



EGYPT'S PROGRESS TOWARDS ACHIEVING THE MILLENNIUM DEVELOPMENT GOALS 2010



Egypt's Progress
towards
Achieving
the Millennium
Development
Goals (2010)

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Egypt's commitment for the successful achievement of the Millennium Development Goals is clearly, demonstrated throughout past years, since the endorsement of the Millennium Declaration in 2000. It confirms Egypt's support to the world vision of a better future for everyone; leading to less poverty and hunger, increasing children accessibility for quality education as well as enhances prospects of healthy life for children, mothers, and other vulnerable groups. This commitment seeks equal opportunities for women at all levels, rational use of national resources and healthier environment as well as building active collaboration with all development partners to create an enabling environment for the MDGs.

This is clearly, reflected in Egypt's successive five-year development plans, including priority investment and multisectoral action programmes, which build on the synergies between the goals. It aims to accelerate progress for the timely effective implementation of MDGs, taking into consideration the internal challenges of prevailing regional and gender disparities, the continued high-level of population growth as well as the reduced levels of available resources as a result of the of successive global fuel, food, economic and financial crises.

The current assessment of Egypt's progress is timely since we are only five-years away from the deadline (2015) and the comprehensive global review that will take place during the Summit of world leaders in September 2010, aiming to renew their commitment and build agreement on global course of actions to accelerate progress toward reaching the MDGs by 2015.

This follow-up report for Egypt (2010) is the fifth in a series of periodic assessment reports that were prepared in 2002, 2004, 2005 and 2008, to provide evidences of progress and identify bottlenecks/gaps that require different policies and strategies to ensure the possibility of reaching the goals by the specified time.

Although the global economic crisis has negatively and temporarily affected the efforts for poverty reduction; the report still provides evidences that Egypt is on the right track to timely achieve most of the MDGs, at the national level, and document government commitment to reduce regional disparities and enhance opportunities for women as well as youth, to ensure full realization of the MDGs across all of Egypt. Several major actions were taken within that context and are being considered among best practices. This includes:

- Implementing a wide range of expansionary policies (fiscal, monetary, trade...) that has successfully mitigated the negative impacts of the global crisis on MDGs.
- Initiating the comprehensive integrated package to develop the poorest 1000 villages, mostly in Upper Egypt. The first batch includes 151 of these villages;
- Preparatory steps to introduce the «conditional cash transfer» programmes to direct subsidies to the poor and ensure linkages with public service utilization;
- Expanding friendly/mobile schools to reach out for marginalized children by aiming to reintegrate out-of-school and drop-out children;

- Promote gender equity model in the private sector including recruiting practices, human resource management as well as policies and practices within the firm;
- Sustaining the initiative to provide free, high-quality primary education in the poorest and most difficult to reach areas of rural Egypt, through establishing over 3200 one-classroom schools by the end of 2008;
- Introducing the quota system to increase women participation in Parliament;

Evidences documenting Egypt's progress in timely reaching the MDGs are also becoming guiding forces for actions to sustain such progress, ensure decent and healthier life for all, and eliminate all the remaining challenges for wider and equal opportunities across all regions. However, these still represent the lower boundaries of what Egyptians are aspiring and are capable to reach.

Dr. Osman Mohamed Osman
Minister for Economic Development

As the 2015 deadline for achieving the Millennium Development Goals (MDGs) approaches, I am pleased to write this Foreword to the 2010 MDG Report for Egypt.

The 2010 milestone is an important one as it marks a critical opportunity for world leaders, when they meet at the United Nations in New York in September, to assess progress towards the goals they have set, for themselves to halve poverty and achieve the remainder of the MDGs by 2015. The Egypt 2010 MDG Report provides its own contribution to that assessment by offering a fresh, detailed update on the status of the MDGs, with an in depth analysis and policy recommendations pertaining to Egypt's progress in achieving these global goals.

Egypt should be, congratulated for systematically preparing national reports in 2002, 2004, 2005, 2008, and now in 2010, under the leadership of the Ministry of Economic Development, with support from the UNDP Office in Egypt. These reports have been instrumental in identifying priorities as well as future actions to ensure the achievement of the MDGs within the target date. It provides a comprehensive analysis for each of the MDGs and focuses on the disparities that still exist. It concludes by making policy recommendations aimed at accelerating the achievement of the MDGs and going beyond them in some instances. The 2010 Report provides a framework for policy makers to further, sharpen their focus on the gaps that remain. This framework also will help the UN development system and other international development partners to work more coherently to help Egypt accelerate progress on each of the MDGs in terms of advocacy, programme support, monitoring and reporting, as well as training and learning.

In line with the Guidance Note, the Report has taken note of the recommendations related to the new emerging realities facing many countries - i.e., escalating inequalities, regional and local disparities in MDG attainment, as well as new challenges such as the food, fuel, climate change, and global economic and financial crises. The independent Team that prepared the Report has also engaged in consultations with national partners including government ministries, civil society organizations, academia and the private sector, as well as development partners, including the UN.

Trends analysis for Egypt has shown that while Egypt has made impressive progress on each of the MDGs, it continues to face challenges with MDG 1 relating to eradicating extreme poverty and hunger and MDG 3 relating to gender equality and the empowerment of women. Moreover, regional disparities and gender inequalities continue to persist across governorates. Although Egypt has succeeded in establishing a quota system for women in Parliament, women in Egypt still lag behind on issues relating to education, economic empowerment, as well as the misuse of culture and tradition that impedes their progress. With respect to education, enrollment and literacy are improving, however, the growth in infrastructure to accommodate the increasing number of students needs to be, matched by further investments to improve the quality of education.

The Report highlights that a more targeted approach needs to be, deployed to accelerate MDG attainment by addressing key systemic bottlenecks and focusing on enhancing the quality of services. These bottlenecks include local capacities, sectoral governance, and slower than hoped for progress in decentralization, in addition to insufficient pro-poor

resource allocations. The Report showcases, some best practices for scaling up, such as the conditional cash transfer programme of the Ministry of Social Solidarity.

I would like to thank the independent team of authors, headed up by Lead Author Dr. Hussein Abdel Aziz, for their valued contributions. My thanks also to H.E. Minister Osman Mohamed Osman, Minister of Economic Development, for giving the Report team all the necessary support, in particular access to data and statistics.

While paying tribute to the progress made to date, it is important that Egypt continues to aspire to go beyond the MDGs, transcending these goals by embracing the principles underlying the Millennium Declaration to guide a vision for human development that ensures the well being of all Egyptians.

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July 2010

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ARI	Acute Respiratory Infections
AEA	Adult Education Authority
AFP	Acute Flaccid Paralysis
ANC	Anti Natal Care
ARI	Acute Respiratory Infections
ARV	Anti Retroviral Virus
BBSS	Biological and Behavioral Surveillance Survey
BF	Breast Feeding
BFHI	Baby Friendly Hospital Initiative
BIO-BSS	Biological and Behavioral Surveillance Survey
BOP	Balance of Payments
BPFA	Beijing Platform For Action
CAA	Cairo Agenda for Action
CAPMAS	Central Agency for Public Mobilization and Statistics
CBE	CENTRAL BANK OF EGYPT
CBO	COMMUNITY BASED ORGANIZATION
CCT	Conditional Cash Transfer
CDM	Clean Development Mechanism
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CELL	CAPACITY ENHANCEMENT OF LIFELONG LITERACY
CO2	Carbon Dioxide
COMESA	Common Market for Eastern and Southern Africa
CPR	Contraceptive Prevalence Rates
CSMC	Central Safe Motherhood Committee
CSOs	Civil Society Organizations
CSP	Child Survival Project
DAC	Development Assistance Committee
DOTS	Directly Observed Treatment Short Course
DPG	Development Partners Group
DSL	Digital Subscriber Line
ECES	The Egyptian Center for Economic Studies
EDHS	Egypt Demographic and Health Survey
EEAA	Egyptian Environmental Affairs Agency
EFA	Education For All
EFS	Egyptian Fertility Survey
EIA	Environmental Impact Assessment
EIB	European Investment Bank
EIDHS	Egypt Interim Demographic and Health Survey
EHDR	Egypt Human Development Report
EMRO	Eastern Mediterranean Region/ WHO

EOC	Essential Obstetric Care
EPI	EXPANDED PROGRAM ON IMMUNIZATION
EU	European Union
EU/GMP	European Union/ Good Manufacturing Practice
FDI	Foreign Direct Investment
FFE	Food For Education
FGM	Female Genital Mutilation
FHI	Family Health International
GAFTA	Greater Arab Free Trade Area
GDP	Gross Domestic Product
GE	Gender Equality
GEF	Global Environment Facility
GHG	Green House Gases
GILO	Girls Improved Learning Outcomes
GM	Gender Mainstreaming
GNI	Gross National Income
GOE	Government of Egypt
GRB	Gender Responsive Budgeting
HBV	Hepatitis B Virus
HCC	Hepatocellular Carcinoma
HCV	Hepatitis C Virus
HDR	Human Development Report
HIECS	Household Income Expenditure and Consumption Survey
HIO	Health Insurance Organization
HIPC	Highly Indebted Poor Countries
HSR	Health Sector Reform
ICPD	International Conference on Population and Development
ICT	Information Communication Technology
IDA	International Development Association
IDSC	Information and Decision Support Center
IDW	IMPROVED DRINKING WATER
IMCI	INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS
IMR	Infant Mortality Rate
INP	Institute of National Planning
IT	Information Technology
IUD	Intra-uterine Device
KGs	Kinder gardens
LDCs	Least Developed Countries
MARP	Most At Risk Population
MCH	Maternal and Child Health

MDG	Millennium Development Goal
MDRI	Multi Debt Release Initiatives
MIC	Ministry of International Cooperation
MMR	Maternal Mortality Ratio
MMR (Vaccine)	Measles, Mumps, and Rubella vaccine
MOA	Ministry of Agriculture
MOH	Ministry of Health
MOHP	Ministry of Health and Population
MSAD	Ministry of State for Administrative Development
MOSS	Ministry of Social Solidarity
MSEA	Ministry of State for Environmental Affairs
NAP	National AIDS Program
NC	Neonatal Care
NCCM	National Council for Childhood and Motherhood
NCW	National Council for Women
NEAP	National Environment Action Plan
NDP	National Democratic Party
NEDSS	National Electronic Diseases Surveillance System
NIDs	National Immunization Days
NMMSS	National Maternal Mortality Surveillance System
NODCAR	National Organization for Drug Control and Research
NORCB	National Organization for Research and Control of Biological
NT	Neonatal Tetanus
ODA	Official Development Assistance
ODS	Ozone-depleting substances
OECD	Organization for Economic Co-operation & Development
OPV	Oral Poliovirus Vaccine
ORT	Oral Dehydration Therapy
PHC	Primary Health Care
PLHIV	People Living with HIV/AIDS
PMTCT	Preventing Mother-to-Child Transmission
PPP	Purchasing Power Parity
QIZ	Qualifying Industrial Zone
RAMOS	Reproductive Age Mortality Study
RBM	Result-Based Management
RTI	Research Triangle Institute
RUSF	Ready to Use Supplementary Foods
SA	Situation Analysis
SARI	Severe Acute Respiratory Illness
SMI	Safe Motherhood Initiative

SFD	Social Fund for Development
SMEs	Small and Medium Enterprises
STIs	Sexually Transmitted Infection
TFR	Total Fertility Rate
TT	Tetanus Toxoid
VCT	Voluntary Counseling and Testing
U5MR	Under 5 Mortality Rate
UN	United Nations
UNDP	United Nations Development Programme
UNFCCC	UN Framework Convention on Climate Changes
UNIFEM	United Nations Development Fund for Women
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USA	United States of America
USAID	United States Agency for International Development
WB	World Bank
WHO	World Health Organization
WFP	World Food Programme

As an active partner to all summits held during the nineties and in addition to hosting the International Conference on Population and Development ¹, Egypt has actively participated in the global consultations leading to the endorsement of the Millennium Development Goals in September 2000. Egypt is fully committed to MDG implementations on all levels. The specified priorities and programs of the successive National five-year Development Plans as well as the objectives of the latest Presidential election programme, and other official documents are clear signals of Egypt's keen interest in the complete successful achievement of these goals within the specified time frame.

