access to reproductive health services.

Special attention has been paid to the importance of counselling in reproductive health services and to improving the performance of service providers through successive training programmes. Reproductive health services are now available in most government facilities, including services for young girls and adolescents. For older women, geriatric services, including diagnosis of cancer and osteoporosis, are also provided. In addition, reproductive health facilities offer counselling and medical treatment for infertility for both males and females. Facilities also address men's reproductive health needs. The Egypt demographic and health survey 2005 revealed that the unmet need for contraception was 10% (Table 1).

Information, Education and Communication (IEC) programmes are now undertaking several approaches in the field of reproductive health. Mass media campaigns are promoting important issues in reproductive health, such as antenatal care, safe delivery, breastfeeding, immunization and premarital medical examination. Training courses were established for media professionals to train television reporters on dealing with population and reproductive health issues. Hundreds of small nongovernmental organizations in mosques and churches run their clinics, including family planning and reproductive health services under the technical supervision and logistic support of the MOH. Although HIV/AIDS infection is still rare in Egypt, intensive prevention means are assured by the MOH through the quality assurance management system. Nongovernmental organizations, as well as religious and community leaders, support these efforts through awareness activities on HIV/AIDS.

