# PHO country profile

Inputs

# Egypt

### World Health Organization REGIONAL OFFICE FOR THE Eastern Mediterranean

### 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**



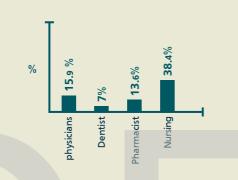
PHC expenditure per capita in US\$ (2015)



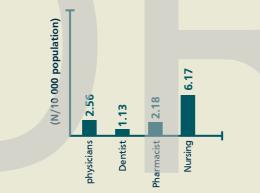
Percentage of domestic general government health expenditure on PHC from total GGHE-D. (2015)

# Health workforce

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



Density of PHC by occupation (2017)



## Health information systems

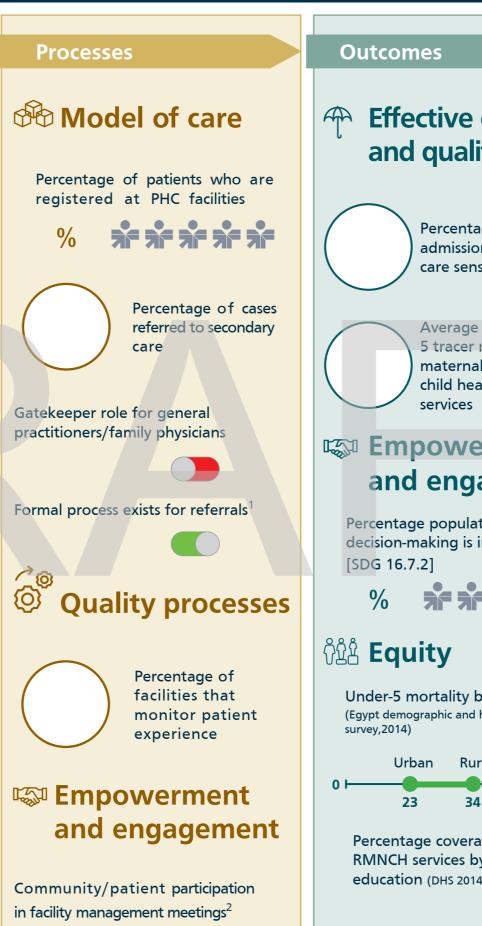
Presence and use of unique patient identifiers

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

#### Infrastructure



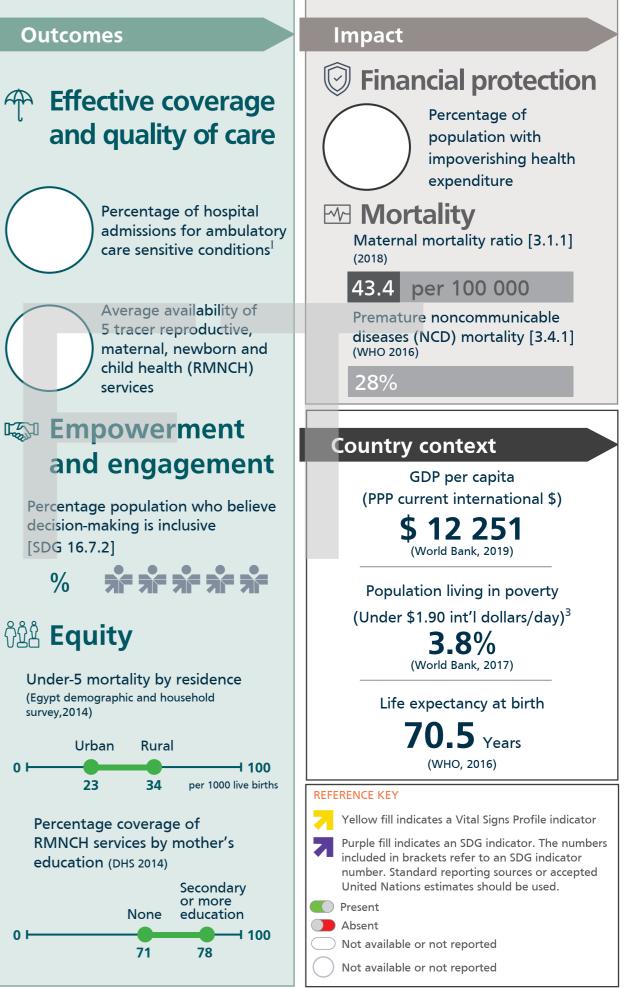
Percentage of population that have to travel more than 5 km or 1 hour to arrive at PHC facility (World Bank, 2018)