Tracking Egypt's progress in achieving the MDGs is, systematically carried out, through the preparation of national reports that were, published in 2002, 2004, 2005 and 2008. The Ministry of Economic Development sponsored these reports that portrayed Egypt's progress in achieving each of the MDGs and their trend since 2000 as well as highlighted factors boosting and/or inhibiting progress. These reports provided guidance concerning the process of identifying priorities as well as future actions to ensure the achievement of the MDGs within the target date.

The 2010 report marks an important benchmark since it is only five-years prior to the specified date. It aims to provide up-to-date follow-up of Egypt's progress toward achieving each of the Millennium Development Goals. Evidence-based indicators, mainly dependent on reliable National statistics, within the best possible limits; in accordance with international standards, would allow tracking progress under each of the eight goals, in order to determine the possibility of successful achievement by the target date.

Special efforts were, given to trace the impact of diverse inter-linked global crises on the country and its progress towards achieving the goals. This is being, guided by the documented overall assessment of the worldwide economy, as presented in various reports. Generally, it shows that developing countries might be facing:

- negative economic growth,
- diminished resources and
- lower levels of donor assistance as well as
- fewer trade opportunities pursuant to the gloomy picture of the world economy.

According to the World Bank, estimates reveal that the real growth rate of the world economy was only 0.9% in 2009, and expected to increase to about 3.0% in 2010. The impact of these trends was, documented especially on international trade, investment and credit for exports as well as increasing unemployment and growing levels of poverty.

However, the impact on the Egyptian economy was much more moderate. Government interventions provided the required assistance to; partly absorb the negative impact of the crises. Accordingly, the national economic growth rate declined to 4.7% in 2008/2009 in comparison to over 7.0% in the previous two years ².

On the overall the report is, structured by goals to allow for the highlighting of progress levels achieved, as well as to document the emerging issues and challenges, the success of key policies and proposed policies for accelerating implementation. It also highlighted additional themes and topics that should be; covered to strengthen the analytical content of the report.

1 ICPD, 1994

2 MOED, Economic and Social Monitoring Report, 2008/2009

The findings of the tracking process indicated that Egypt had already achieved significant progress in reaching most of the MDGs. Bearing the aforementioned in mind, some specified targets for goals 1, 3 and 6, have not been, attained and for which advancement is slower. On those fronts, accelerated intervention is required in order to speed up progression, considering the global situation affected by the economic/financial crises as well as food, fuel, pandemics and the threat of climate change. Specifically, intensified efforts are, needed to reach full and productive employment, gender equality in the area of female employment, access to labor markets and expanding women participation in political life. Concurrently, although HIV/AIDS and infectious diseases are not a major threat to Egypt; Hepatitis B and C represent serious health hazards. They are, believed to be among the leading causes of morbidity and mortality in various parts of the country.

Then again, available indicators provide evidence that Egypt had already achieved the goal of reducing those living under extreme poverty³; where only 3.4% are below that level. The government had also made clear progress in population percentage reduction of those living under the poverty line. Consequently, subsidies, grants and special benefits are, revised, in light of increased cost of social protection programmes for the poor.

Egypt is likewise, expected to be timely in achieving universal primary education, pertaining to both genders. It would successfully reduce the rate of illiteracy, albeit literacy programs should pay more attention to rural areas and women, especially in the age group up to 35 years. Notwithstanding, the quality of education continues to remain a challenge that needs to be, taken care of.

Child and maternal mortality are showing appreciable improvements. Egypt has already achieved the target for infant mortality. It is, expected to reach the goal for child mortality before 2015. Moreover, integrated health programmes have led to a significant reduction in maternal mortality, and although Egypt is, expected to reach the goal by 2015, some independent estimates are indicating that Egypt had currently reached Goal 5⁴.

Egypt had already taken methodical actions to activate the National Environmental Action Plan (NEAP), thereby covering all aspects of sustainable development and render the established National Committee for Sustainable Development operational. This is a strong indicator reflecting on efforts that have been, taken to reduce loss in bio diversity, increase forests and rationalize the use of natural resources. Moreover, data also shows an increase in the percentage of population with access to safe potable water and sanitation services.

In terms of global partnership, Egypt's external debt position has significantly improved over the period (1990/91 -2008/09). Its percentage of GDP fell from above 100% in 1990/91 to 16.7% in 2008/09 and debt service, as the percentage of current account receipts, fell from above 25% to 6% during the same period. Egypt also sustained its level of ODA grants and the country's exports of goods and services have been increasing over the past years from \$US 10,452.5 million in 2003/2004 to 25,168.9 in 2008/2009, growing by nearly 140%.

Significant development in Egypt has been, witnessed over the last few years in the field of information and communication technology. The number of fixed line subscribers reached 13.28 per 100 inhabitants in November 2009, and the number of cell phone subscribers has risen to 70.06 per hundred people during the same reference period. Similarly, the number of internet users grew significantly reaching 18.86 % in 2009.

Despite Egypt's success in achieving the MDGs, there are several challenges that are worth noting.

3 less than US\$ 1.25

4 The Lancet, April 2010

Among these are:

- Wide range disparities that exist between the various parts of the country, especially Upper Egypt and rural areas. The level of progress in these areas is lagging making it difficult to timely, achieve the goals. As a result, the government has had to adopt a number of initiatives such as geographical targeting and the piloting of conditional cash transfers cue in progress.
- Gender disparities and the prevailing gap that is still hampering the full participation of women in the development process.
- Continuous rapid population growth leading to increasing population size and reducing Egypt's' potential of benefiting from the demographic window and the development process.
- Achieve higher and sustainable economic growth to reach levels that exceeded those observed, before the successive global crises.
- Special attention should be, given to enhance opportunities for both youth and women and expand their level of participation.

In addition, some of the specified indicators would require special attention and need to be, validated through having the relevant sets of data carefully examined, such as some health indicators (maternal mortality- HIV/AIDS). The quality of various national data systems need to be, enhanced to provide regular quality evidence about the level of progress.

Similarly, research agenda should be, developed to provide indicators about priority interventions, within the overall framework of the MDGs, which are, taken as the lower boundaries of what Egypt should aspire for.

Finally, Egypt's achievements for various targets of the MDGs need to be, sustained and expanded beyond the specified levels that are considered to represent the lower boundaries. These also should be, taken within the wider context on human rights, good governance as well as promoting the aspects of quality in all interventions.

1

GOAL :
ERADICATE EXTREME POVERTY & HUNGER



Egypt had already achieved target (1) which is only limited to extreme poverty, although the poverty level, based on national line is much higher. Progress during past years was mainly the result of high-level economic growth and adopting pro-poor policies.

Although the target (3) is a reason for concern, it is possible to be, reached by 2015 if certain changes took place, while clearly target (2) is, affected by prevailing recent conditions and remains a serious challenge, especially for women and young people. It is not likely to be, achieved by the specified time in 2015.

Geographic disparities in the levels of poverty and hunger are also clearly noticeable.

Target 1: Halve between 1990 and 2015, the proportion of people living in extreme poverty (income less than 1.25 dollar a day)

1.1 Proportion of population below \$1 (PPP) per day

1.2 Poverty gap ratio

1.3 Share of poorest quintile in national consumption.

Target 2: Achieve full and productive employment and decent work for all, including women and young people

1.4 Growth rate of GDP per person employed

1.5 Employment-to-population ratio

1.6 Proportion of employed people living below \$1 (PPP) per day

1.7 Proportion of own-account and contributing family workers in total employment.

Target 3: Halve between 1990 and 2015 the Proportion of People who suffer from Hunger

1.8 Prevalence of underweight children under-five years of age

1.9 Proportion of population below minimum level of dietary energy consumption



GOAL 1: ERADICATE EXTREME POVERTY & HUNGER

THE GOVERNMENT IS COMMITTED TO REDUCING POVERTY LEVEL AND KEY POLICIES IN THAT RESPECT ARE AT THE CORE OF ITS DEVELOPMENT PLANS.

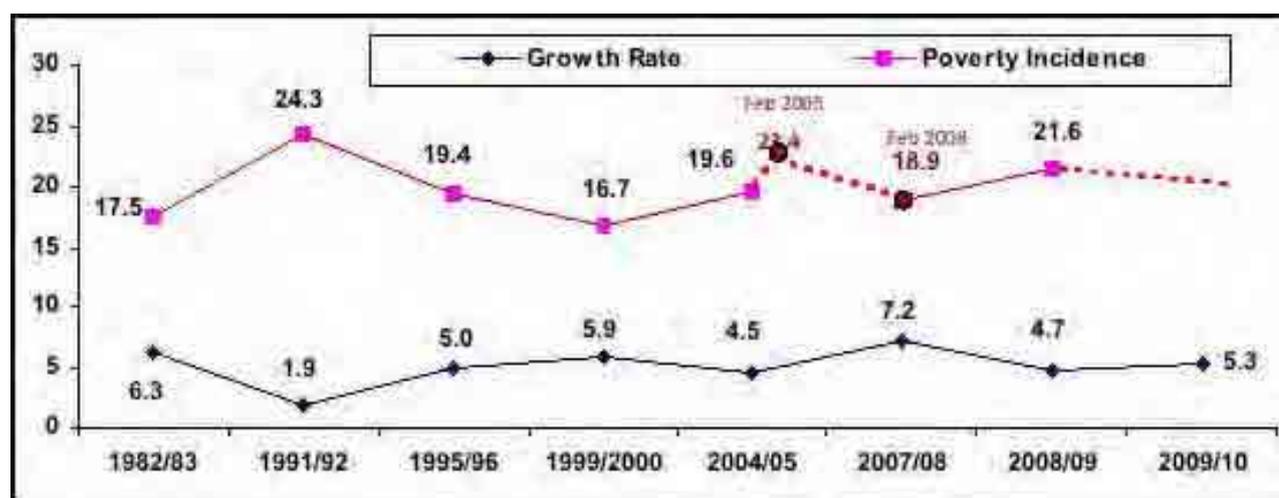
PROGRESS:

TARGET 1: HALVE BETWEEN 1990 AND 2015, THE PROPORTION OF PEOPLE LIVING IN EXTREME POVERTY⁵.

PROPORTION OF POPULATION BELOW US\$1.25 PER DAY

Consecrated on achieving the target of eradicating extreme poverty; as evidenced from several actions including the generation of eight nationwide reports; Egypt is dealing directly with the poverty problem.

FIGURE 1: ECONOMIC GROWTH RATES AND POVERTY INCIDENCES BETWEEN 1982-2009



Source: Ministry of Economic Development and the World Bank. The 2009 figure has been calculated based on HIECS 2008/09.

A recent national program targeting the poorest villages and the most-vulnerable households has been initiated. Furthermore, poverty indicators have been updated every other year. The poverty-reduction strategy proposed by independent researchers; entitled "A New Social Contract" in 2005, is considered an anchor for the National Economic and Social Development Plan (2007-2012). Such efforts resulted in a sharp decrease in proportion to the population living in extreme poverty from almost 8.2 % in 1990 to 3.4 % currently (2008/2009).

However, based on the national poverty line, the poverty indices declined from 24.2% in 1990/1992 to 21.6% in 2008/09, which is higher than the previously observed level in early 2008⁶. This is mainly due to, the prevailing global crises series including food, fuel, financial, economic crisis, and climate change.

The strong association between the economic growth and poverty levels is clearly, documented.

⁵ Income less than US\$1.25 per day

⁶ (18.9%) at early 2008 (Figure 1)

The decline of poverty incidence during the period 1990-2000 was 24.3%, as compared to 16.7% in 2000. This assessment was, linked to rising economic growth. During the first 5 years of the new Millennium, economic growth patterns changed direction resulting in a higher poverty rate reaching 19.6% in 2005. Similarly, pursuant to the stronger broad-based growth rates during 2005-2008, widespread to all sectors, the real household consumption per capita grew at about 3% per annum in line with an annual growth rate of around 7%. This has been, reflected in almost 3 percentage-point decline in the poverty incidence between 2005 and 2008⁷. If this declining trend were, sustained the target of halving the national poverty rate to reach 12% by 2015 would have been achieved.

The economic crisis that hit the world economy in September 2008 led to a sharp decline in the economic growth rate for 2008/2009⁸, thus reversing the trend of poverty reduction in that year and confirming that economic growth remains the strongest driver of poverty fall.

DISPARITIES & EQUITABLE DISTRIBUTION OF INCOME

Disparities by Urban/Rural areas, in poverty incidences, are significant. Poverty is mainly an agrarian phenomenon since nearly 77% of the total poor live in areas where the poverty rate is more than 2.5 times the corresponding rate in urban areas⁹. Rural Upper Egypt is the most vulnerable region where the poverty incidence is almost double the national average, falling close to 40%.

