

The WHO Country office actively supports the Ministry of Health and Population (MoHP) in strengthening health systems in the pursuit of universal health coverage (UHC).

Achieving equity in health outcomes is a challenge in Egypt due to its highly fragmented health system, leading to difficulties in regulation and in ensuring quality and standards of health care. Compounding this problem is unequal access to health services and the burden of health financing. An equity driven health sector can break the illness poverty cycle, thus addressing one of the root causes of social injustice in society.

The newly approved Constitution of Egypt explicitly places health high on the national agenda, with Article 18 underlining the importance of the right to health and of access to quality health services. In August 2014 the MoHP adopted the white paper entitled “Framing national health policy” which aims to translate the health agenda of the Constitution into policy.

WHO is currently assisting the MoHP in the development of the health pillar for the Sustainable Development Strategy for Egypt 2030. This health pillar offers a long-term vision statement for the health sector and includes objectives, targets and indicators for achieving this vision.

The objective of the overall health planning process is to develop regulatory structure and mandates, foster intersectoral coordination and collaboration, and acknowledge determining factors outside of the health sector.

[Health financing](#)

[Health information systems](#)

[Human resources for health](#)

## [Health services](#)

### **Health financing**

Historically, Egypt has been challenged by a low public investment in health, with large out-of-pocket expenditure. However, the commitment of new Constitution approved in January 2014 to nearly double spending from 1.5% of gross domestic product to 3% provides a valuable opportunity to improve health systems and work towards achieving UHC. Following guidance from the white paper the next challenge is to use the existing and future financial resources in an effective, equitable and efficient manner.

WHO is working with the government to find options to improve the health financing system. This entails technical support for developing a financial coverage system based on the social health insurance model and other mechanisms that will ensure adequate funding for health and lead to diminished out of pocket expenditure.

The draft health insurance law is currently being reviewed and will aim to build the legislative basis for expanding financial protection for health to the whole population. WHO will also support the design and implementation of the social health insurance law. WHO is assisting MoHP in producing evidence for policy on health financing and financial risk protection, including national health accounts, catastrophic expenditure analysis, health financing system review.

### **Health information systems**

Sound and reliable health information is the foundation of decision-making across all health system building blocks. Egypt's national health information system relies on a relatively strong IT and communication network through which data are collected using international standards at all levels of the system.

However, the system is challenged by the quality of the data collection and by fragmentation and unclear information flows. While the Civil Registration and Vital Statistics (CRVS) system is strong with 90% of births and almost 100% of deaths registered, cause of death reporting has shown to be weak.

Developing the HIS is a priority for Egypt in its efforts to achieve UHC. It is particularly crucial as the renewed focus on robust national health policies and plans will need to be supported by a strong HIS that can feed policy relevant data and information for monitoring and evaluating progress.

WHO is supporting the MoHP in assessing and reforming the HIS at micro and macro levels. For example, WHO is assisting with the development of a national costed strategy to improve the CRVS covering three main pillars; resources, infrastructure and legal framework; recording and procedures; and cause of deaths certification and coding.

## **Human resources for health**

As a follow up to the commitments made at the Third Global Forum on Human Resources for Health (HRH) in Recife, Brazil in 2013, Egypt is working towards adopting a systematic approach to developing, adequately funding and implementing national strategies and plans for a sustainable health workforce.

The white paper underlines the need for HRH reform (including regulation, quality, skill mix, pay, availability and management) as one of the top priorities. It has also included HRH as one of the key objectives within the health pillar in the national sustainable strategy to ensure that this is dealt with as one of the top strategic priorities among the national efforts towards achieving UHC.

WHO is supporting MoHP in an assessment of HRH in the private sector in Egypt. This is complementary to another study recently completed on regulatory framework of the private health sector in the country. It has also set plans to develop capacities and systems to support HRH management, particularly planning and information management.

## **Health services**

In the pursuit of universal health coverage WHO works with MoHP and the Government of Egypt on improving quality of health services in several key areas. These include:

- Providing technical support to the pharmaceutical sector. This involves raising their capacity in issues related to intellectual property, good governance in medicine (GGM), pharmaco-vigilance and work to combat counterfeit medicines and enhance its rational use.

- Supporting central laboratories in enhancing staff capacity in biosafety and bio-risk management, laboratory quality management system as well as laboratory management information system.
- Providing assistance in the assessment of the Family Health Model, which aims to integrate services at the primary health care level.
- Supporting the MoHP to further expand coverage with essential services through expanding family health services as one main axis of universal health coverage. MoHP, in collaboration with WHO, have recently completed the comprehensive assessment of the family health model and made recommendations for its development.

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