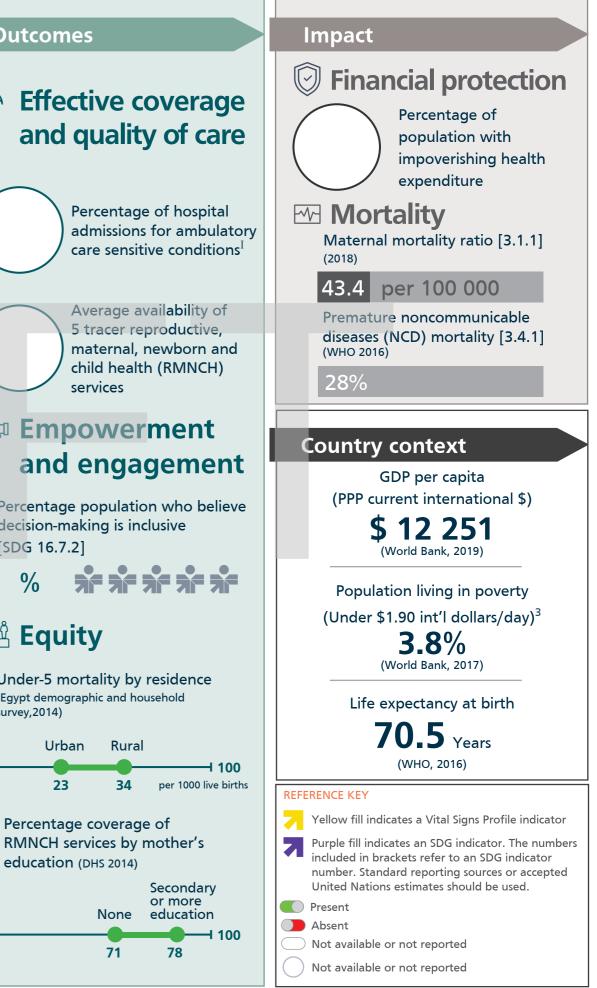






(Egypt demographic and household











#### INTEGRATED SERVICES/PRIMARY HEALTH CARE

#### System/structure

#### Governance

Governance	
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 <sup>4</sup>	
Presence of quality improvement and assurance processes in the national health plan	
Participatory governance structures	
Finance <b>T</b>	
Government health spending as percentage of GDP	2%
PHC expenditure as percentage of current health expenditure	46%

7 33.3%

66.7%

Domestic general government expenditure on PHC as percentage of PHC spending Other sources of PHC expenditure (out of pocket, donor, etc.) as percentage of total PHC expenditure

#### Inputs

#### Health workforce <a>

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 <sup>5</sup>	1 <b>1.7</b> %
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
Infractiona I	

#### Infrastructure

Percentage of PHC facilities with adequate: <sup>6</sup>	
84.7% 43.7% 67.8%	
water sanitation hand hygiene	
Percentage of PHC facilities with rooms with auditory and	N/A
visual privacy for patient consultations	
Percentage of PHC facilities with communication equipment <sup>7</sup>	84.5%
<b>5</b>	110/0

	Percentage of PHC facilities with access to computer with email/internet access	N/A
F	Percentage of PHC facilities with standard precautions for infection prevention	N/A
	Percentage of PHC facilities with all infection control items	<b>61.7</b> %
	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 <sup>8</sup>	0.5%
	Annual outpatient department utilization rates per capita <sup>8</sup> Percentage of PHC facilities that can provide mental health services	0.5%
	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	N/A
	Proportion of facilities with up-to-date performance reports in the last 6 months to 1 year	100%
	Percentage of PHC facilities with systems to support quality improvement	N/A
	Outcomes	