Similarly, disparities are also noticeable between regions and Governorates, while the overall national poverty rate was, estimated to be 19.6% in 2005; it increases to 32.5% in Upper Egypt and 39.1% in rural Upper Egypt in comparison to 14.5% in Lower Egypt and only 5.7% in urban governorates. Moreover, the poverty rate was the highest in Assiut (60.6%), followed by Beni Sueif (45.4%) and Souhag (40.7%), whereas the corresponding figures in Suez, Damietta, and Cairo were 2.4, 2.6, and 4.6%, respectively.

In conjunction with growth, inequality affects the elasticity of poverty reduction. It has, affected living standards of various groups. The most current survey data, however, shows that Egypt is a country of moderate inequality, although income distribution has become more equitable during recent years. The value of Gini's coefficient has decreased from 36.1 in 2000 to 32.1 in 2005 and then to 31.1 in 2009; indicating a consistent improvement in income/ expenditure equality over the last decade.

The same decade has also witnessed a proportionate plateau in

7 WB AND MOED, 2009

8 4.7% COMPARED TO 7.2% DURING THE PREVIOUS YEAR

9 28.9% AND 11% IN 2009, RESPECTIVELY

“

Egypt is a country
of moderate
inequality, although
income distribution
has become more
equitable

”



both the share of the poorest quintile in national consumption ¹⁰ and the consumption of the richest ¹¹ population. It is a comparative to the poorest corresponding decimal, which is around 3.2. However, it is worth noticing that the poverty problem in Egypt is shallow since most poor Egyptians are concentrated just below the poverty line, and for many of them, their poverty level can be changed with a small percentage increase in their incomes.

TARGET 2: ACHIEVE FULL & PRODUCTIVE EMPLOYMENT & DECENT WORK FOR ALL, INCLUDING WOMEN AND YOUNG PEOPLE

Having a job is a necessary but not sufficient condition to avoid poverty ¹². Quality and decent jobs as well as equal opportunities for all, are critical elements in translating higher employment into lower poverty risks.

Unemployment in Egypt is concentrated among women and youth. Its rate reaches nearly 23% among women and males aged 15-24. It exceeds 60% among young females in the same age group, in comparison to the overall unemployment rate of around 9.4% in 2009. Moreover, almost 60% of those employed in 2006 were in the informal sector, a percentage that jumps to 80% for those working in the private sector.

Numerous indicators are showing a poor quality of jobs created in the Egyptian labor market in recent years. Almost 75% of the jobs created between 1998 and 2006 were, found in the informal sector ¹³ and these are neither productive nor decent. Moreover, even in the formal private sector, some employees are facing problems concerning social and health insurance benefits. These would be seriously reduced after the new Social Insurance Law and the proposed Health Insurance system. In addition, the percentage of those working in permanent jobs has dropped from 89% in February 2005 to 82% in the same month of 2008. Those working in occasional jobs, which are more likely to fall into poverty, represent 37% in comparison to less than 16% of permanent-job holders ¹⁴. These trends indicate that Egypt is unlikely to achieve that target by 2015.

TARGET 3: HALVE BETWEEN 1990 & 2015 THE PROPORTION OF PEOPLE, WHO SUFFER FROM HUNGER.

The percentage of children under five years of age who are under weighted has significantly declined during the period 1992-2008 from 9.9% to 6.2% in 2005 and then to 6% in 2008. The long-term decline over the period 1992-2008 of almost 40% suggests that Egypt will meet the target by the year 2015, if relevant food subsidy programmes are expanded.

Anthropometric measures, however, represent the cumulative effect of access, not only to food but also to education, health and environmental health conditions, and accordingly they represent powerful indicators for nutritional security and well-being of individuals and reflect the nutritional and poverty situation of the household, especially for preschool children who are the most vulnerable to nutritional imbalance.

10 Approximately 9%

11 About 10%

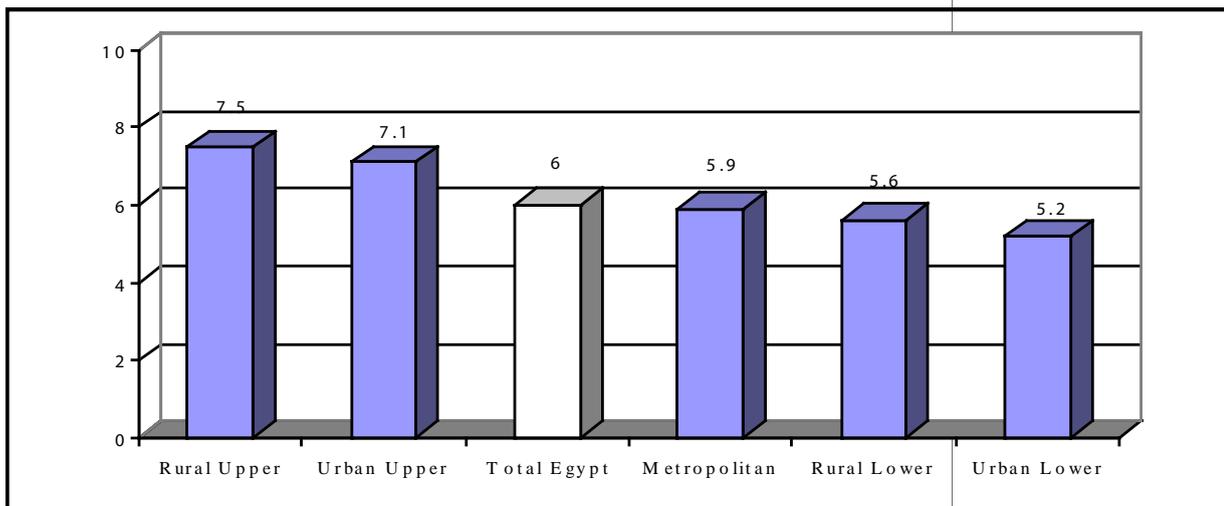
12 ILO, 2009

13 (Assad, 2009)

14 (WB and MOED, 2009)

Substantial regional disparities are still noticeable in the level of malnutrition among this group, especially in Upper Egypt, where young children are the most vulnerable. Figure (2)¹⁵ shows that the percentage of children under 5 who are classified as under weighted reaches 7.5% in rural Upper Egypt in comparison to 5.2% in urban Lower Egypt.

Figure 2 Proportion of Children Under 5 Who Suffer from Underweight by Regions - 2008

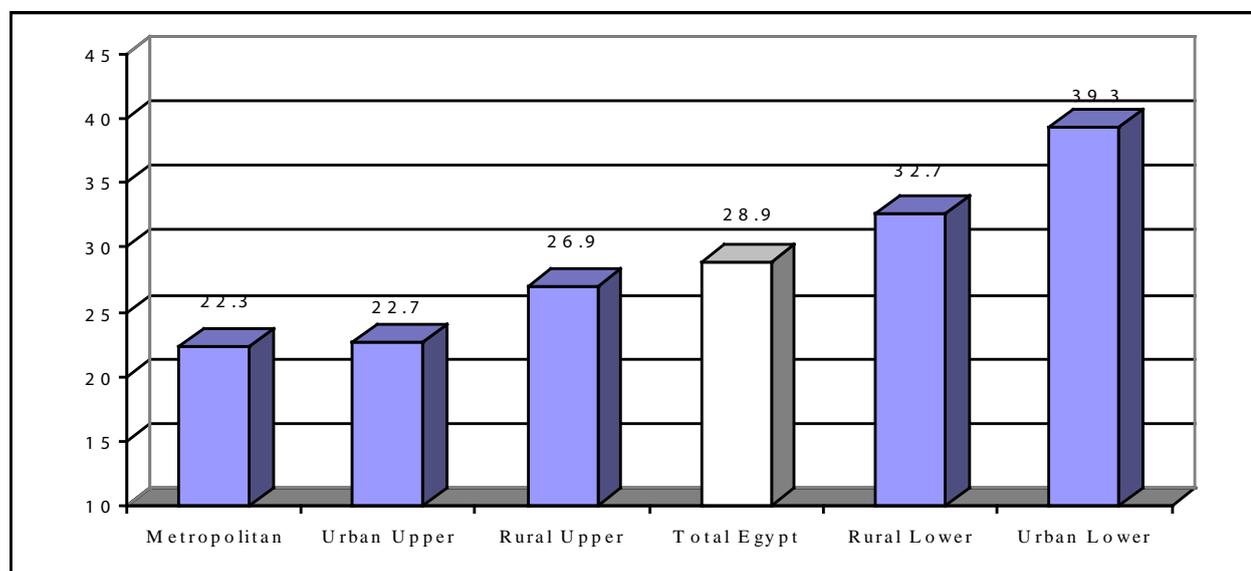


According to the EDHS findings, for the period 2000-2008, nutritional status of young children in Egypt remained stable during the years 2000-2005 and the prevalence of stunting of children U5 was estimated to be 23%. Nonetheless, it is quite alarming that 29% of this age group was undersized and 14% were severely, stunted in 2008. Such increase might be partly explained by the outbreak of the avian flu for which both the Ministry of Health (MOH) and the Ministry of Agriculture (MOA) adopted drastic preventive measures to avoid a pandemic of incurable fatal influenza if mutated with swine flu, occurring during the same period, leading to the risk of having avian-swine-human viruses. This caused abrupt disruption of household supplies of poultry and eggs providing poor families with some basic needs that they are depending upon. The situation might have been also affected by the world food crises.



¹⁵ Source: EDHS 2008

Figure 3 Proportion of Children under 5 Who Suffer from Stunting by Regions, 2008



Disparities by place of residence are significant. It is noted that, rural children are more likely to be, stunted than urban children (30 % and 27%, respectively). It also varies from 22% in the Urban Governorates to 39% in Urban Lower Egypt, as shown in Figure (3) ¹⁶.

EMERGING ISSUES & CHALLENGES

The main challenge facing efforts to reduce poverty levels in Egypt is to maintain higher income per-capita over a long period of time, which is clearly dependent on increasing economic growth while at the same time reducing prevailing on high-level population growth.

To this end, low labor productivity mainly attributed to incompetent human-capital policies, namely health, education, training, as well as insufficient and inefficient investment in physical capital, should be, significantly improved in order to secure growth sustainability and to enhance poverty alleviation efforts, especially in agriculture. It is, estimated that a 1% increase in farm-labor productivity would reduce the percentage of those engaged in agriculture living below the poverty line by almost 1.4% ¹⁷.

The increasing number of job seekers is adding another serious challenge and requires creating productive and decent jobs since it is well evidenced that both quantity and quality job opportunities for the poor are crucial in translating stronger growth rates into higher income for this group ¹⁸. Such challenge is, compounded with the rising informality in the labor market where low productive, low-paid, and non-decent jobs are dominating.

Ensuring equitable growth for all is another key challenge to enhance the efficiency of pro-poor social spending and to tackle the prevailing disparities by regions and gender. The huge and increasing governments' allocations, each year, has been, claimed to be of marginal impact on the lives of poor people. Politically sensitive actions such as targeting, for social-assistance programs,

¹⁶ Source: EDHS 2008

¹⁷ Khier El-Din & El-Laithy, 2008

¹⁸ Kheir El- Din & El-laithy, 2006

would strengthen poverty reduction policies. Moreover, expanding equal opportunities at all levels, would support government's efforts to reduce these gaps, especially in rural Upper Egypt, which is far behind all other regions in most development aspects and allow female-job seekers to find productive and decent job opportunities and prevent female-headed households from being more likely to fall into poverty.

Similar to other countries, the recent global crises (food, financial and economic crises, and climate change) added another serious challenge to Egypt's' efforts, as well as other developing countries, in that respect. According to Robert Zoëlick, president of the World Bank, the world food and fuel crisis, that embodied sharp and unprecedented increases in food prices between 2005 and 2008, has pushed millions of people over the world into extreme poverty and hunger ¹⁹. The 2008 world economic crisis has hit the global economy, resulting in lower investment and growth rates, higher unemployment and poverty rates in most countries.

In Egypt, the economic growth rate has dropped from an annual average of 7% during the period 2005-2008 to 4.7% in the year 2008/09, leading to almost one percentage-point increase in the unemployment rate ²⁰.

Poor households usually respond to higher food prices by lowering their food consumption, caloric intake, and quality in terms of dietary diversity, a process that ultimately deteriorates since their nutritional status. The impacts of such crises are, more severe and permanent on maternal and child health. Children who experience short-term nutritional deprivation can suffer long-lasting effects including retarded child growth, lesser cognitive and learning abilities and lower education attainment ²¹.

Given the shallowness of poverty in Egypt, and knowing nearly one fifth of Egyptians are, classified as "near poor" and that poor Egyptians spend at least 40% of their budgets on food commodities. It becomes reasonable to expect severe negative impacts on the poverty-stricken pursuant to the world food crisis.

The climate change represents a serious development concern in Egypt that ultimately has negative impacts on eradicating extreme poverty and hunger. It is likely to increase the risk of exposure to malnutrition and food insecurity among the poorest and most vulnerable people. The most vulnerable sectors to climate change are:

- i) Coastal zones,
- ii) Water resources, and

¹⁹ Zoëlick, 2008

²⁰ El-Ehwany, 2009

²¹ WB, 2009

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rural children are
more likely to be,
stunted than urban
children

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iii) Agriculture.

Higher temperatures resulting in evaporative losses coupled with increasing water demands will likely to result in decreasing water availability from the Nile. Further, the possibility exists that some significant decline in Nile-stream flow under climate change will occur because of changes in precipitation. Coastal zone and water resource impacts have equally important serious implications for agriculture: sea level rise will adversely affect prime agronomic land in the Nile delta, while the intensive irrigated agriculture upstream would suffer from any reductions in Nile water availability.

KEY SUCCESS POLICIES

Alleviating Poverty and Hunger has gained an increasing momentum during the last few years, through collaborative efforts to monitor and evaluate its level and the impact of adopted policies. The comprehensive and solid economic-reform policies, implemented since 2005, made Egypt one of the most-successful countries in the region in attracting foreign direct investments and among the top reformers in the world. This has been, reflected in higher economic growth rates, lower unemployment and poverty rates between 2005 and 2008 ²².

At the same time, the social safety nets are being, expanded to affect poverty and hunger levels. These policies included:

- Food-subsidy that has two main subsystems:
 - 1) Ration cards, that provide specific quotas of subsidized commodities (sugar, oil, rice, and tea) to more than 70% of total Egyptian population; &
 - 2) Balady bread that is, distributed throughout market outlets with no distinction among the buyers ²³. In 2008/09, the government allocated more than EGP 21 billion for food subsidies, as compared to almost EGP 3.2 billion in 2000/01; an amount that represents almost 6.1% of total public expenditures and 2% of GDP in the last year.
- Cash transfers, through social-solidarity-pension scheme, currently covers more than one million poor households with a total cost in excess of EGP one billion. The target is to double the number of households covered by this scheme within the year 2010/2011 at a total cost of EGP 1.6 billion allocated for this goal in the proposed budget. Another EGP 5 billion is, allocated within the 2009/10 budget for miscellaneous social assistances, aside from what the public budget allocates on an annual basis, as a government share. The scheme is support for the retirement schemes, estimated at approximately EGP 14 billion in the current budget.
- Enhancing the nutritional status of the poor and prevent anemia through the fortification of Baladi bread flour with added iron and folic acid. The MOH in collaboration with the Ministry of Social Solidarity (MOSS), WFP, WHO and UNICEF implemented this national program 2008-2010.
- Adopting a health policy for breast feeding (BF), this is the main pillar of infant and child mortality and development as well as being considered essential for improving nutritional status of U5 children. Besides promoting BF and providing relevant counseling, the MOH distributed subsidized infant milk formulas through PHC units (not pharmacies) only to mothers

22 World Bank, 2008

23 WFP, 2008

who cannot BF their infants for definite medical reasons. This led to better protection and promotion of BF while reducing the consumption of infant milk formulas.

- The approach to eradicate poverty in Egypt is by supporting small and medium enterprises (SMEs). The Social Fund for Development (SFD) and the issuance of the new law of Small Enterprises in 2004 are significant steps towards that direction. Throughout the last 20 years, millions of jobs have been created. Accordingly, these jobs have secured incomes to thousands of poor households aiding to maintain a minimum level of decent life. However, many challenges are still facing SMEs, which might affect their overall performance. This is especially true in the face of lack of access to formal finance since they are, seen as high-risk borrowers. Only 13% of small firms have access to finance as opposed to 36% of large firms

²⁴,

Affecting such policies further, the government of Egypt has recently initiated a more comprehensive and integrated social approach that targets the poorest areas and most-vulnerable households. This included two major programs: the geographical targeting program, the smart-card system and conditional cash transfers:

- The first comprehensive program provides an integrated package of basic services to develop the poorest 1000 villages, mostly located in Upper Egypt where at least one-third of total poor live. This paradigm shift in dealing with the poverty problem is likely to have a greater impact on poverty eradication in the near future.
- The introduction in 2006 of a "plastic smart ration cards" to gradually replace the paper ones by the end of this fiscal year 2009/2010 would be effective in minimizing the leakage of subsidized food commodities to non-poor. The objectives are to apply "conditional cash subsidy" system as part of a more comprehensive system of "family cards" containing all personal data that are used by cardholders and their families to obtain basic government services such as healthcare, education and pensions.

ACCELERATING PROGRESS

The adoption of a comprehensive pro-poor growth strategy that focuses on providing productive and decent jobs for all, especially women and young people, is becoming crucial. Overall, sustainable economic growth policies that tackle the multiple dimensions of poverty should also strengthen linkages and coordination among all comprehensive social policies aiming

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The approach to eradicate poverty in Egypt is by supporting small and medium enterprises (SMEs).

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at alleviating poverty and hunger, to cope with the paradox of having huge spending and low returns as currently observed. In 2008/2009, allocations for these programmes from public budget was almost EGP 218 billion, representing more than 60% of the total public expenditures and 20% of the GDP in that year, but its impact on poverty reduction is still not tangible. This includes a set of integrated interventions:

- Adopting inclusive-growth policies based on decentralization and a participatory approach that guarantees the inclusion of the poor in the development process, leading to the most efficient distribution of resources across regions and income groups while allowing people to contribute to and benefit from economic growth. The early evaluation of the "Decentralization Initiative" launched in 2006 is promising, but further policies in that direction is still, needed. Legal framework, financial empowerment, and building local capacities should be the main areas of concentration in the coming few years.
- Policies to strengthen productive resources and capacities of the labor force, as well as opening up new opportunities for productive employment.
- Integrate national employment strategy into the overall economic and social development strategy. Such strategy should address the regional and sectoral distribution of investments, the mechanisms of improving labor productivity, and access to micro credit and strengthening the linkages between SMEs and large enterprises.
- Link with gender-empowerment initiatives to ensure women's participation in budget plans, and negotiating processes, which are often lacking. Gender responsive budgeting (GRB) is crucial in this respect.
- Promote environmental sustainability requiring developing a new growth accounting framework that takes environmental and well-being aspects into consideration.
- Emphasize the need for targeting the poor and most-vulnerable areas and households and ensure that the next five years should witness more courageous decisions to scale up the programs for "card Initiatives". Redirecting part of the energy subsidies, that mainly benefit the rich, to the poor through conditional cash transfers or through providing basic services to poorest areas, should take the highest priority in the coming years.
- Improve and sustain nutritional status for the public at large and specifically for the vulnerable groups including poor families and children. The MOH, in collaboration with all national and international stakeholders, developed a National Food and Nutrition Policy and strategy (2005). This comprehensive 10-year strategy aims to support Egypt's progress towards achieving the MDGs through relevant activities and programs in all related sectors. Its implementation is being followed-up by an inter-ministerial committee/working group led by the MOH. The executive plan for National Nutrition Strategy include:
 - * Integrated set of interventions to prevent early childhood malnutrition focusing on stunting-micronutrient deficiencies such as anemia and on chronic non communicable diseases such as obesity-hypertension and diabetes –heart diseases;
 - * Targeting stunting and U5 malnutrition through awareness campaign, monitoring breast milk substitutes to infants, distribution of ready to use supplementary food (RUSF) to infants 6-24 months, strengthening prenatal health and nutritional care and supplementation of new WHO growth curves which are based on optimal BF practices in all MOH/PHC system.

Evidence-based evaluation to assess the impact of various policies and programs on the ultimate goal of eradicating poverty should be an integral part of this pro-poor growth strategy. Such process needs to be, based on solid and updated databases that allow all partners to monitor and evaluate the progress and hold each part accountable. Transparency and good governance are key components in this regard.

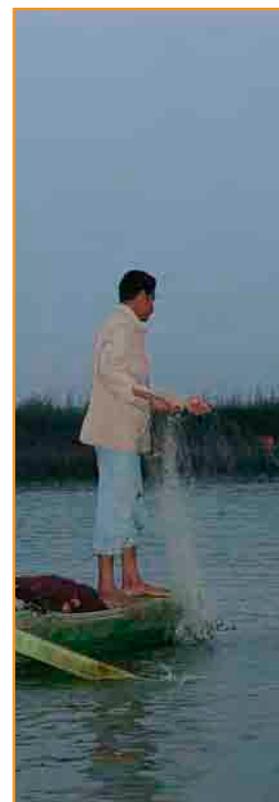
In sum, both pro-poor growth strategy and comprehensive social policy should be, translated into a pro-poor budget that gives the highest priority to fulfilling the current and future needs of the poor and most-vulnerable groups ²⁵.

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**A comprehensive
pro-poor growth
strategy focusing on
providing productive
and decent jobs
for all, is becoming
crucial**

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25 See Annex 1 for list of reference pertaining to Goal 1

GOAL : 2

ACHIEVE UNIVERSAL PRIMARY EDUCATION



Egypt considers education a national priority and fundamental right. The Government has deployed tremendous efforts to progressively consolidate the goal of education for all, and substantial improvements are noticeable for enrolment.

The objectives of the education strategy in the Sixth Five Year Socioeconomic Developmental Plan (2007-2012) are to increase enrolment rates, increase the number of schools within the framework of the Presidential Election Program (building of 3500 schools), reduce class density, support early childhood development (4-5 years) and decrease illiteracy rates.

Egypt is very likely to achieve universal primary education for all boys and girls in a timely fashion.

Target 4: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.

- 2.1 Net enrolment ratio in primary education
- 2.2 Proportion of pupils starting grade 1 who reach last grade of primary
- 2.3 Literacy rate of 15-24 year-olds; women and men.

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In 2008/2009, net enrolment ratio for primary education reached 96%”

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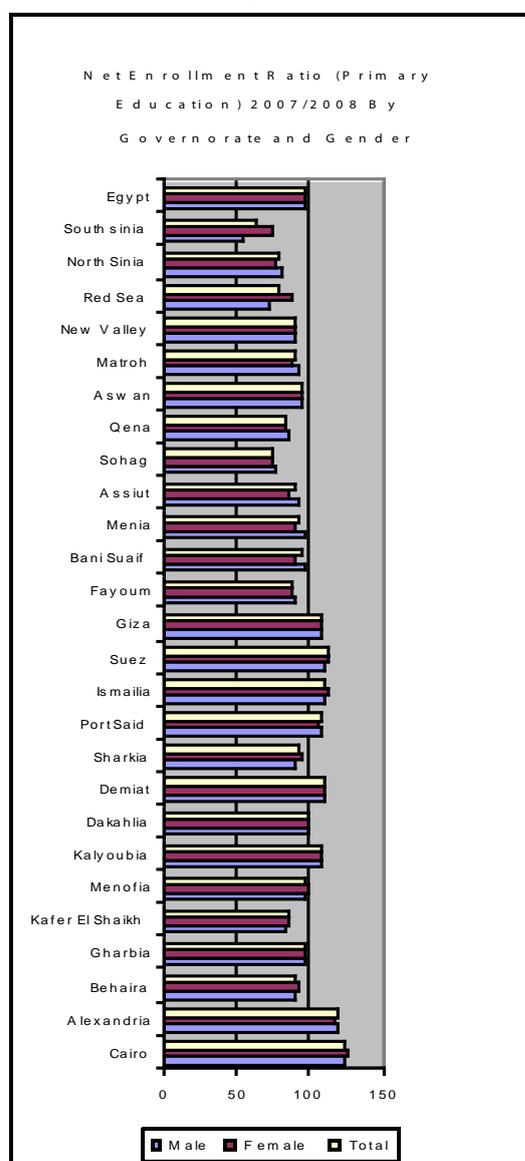
GOAL2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

Egypt is partner to the Global initiative "Education for All" aiming, among other things, to Expand and improve comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children, improve all aspects of the quality of education and ensure the excellence of all so that recognized and measurable learning outcomes are achieved by all, especially in literacy, numeracy and essential life skills.