#### Effective coverage/quality of care

Percentage of adverse events reported (immunization/	
medication)	39 07
Percentage of PHC prescriptions that include antibiotics in out patient clinics	N/A
Percentage of PHC prescriptions that include injectable medicines	N/A

Percentage of reg pressure <90/140 Percentage of reg blood sugar contr Percentage of reg cardiovascular risk Percentage of wo once postnatal ca Percentage of sub receipt of brief int Percentage of chi measured in the

%

Children under 5

22.3 Stun

Children under 5 Exclusive breastfee Cervical cancer scr Measles-containin coverage Diphtheria-tetanu Average availabili diseases (STI, TB, Average availabili 3 tracer NCDs (dia cardiovascular dise Care seeking for s

#### Equity **¬**

DPT3 immunizatio Perceived access I Perceived access I

Percentage of hou

Percentage of hous Percentage of child developmentally or Malaria incidence Physical inactivity in Proportion of popu or sexual violence Use of insecticide-t

71

gistered hypertension patients with blood N/A					
gistered rolled at	N/A				
	NCD patient led in the pre	s with 10 years evious year		N/A	
	ho delivered within the fir	and received at least 40 days $^{ m II}$	ast	N/A	
	users, includi	ng tobacco users,	in	N/A	
nildren u previous		nad weight and he	ight	<b>37.3</b> %	
who are	e stunted, wa	asted, overweight,	obese		
3%	9.5%	20.4%	8.5%		
nted	Wasted	Overweight	Obese		
eeding 0 creening ng-vaccir us-pertus lity of se HIV) lity of dia abetes, o sease)	ne second-do ssis (DTP3) in rvices for 3 tr agnosis and r	) se immunization nmunization covera racer communicabl management of ratory disease,	-	<ul> <li>30%</li> <li>40%</li> <li>1.6%</li> <li>94.2%</li> <li>94.9%</li> <li>N/A</li> <li>N/A</li> <li>68%</li> </ul>	
barriers	due to treatr due to distar		6.1.1]	<ul> <li>95%</li> <li>11%</li> <li>18%</li> </ul>	

96.8%	66.
Water	Sanita

.2% ation

7 Hygiene

useholds cooking with clean fuel [7.1.2]	7	99.9%	, )
dren under 5 years of age who are on track [4.2.1]	7	N/A	
[3.3.3]	7	0	
in adults		<b>31</b> %	
ulation subjected to physical, psychological in the previous 12 months [16.1.3]	7	N/A	
treated bed nets for malaria prevention		7	

#### Impact

#### Health status

Adult mortality rate 15–60 years Adolescent mortality rate	165 per 1000 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	<mark>~</mark> 0.8%
TB treatment success	<mark>&gt; 85</mark> %
Antenatal care quality score based on WHO guidelines	N/A
Antenatal care coverage (4+ visits) <sup>10</sup>	<mark>&gt;</mark> 88%
Family planning quality score based on WHO guidelines	⊂ N/A
Demand for family planning satisfied with mode methods	
Sick child quality score based on IMCI guidelines	
People living with HIV receiving anti-retroviral treatment	<mark>~ 31</mark> %
Prevalence of raised blood pressure (age-standardized estimate)	25%
Mortality by cause	
Household and ambient air pollution [3.9.1] Road traffic injuries [3.6.1]	73 per 10 000
Homicide [16.1.1]	7 12.1 per 10 000 7 1.1 per 100 000
Suicide rate [3.4.2]	
	<b>7</b> 4 per 100 000
Causes of death	
84% 10%	6%
NCDs Communicable diseas	ses Injuries
Efficiency	
Proportion of caregivers who were given sick ch diagnosis	ild 7 N/A

alagnosis	
Proportion of family planning, antenatal care, and sick child visits over 10 minutes	N/A
Provider absence rate	<mark>∧</mark> N/A
Adherence to clinical guidelines	N/A
Diagnostic accuracy	7
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

International Health Regulations core capacity	82 (index score)
index/joint external evaluation	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 governorates.
- Communication equipment refers to phones only (National Information Centre for Health and Population, 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.

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** 



nc-sa/3.0/igo).

All data are country reported unless otherwise indicated

## 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.



© World Health Organization [2020] Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; https://creativecommons.org/licenses/by-