PROGRESS

Target 4: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.

Figure 4



All the indicators for this goal are supporting the conclusion that Egypt had already achieved significant progress toward its achievement.

THE NET ENROLLMENT RATIO

The net enrollment ratio increased from 86 percent in 1990 to 96 percent in 2008/2009 and accordingly it is possible to achieve Universal Primary Education by 2015, at the national level²⁶.

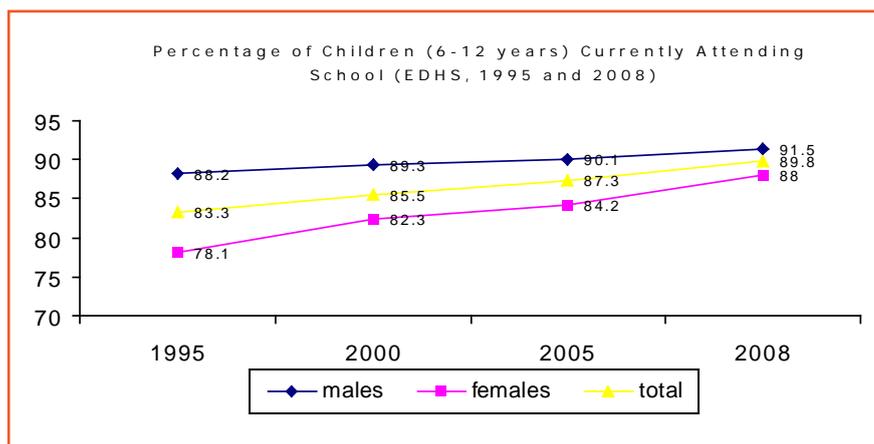
No gender gap is observed in the net enrollment ratio, since the increase in the enrollment ratio among females is more than males, but disparities are clearly noticeable among governorates.

Urban Governorates have achieved universal primary education for both boys and girls, while the other regions lag behind. The net enrollment ratio is lower than 80 percent in Souhag, Red Sea, North Sinai and South Sinai governorates.

Net enrolment ratio exceeds 100% in some Governorates such as Cairo, Alexandria and other Urban Governorates because of internal migration to these governorates.

Large scale national surveys confirmed the progress in the school attendance, where according to the Egypt Demographic and Health Surveys 1995 and 2008, around 90% of children (6-12 years) were currently attending school in 2008 compared to 83% in 1995. The percentage of females (6-12 years) currently attending school increased by 10 percentage points in the period 1995-2008 compared to 3% points for males as can be seen from the following graph.

Figure 5



However, not attending school and dropping out is still one of the major problems. This was shown through the 2006 findings of the census indicating sizable number of children (6-18 years) dropping-out. This is also; linked to level of poverty where the findings of the EDHS 2008 indicate that the percentage of children (6-12 years) ever-attended school is positively, correlated with the level of the wealth

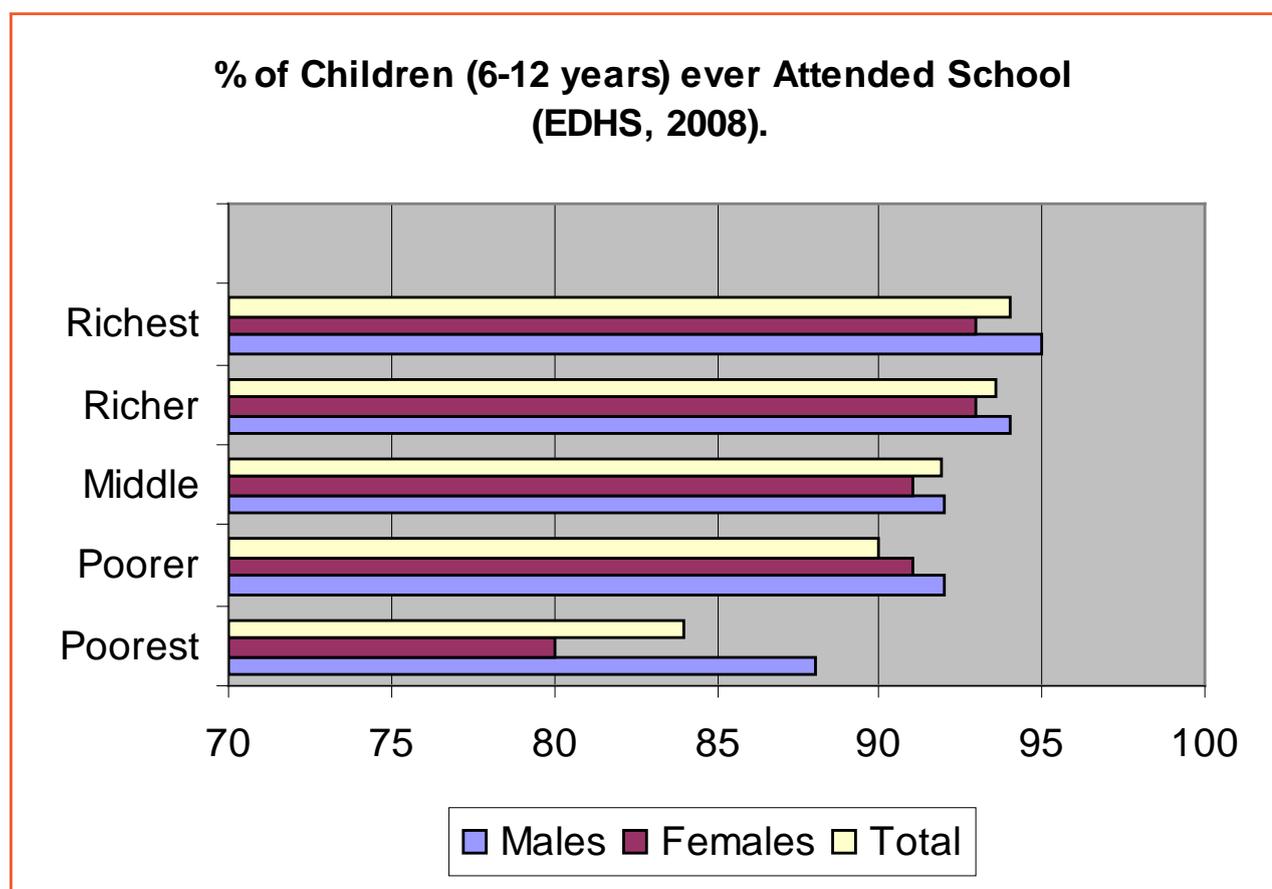


26 Source: Ministry of Education, Statistical Year Book, 2009.

index. About 84% of children (6-12 years) in the poorest households²⁷ have ever attended school as compared to 94% among children in the richest households²⁸. This can be, clearly observed through the following graph, which shows the percentage of children (6-12 years) ever-attended school is positively, correlated with the level of the wealth index.

By gender, females at the poorest households are the more vulnerable class of education. Only 80% of female children (6-12 years) in the poorest households have ever attended school as compared to 88% of males in the same category of poverty.

Figure 5a

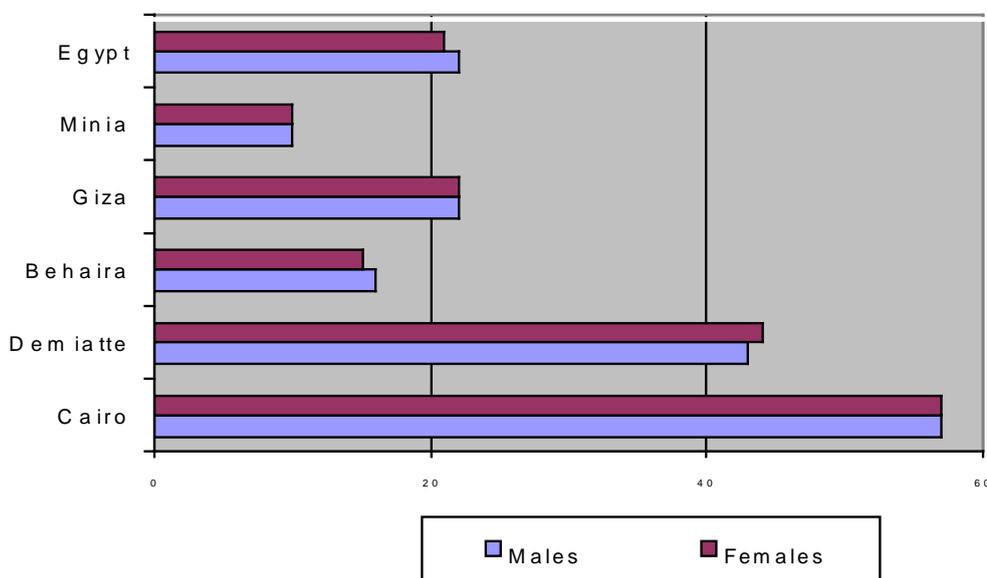


One of the success stories of the 2000's is that it witnessed a major progress in expanding the pre-school education. In 2007/2008, the pre-school education gross enrollment ratio reached 22% for males and 21% for females. Regional indicators, however, still show disparities. The pre-school gross enrollment rates are higher in urban governorates indicating more than 40%, while they remain moderate in Lower Egypt governorates, recording enrollment rates between 44% in Demiatte and 15% in Behaira; and Lower in Upper Egypt at 22% in Giza and 10% in Menya.

27 1st quintile of the wealth index

28 5th quintile of the wealth index

**Figure 6: Pre-Primary Education Gross Enrollment Ratio
2007/2008**



Source: CAPMAS, Women and Men in Egypt, 2009

Similarly, percentage of pupils who reached grade 6 increased from 84% in 1990 to 92% in 2005. At the same rate of increase, this proportion could reach around 97% by 2015, indicating the need for a slightly faster rate of decline in the dropout rates to ensure reaching the millennium goal by 2015.

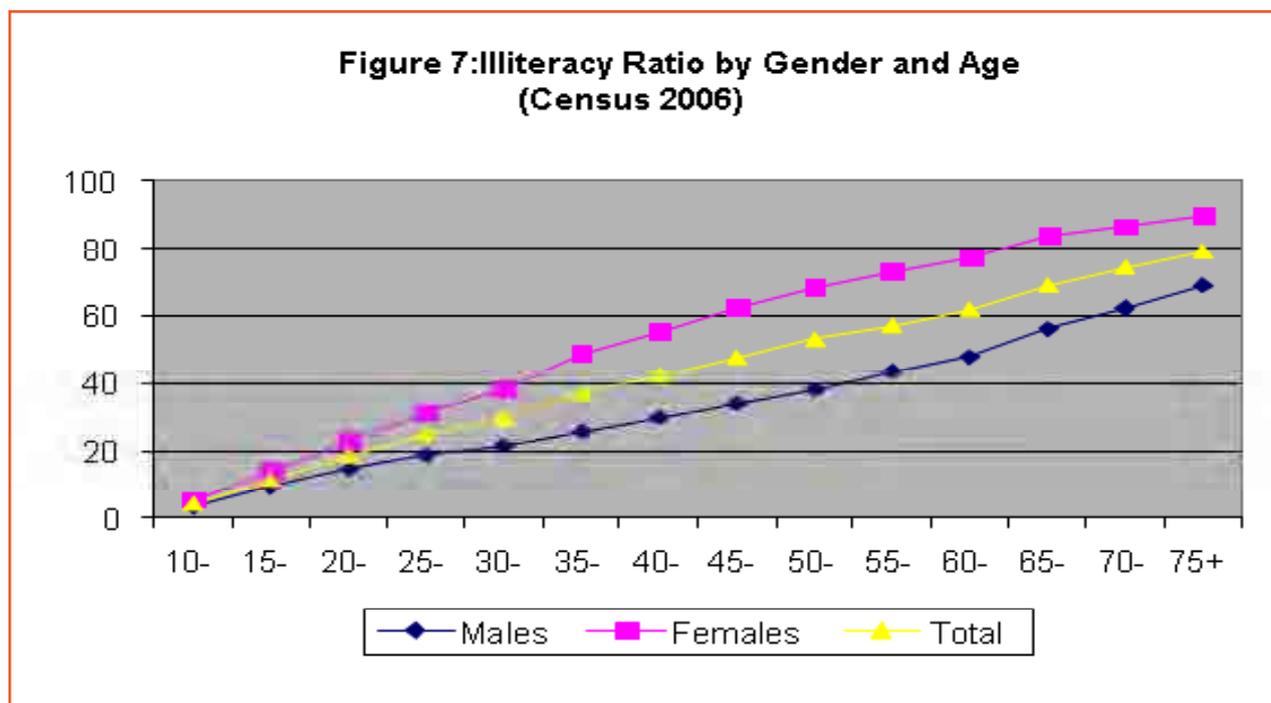
Completion of primary education favors girls. The gender gap is 4%²⁹ indicating that girls are more likely to complete their primary education than boys are. The gender gap is positive favoring females in all governorates except Matrouh, New Valley, North Sinai and South Sinai.

The rate of illiteracy for the population for the 15–24 age groups has dropped in the period 1986 to 2006. The illiteracy rate among this age group is 15.1%; 12.1% for males and 18.2% for females. For the age group 15-19, the illiteracy rate declined from 34.5% in 1986, to 24.1% in 1996, then to 11.7% in 2006. The illiteracy rate for the age group 20-24 declined by 23.8 percentage points³⁰. The absolute decline in the female illiteracy rate is more than among males. On average, the illiteracy rate of females aged between 15 and 24 has declined by 30% as compared to 15% for that of males. According to the 2006 census, there are around 2.5 million illiterates in this age bracket, one million males and 1.5 million females.



29 Ministry of Education Statistics for 2008/2009

30 from 42.6% to 18.8%

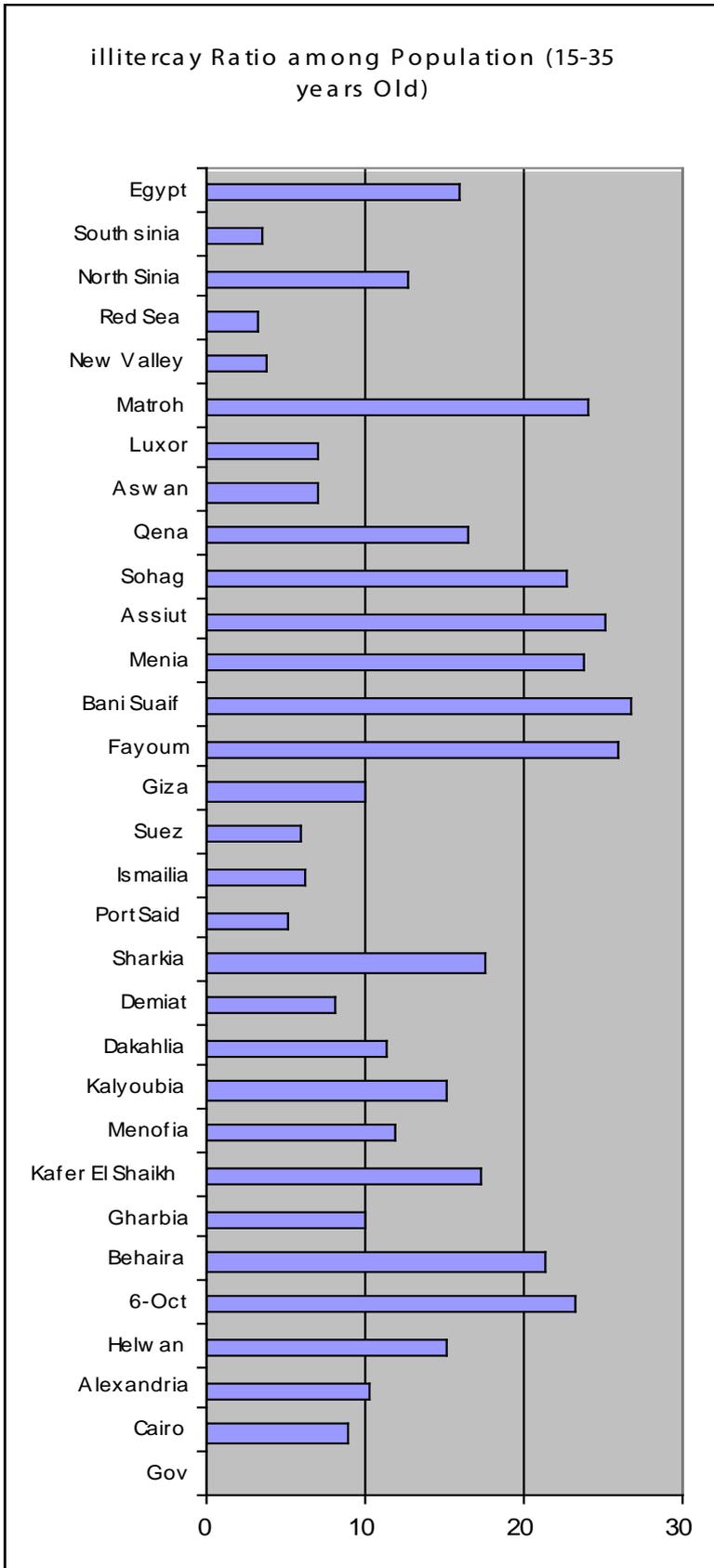


By Governorates, the illiteracy ratio among population 15-35 years old ranges between 26% in Beni Sueif and around 3% in South Sinai³¹.

The illiteracy ratio is higher than 20% in 8 governorates (6 October, Behaira, Beni Sueif, Fayoum, Menya, Assiut, Sohag and Matrouh), between 10% and 20% in 9 governorates (Alexandria, Helwan, Dakahlia, Sharkia, Kalyoubia, Kafr El Sheikh, Menofya, Qena and North Sinai) and less than 10% in the rest of governorates.

31 Source: Adult Education Authority (AEA), 2009.

Figure 8



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Tailoring strategies to handle dropout pupils through providing flexible education to disadvantaged girls aged 8-14 year

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EMERGING ISSUES AND CHALLENGES

Egypt will be meeting its objective to offer universal access to basic education for all. However, a number of pending challenges exist:

- Dropout and absence rates are the main threats of education. The findings of the 2006 census indicate that around 504 thousands of children (6-18 years) dropped out school (2.6%) and 1.252 million have never attended school (6.5%). Behaira, Beni-Sueif, Fayoum and Minya, have higher percentages of not attending school compared to other governorates.
- The illiteracy ratios among females are higher, as indicated by recent statistics. Efforts for the elimination of illiteracy are more among males. During the period 2006-2008, around 1.5 million of illiterates succeeded in literacy examinations.
- Females constitute only a third of this group (one million males vs. half million females). Overall, the challenge of illiteracy eradication includes non-enrollment or dropout schools, reverting to illiteracy, the non-willingness of illiterates, particularly females- to attend literacy classes, lack of accurate enumeration of illiterates by villages and hamlets and low qualifications of literacy teachers. Moreover, it is also, complicated by the lack of coordination among the different governmental and non-governmental agencies working in the area of illiteracy eradication.
- Regional disparities are obvious since illiteracy ratios are higher in rural areas than in urban areas.
- The Impact of the inter-related global crises (climate change, energy, food, financial and economic crises) is reflected on the level of economic growth and accordingly Egypt may face the challenge of the need to maintain expanding coverage and access, building more classrooms, training and hiring more teachers and improving the quality of learning at all levels. The expected decline in foreign aids flows will have an effect on aid-dependent projects.

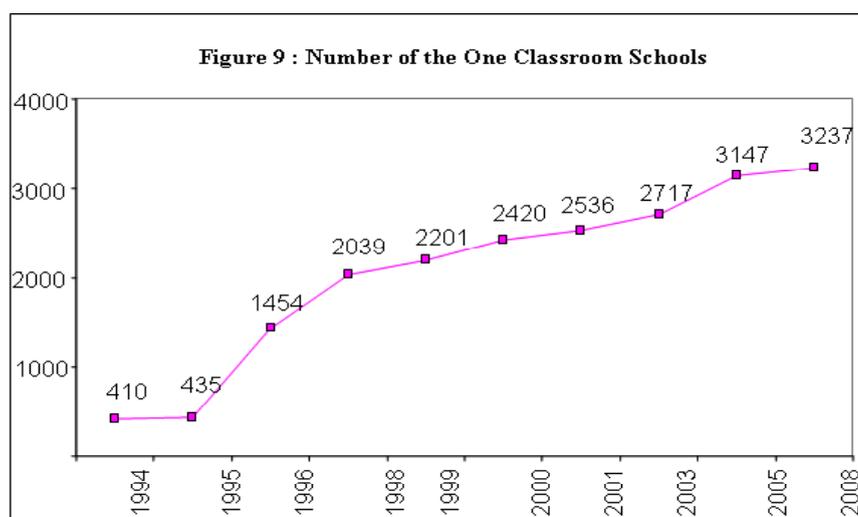
KEY SUCCESS POLICIES

Increasing enrollment ratios, at all different educational stages whilst considering, the increase in population categories of schooling age. In addition, the strategy aims at increasing the number of schools and reducing class density within the framework of the Presidential Election Program; relating to the building of 3500 schools, and the Sixth Five Year Socio-economic Development Plan (2007-2012).

Supporting early childhood development ages 4-5 years, and giving momentum to pre-education with the beginning of the new millennium. This is, based on the assumption that pre-education would increase the potential enrolment to primary school; as well as enhance the overall quality of the educational process. On the other hand, it would reduce potential drop-out and child labor.

Piloting a conditional cash transfer program for poor families in some villages in Assuit and Souhag governorates to assess its impact as a social protection instrument and as an effective tool for retaining children within the education system and for enabling families to meet health, gender and educational MDGs. An evaluation research will be, conducted to assess its impact using shelter, health, food and education indicators. School enrollment and drop out will be, measured as output indicators of the program.

Tailoring strategies to handle dropout pupils. The strategies to handle dropout pupils from the education system through providing flexible education to disadvantaged girls aged 8-14. The one-classroom schools for street and working girls use innovative active learning approaches, incentives, and income generating activities to encourage the retention of those children as well as emphasizing the provision of tailored relevant vocational and life skills according to their needs. Around 66,000 girls attended the one-classroom schools in 2008. number of the one-classroom schools increased from 418 in 1993 to 3237 in 2008.



The Girls Education Initiative that was launched by the National Council for Childhood and Motherhood in 2003, inaugurated 711 girl friendly schools enrolling 19,445 girls and boys (92% females) in some governorates (Giza, Behera, Beni Sueif, Fayoum, Menya and Assiut) to whom education was offered free of charge, and who were all provided with scholastic materials and stationery. A total of 178 training sessions had been offered to facilitators and supervisors.

Enhancing equality for girls' education, and accordingly improve the overall quality of education, by adopting a Girls Improved Learning Outcomes (GILO) initiative, in collaboration with USAID, which aims to close the gaps in achievement between boys and girls. The project adopts a systematic approach to improving the quality of education. This is, implemented through developmental reading packages; teacher training; building a support system; and formulating a strategy that will help schools with information and communication technology. By 2010, GILO provided support to 2799 classrooms in 166 schools, reaching more than 37 thousands girls. In addition, the project trained over 4,000 teachers, out of which 450 will serve as master trainers, as well as over 1,700 instruction supervisors and 1,200 school-based trainers. Recent assessment indicated that teacher performance scores rose by an average 28% over one year.³²

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Adopt new approaches for illiteracy eradication through piloting the Capacity Enhancement of Lifelong Literacy (CELL) program

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Introduce Food-For-Education (FFE) program for vulnerable children in schools. The program presently feeds over 84,000 children in the poorest and most vulnerable communities in Egypt. The children receive nutritious fortified snacks during the school day to supply them with nutrients essential to their development and concentration ability.

Adopt new approaches for illiteracy eradication through piloting the Capacity Enhancement of Lifelong Literacy (CELL) program. The project was successful in working and being, accepted in villages that were regarded as difficult or 'closed' within the context of the traditional program. This experience confirmed that basing literacy curriculum on the interests and surroundings of a particular local group of students is effective, especially when using the techniques of Participatory Rapid Appraisal. The experience of CELL also suggests that the availability of primers and other reading material supports higher attainments, but it is less practicable for teaching written arithmetic. Approximately 400 hours of classroom instruction and practice may well be sufficient for the average intelligent adult to achieve 'lifelong' literacy. However, programmes should offer at least 500 hours of classroom instruction, as even the most regularly attending students appear to be unable to manage more than 80-90 per cent attendance rates.

ACCELERATING PROGRESS

Continue the successful implementation of the education strategy to ensure gradual increase in the net enrollment, to achieve the goal by 2015.

Expand coverage of pre-school classes to reach an admission rate of 60% is one of the government commitments. The number of classes required for pre-school education is around 80 thousand by 2015/2016. This might enhance net enrolment level, and contribute to dropout reduction and efforts that aim at up-grading quality.

Strict enforcement of the implementation of the Child Labor Law, including the introduction of rigorous consequences on parents and/or guardians of working children will consequently lead to higher enrolment levels, especially if accompanied with support benefits for school attendance.

The cumulative combination of the aforementioned measures will motivate and promote poor families to send their children to schools and the illiterates to literacy classes through direct reductions in the cost of education either through subsidies or reduced fees. The conditional cash transfer is one of the interventions that was, used in other countries in Latin America and had a significant increase in enrollment. Under this program, students are, paid on a monthly or bi-monthly basis for meeting a specified attendance. In Egypt, the Ministry of Social Solidarity is piloting a conditional cash transfer (CCT) program for poor families in some villages in Assuit and Souhag governorates. The aim of the CCT pilot is to test the effectiveness of this social protection instrument to be scaled-up.

Respond to the need for special awareness programs among students that focus on healthy nutritional habits and balanced diet. Special campaign on the importance of breakfast for students, before going to school, as well as suitable and a sufficient school feeding program for students, needs to be, adopted. This is important to attempt to reduce prevailing malnutrition and growth stunting and to provide all children with an adequate education, particularly since school feeding programs are especially critical for most vulnerable children.

Expand the WFP's Food-For-Education (FFE) activity presently feeding over 84,000 children in the poorest and most vulnerable communities in Egypt; the aim is to reach 241,000 by the end of the current Country Program 2007-2011. The children receive nutritious fortified snacks during the school day to supply them with nutrients essential to their development and concentration ability.

Concentrate on the Quality of education as one of the strategic pillars of the Government. This includes school reforms, training and professionally advancing teachers, enhancement of the educational curricula and student activities, effectively incorporating technology and improving examinations and evaluation systems, alongside the main principles adopted by the GILo project implemented in some of Upper Egypt governorates. There is a need to monitor and evaluate all activities relating to quality of education.

Strengthen the decentralization strategy in literacy program where local authorities (governorates, districts and villages councils) will be responsible for detailed planning and implementation while planning; curriculum development and monitoring implementation will remain the responsibility of Egypt's Adult Education Authority (AEA). This strategy concentrates on the age group 15-34 years old, representing around 5 millions illiterate in this age group 15-34³³.



33 See Annex 2 for list of reference pertaining to Goal 2

3

GOAL :
PROMOTE GENDER EQUALITY &
EMPOWER WOMEN



The government of Egypt is committed to gender equality and the empowerment of women, for both achieving this goal as well as accelerating progress in the implementation of the full MDGs.

Eliminating gender gap at various levels of education is proceeding in the right direction. Concerning primary education it is very likely to realize before 2015 while the number of girls enrollment in general secondary education is higher than those of boys and the gender gap in secondary education is expected to exceed the expected rate in 2015.

For tertiary level, the gap is totally closed in the theoretical faculties, but it still exists in the scientific faculties.

Concerning female literacy, the gender gap is expected to reach 0.4 % in 2015, meaning that it would be very likely to close the gender gap.

The share of women in wage employment in non agriculture sector is very low and it is not expected to change significantly by 2015.

Proportion of seats held by women in both houses of Parliament is still far below equality and the target of 50% is not, expected by 2015.

Target 5: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

- 3.1 Ratios of girls to boys in primary, secondary and tertiary education
- 3.2 Share of women in wage employment in the non-agricultural sector
- 3.3 Proportion of seats held by women in national parliament



GOAL 3: PROMOTE GENDER EQUALITY & EMPOWER WOMEN

Policies aim to enhance women capabilities, access to resources and opportunities as well as reduce their vulnerability and ensure security. At the same time, linking MDGs to the implementation of CEDAW and the BPFA allow for capitalizing on the synergies and resources, generated from both processes, to advance overall progress.

PROGRESS:

Target 5: Eliminate gender disparity in primary and second education, preferably by 2005, and in all levels of education no later than 2015

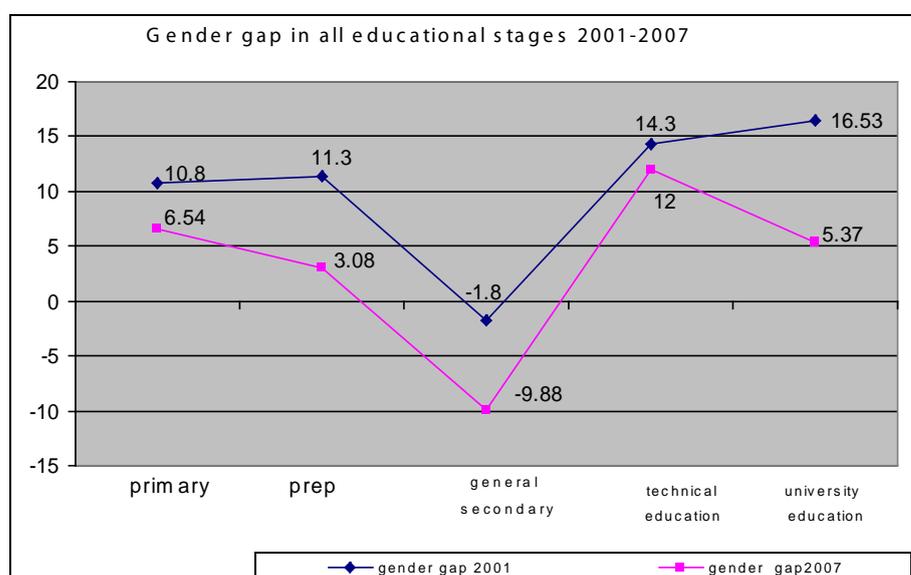
The ratio of girls to boys in primary education increased from 81.3% in 1990/1991 to 88% in 2000/2001 and 90.9% in 2002/2003 and to 93% in 2007/2008. Projections indicate that target will reach 100% by 2015.

The ratio of girls to boys in secondary education increased rapidly from 77% in 1990/1991 to 93% in 2000, to 104.3% in 2002/2003 and to 110% in 2007/2008. This means that the number of girls enrollment in general secondary education is higher than those of boys and the gap between the boys and girls in secondary education is expected to excesses the expected rate in 2015.

In technical education, the ratios of gender disparities have been declining over time from 74% in 1990 to 85% in 2000/2001 and 88% in 2005/2006 and in 2007/2008. However, although not competitive in the labor market, girls are mainly in commercial education, 197% in 2005, and very low ratios in both industrial 54% and agricultural education 26%.

The enrollment of girls in tertiary education is increasing all the time, and accordingly the gender gap is closing. The gap is totally, closed in the theoretical faculties, but still exists in the scientific faculties.

Figure 10³⁴



These improvements in gender gap can also be, seen at governorates level. Seven governorates have achieved equality in primary education: Cairo, Dakahlia, Menoufia, Fayoum, Luxor, Red sea, and South Sinai while another five have reached more than 98% ratio of girls/boys enrollment (Kalyoubia, Kafr El Sheikh, Giza, Beni Sueif, and Aswan).

The ratio of girls to boys in secondary education increased rapidly from 77% in 1990/1991 to 93% in 2000 and again to 104.3% in 2002/2003 and to 110% in 2007/2008. This means that the number of girls' enrollment in general secondary education is higher than those of boys and the gap between the boys and girls in secondary education is expected to excesses the expected rate in 2015. This ratio improved also for technical education from 74.1% in 1990/1991 to 85.7% in 2002/2003 then continued to increase up to 88% in 2007/2008, and it is, expected to reach 100% by 2015.

At the national level, in 2010, the female literacy rate is 86.8% and the gender gap is 4.7%. It is highly expected to reach 95.8% and the gender gap is, expected to reach 0.4% in 2015, thus indicating that the gender gap is, closed at this level. However, for governorates, disparities still exists, ranging from 71% in Lower Egypt, up to 102% in Damietta. Frontiers governorates also have very low rate of female literacy rate. This indicates that the gender gap will not, be closed at this level because of the low levels of literacy in these areas.

Participation of women in the labor force increased from 18% in 1984 to 23.1% in 2008. However, the average rate of growth of the participation of men (2.8) in the labor force has been one and a half times more than the average rate of growth of the women participation (1.9) during the period 1990-2008, at the national level while disparities between places of residence and regions are noticeable. In urban areas the average rate of growth was almost the same for women and men, but in rural areas the average rate of growth of men participation was (3.0) double the average rate of women participation (1.4). By governorates, the rate of participation of women in the labor force is very low in the Red Sea, Matrouh, North and South Sinai, Giza, Fayoum, Souhag and Assiut. It is only low in Qena, Luxor, Aswan, Kafr-El- Sheikh, Kalyoubia, Sharkia, Damietta, Alexandria, and Cairo. It is very high in New Valley, Port Said, Beni Sueif, Menya, Behera and high in Ismailia, Suez and Dakahlia. In sum, it remains far from expected to reach equality by 2015 whether at the national level or by governorates.

WOMEN UNEMPLOYMENT RATE

At the same time, unemployment rate of women at the national level in 2009 reached 22.9% that is 4.3 times more the rate for men, which is only 5.27 %.The rate of unemployment of women doubled during the same period from 11% to 22.9 % in 2009.

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Projections indicate
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reach 100% by 2015.

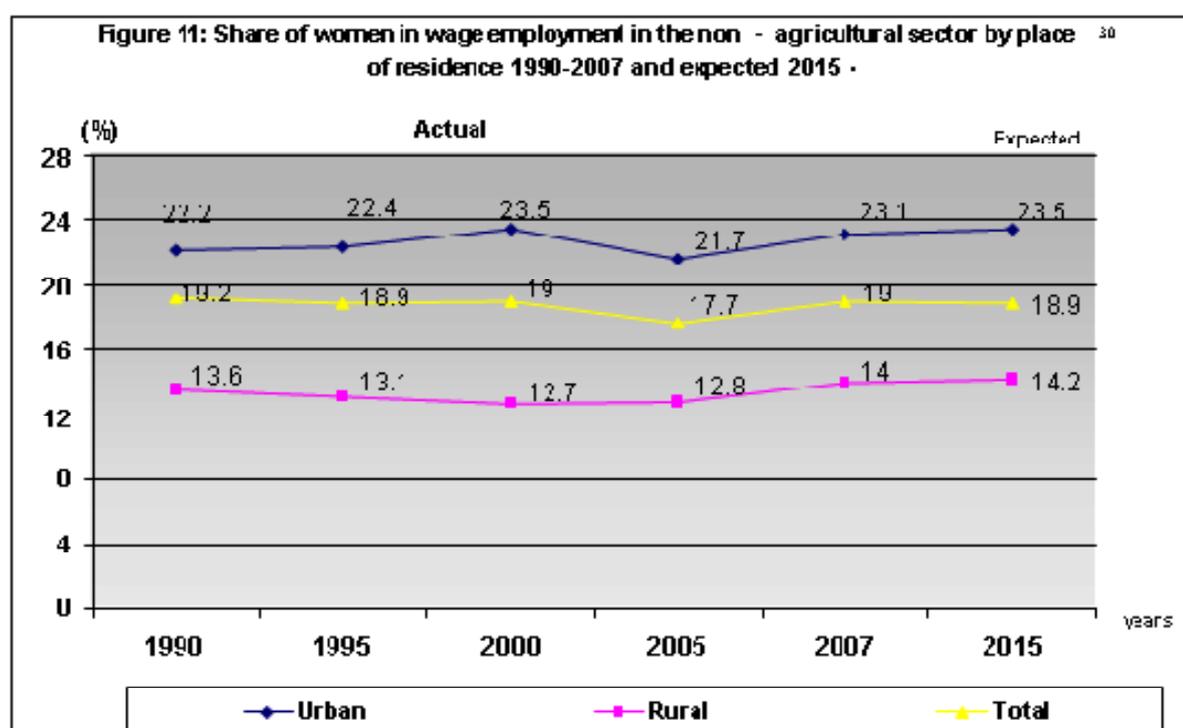
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The share of women in wage employment in the non-agriculture sector is very low and declined in the period 1990-2005. In 2007 the share of women showed some increase (1.3%) at the national level, slightly more (1.8%) in rural areas, and (1.3%) in urban areas. However, participation of women in the informal sector, at the national level, is very high since almost half the women in the labor force are working in this sector in 1995 -2008. It is not, expected to change significantly by 2015.

Nonetheless, over the past decade, government has significantly invested huge amount of resources on the social sectors, including health, education, and skills' enhancement, especially for women, which created a generation of young women with great potentials, capable of equally participating in the public sphere with their peer men counterparts. Similarly, the active participation of women in the private sector could lead to higher living standards for women, their children, and the family as a whole. Such trends as well as ensuring economic efficiency and reducing any market distortion, it is crucial to remove any gender-bias in the investment climate.

Figure 11³⁵



At the national level, the participation of women in the informal sector is very high, almost half the women in the labor force are working in the informal sector in 1995- 2008 and the rate is almost doubled in the urban areas (from 6.9% to 13%), while it slightly declined in the rural areas, from 75.4% to 71.6%.

In 2008 at the national level, the percentage of women in wage labor is 3.8% compared to about 8.7% in urban areas and 3.2% in rural areas. The percentage of self-employed women and not hiring any workers is 27.4% in urban areas, and 19% in rural areas, while it reached 19.9% at the national level. The percentage of female nonwage family workers is very high at the national level, 69.7% and in both urban 58.6% and rural areas 71.1% respectively.

The gender gap in wages and disparities is still, observed in the private sector, depending on the economic activity and place of residence, although Egyptian law supports total equality between

35 Source: CAPMAS, Status of women and men in Egypt, 2009.

men and women in the work place. The average wages of women in the public and public business sectors are higher than that of male wages, thus showing a relative advantage for girls to work in these sectors because they strictly apply labor laws. The gender gap in wages in the private sector is very high. The higher gender gap in wages in the public sector is, found in health, social work, and real estate. In the private sector it is found in manufacturing and community services. The highest gap among all sectors and activities is in health and community work. (Fig 11)

At the same time, although women still suffer from lack of access to credit to be, able to run their enterprises, the situation is gradually improving. Denied accessibility is mainly due to lack of land ownership and other assets by women, especially since a large number are working in agriculture and in the informal sector. Ever since 1995, the Social Fund for Development (SFD) has played a major role in accessing credit to women. The number of loans the SFD offered to women has, increased in general from 1995 to 2008, but the percentage of women to total number of loans has fluctuated, for both macro and micro enterprises. The value of loans offered to women increased steadily in the period whether macro or micro. The share of women in total macro loans was 44% in 2008, while the share was 27.6% of micro loans and the share of all loans granted to women of total loans is 30.3 %. This increasing accessibility to credit by women entrepreneurs whether in macro or micro enterprises is extremely important to the wellbeing and human development of the whole families of these women.

PROPORTION OF SEATS HELD BY WOMEN IN PARLIAMENT

Women representation in both houses of parliament, lower house and Upper House, is still far below equality. Female representation in the parliament shows a declining trend. The percentage of elected and appointed women decreased from 3.9% in 1987/90 to 2.2% in 1990/95, to 2.6% in 1995/00, 2.9% in 2000/05 and reached 1.8 % in 2005/2010. In this aspect, it is, expected to have around 12.5 % of Women in the Parliament, as a result of the modifications of the Election Law adding 64 seats for women in the coming term. The expected target of 50% will not, be achieved by 2015

In the Shura Council, Women representation increased from 5.7 % in 2000 to 7.9 % in 2007 because of the additional appointment of women, by Presidential Decree. It is, expected to reach only 10% by 2015, meaning that the expected target will not be, achieved.

The participation of women in local councils is also very low as compared to men. Nevertheless, it has increased, three to four times, in all governorates between 2002 and 2008. Such increase reached 5.1%³⁶. Only in Matrouh, the percentage in participation has decreased during this period while urban governorates and

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Global financial and economic crises has different impact for both men and women. Rising trend of female unemployment is the most alarming sign

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some of Lower Egypt show relatively high proportion as compared to all of Upper Egypt governorates, which show very low rates of participation. However, numbers of women who hold public office has significantly increased from 7.7 % in 1988 to 23.5% in 2003; to 24.1 % in 2008. Although Women still do not hold some key position such as Governor, and women ministers are still very few, progress is, evidenced.

EMERGING ISSUES & CHALLENGES

Egypt is fully committed to address various, institutional and social arrangements that ensure women's empowerment and to reduce gender inequality at all levels, legislatively. This was, established through the endorsed Election Law that allocated 64 seats for women in the People's Assembly, confirming that enhancing women participation in political life is an integral constituent, of the current political reform, taking place in the country. In addition, the five-year development plan 2007-2012 allocated about EGP 940 million for investment programs formulated within the second five-year plan for the enhancement of women, prepared by the National Council for Women to be implemented across all governorates. However, although such positive development are contributing to achieving goal 3, several challenges still exists and they are also complicated by the impact of various global crises. The prevailing challenges are leading to clear imbalances between improved women capacity, because of education, and their overall participation in economic and political life. Special culturally sensitive interventions are, needed to cope with these challenges with different periods.

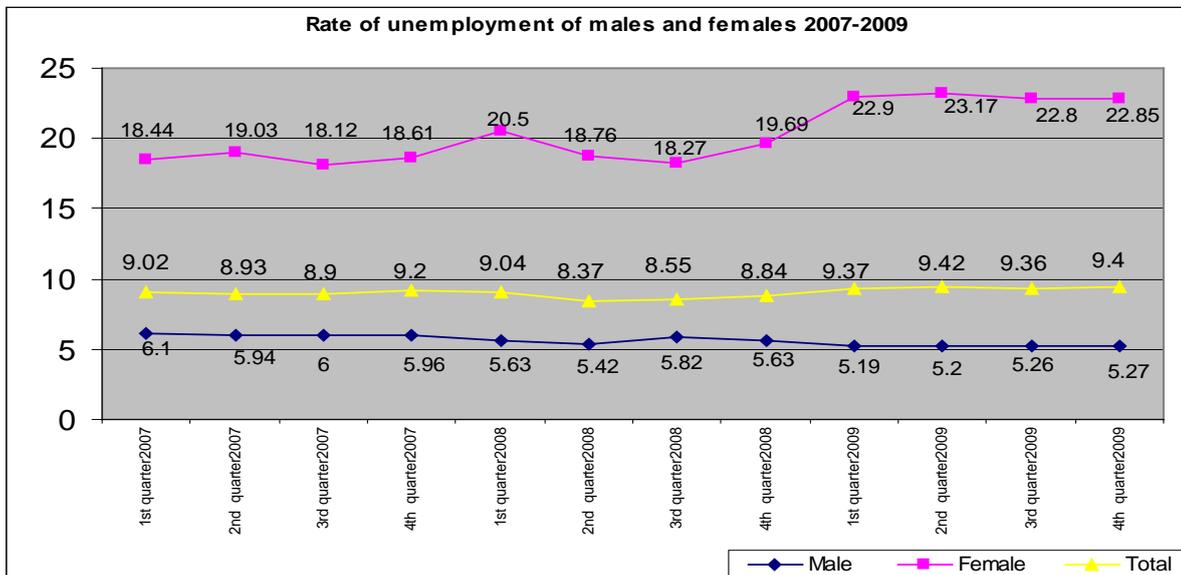
More recent challenges resulting from the global financial and economic crises; have affected the overall development situation as shown by various economic and social indicators. It has different impact for both men and women. The labor market and levels of employment were negatively affected by the decrease in the rates of investments and the rate of economic growth. New employment opportunities decreased by 13% in 2008/2009 and the new employment opportunities that are offered by the Social Fund for Development have, also decreased tremendously by 20%.

Women as the most vulnerable group within the labor market are highly affected since female unemployment is four times the corresponding rate for male and the highest percentage of women are working in the informal sector, or are non-wage family workers, their share of non-agriculture wage employment is very low. Moreover, women in the formal sector represent 74% of women in the labor force working in the Government. Accordingly they will be affected by any cuts in the state budget and public expenditure leading to reduction in employment in government and public sector. Thus, broadening the circle of negative impact as women waged workers are also as consumers and responsible for their families' consumption, is a necessity.

The rising trend of female unemployment is the most alarming sign. It shows how hard they were, hit by the crisis reaching up to 22.85% in the last quarter of 2009 as seen in the graph below³⁷.

37 Source: Follow up reports, Ministry of Economic Development, 2010.

Figure 12



Examining the potential challenges of the climate change should take into consideration differences between men and women in that respect, especially in countries like Egypt. The close connection between climate change, gender, type of work (farming) and overall demographic status, deserves far more analysis than it currently receives. Because of greater poverty, less power over their own lives, less recognition of their economic productivity and their disproportionate burden in reproduction and child raising, women face additional challenges as a result of climate changes. This climate-sustainable human population link requires effective efforts to remove barriers of the use of family planning and adopting the rights-based population policies envisioned by the 1994 International Conference on Population and Development (ICPD).

Studies to examine such link provided evidence that shows strong linkages and correlation between population growth and emission of greenhouse gases. It is conclusive that these shifts lead to climate change. Further, communities experiencing high population growth are the most vulnerable to the negative effects of climate change, such as water scarcity, failed crops, rise in sea level, and the spread of infectious diseases³⁸, which demonstrates the overall associations between gender, climate-change and population. It becomes especially apparent with the continuous high-level of population growth.

Additional challenges affecting efforts to reach gender equality and to eliminate all sources of discrimination against women include:

- Translating leadership and political will into actions to allocate necessary resources to achieve gender equality, and to move beyond just defining the costs of interventions, as well



38 The Asian Forum of Parliamentarians for Population and Development, 2008

as introduce required legislation, political and administrative laws and regulations, to ensure successful interventions.

- Adopting and budgeting a comprehensive strategic framework to achieve gender equality and the empowerment of women, which goes beyond enhancing capacities through education, to ensure equal economic and political opportunities, and provide security for women free from violence and coercion.
- Prevailing traditional conservative norms and culture that prevent women from enjoying equitable and constructive gender relationship as well as moving from being considered as raising “women’ issues” to being concerned with general public issue and rights to change societal perception.
- Cultural challenges and prevailing norms create voter hostility to women and lack of support for expanding the participation of women in public life, especially political representation. Political parties should play a determinant role in changing attitudes to women’s leadership. Quota systems, party and media codes of conduct, and campaign finance controls might also be effective in leveling the playground for women candidates.
- Lack on enabling environment and gender segregation by occupation which still represents major labor market rigidity and source of labor market inequalities while, at the same time, women are disadvantaged in terms of the quality of their labor supply and preparation for the job market.
- The vulnerability of women in the global financial and economic crisis because their fragile status in the labor market and the fact that the highest percentage of women are working in the informal sector, or are non-wage family workers, their share of non-agriculture wage employment is very low.

KEY SUCCESS POLICIES

Active and efficient institutional framework, supportive legislative actions as well as effective public policies, including social policy reforms, social justice, and adopting the principle of “citizenship”, demonstrates clear commitment to women equality and ensures their fair share of public resources. These include:

- **the constitutional amendments (2007)** provided the constitutional and legal framework to strengthen the representation of women in the political sphere. It also leads the reform of the Electoral Law. In this Regard, the People’s Assembly Law had been, amended in 2009, to add 64 seats for women bringing Parliament seats to a total of 518.
- **Developing the National Strategic Framework by the National Council for Women;** around the linkages between the CEDAW, the MDG and the BPPA. In addition to all the internal conventions signed and ratified by Egypt, which guided the work on the Policy and Programmatic Levels, within the National Council for Women and the Line Ministries, to contribute to the empowerment of Egyptian Women.
- **Gender Mainstreaming in the 5 year Socio Economic National Plan for 2002-2007 and 2007-2012,** as well as the development of the Gender Equity Indicators for monitoring the National Plan. The second Five-Year plan for the Enhancement of Egyptian Women 2007-2012 that was prepared by the National Council for Women for all Governorates of Egypt includes 8 programs and allocates the required funds for investments.

- **Engendering the Budgeting process** from planning to execution. (Gender Budget Analysis, Gender Sensitive Planning budget templates, e- learning System for the Ministry of Finance on Gender Responsive Budgeting), as well as the establishment of the Regional Public finance Institute with the Ministry of Finance. The draft budget circular incorporated a performance/programme based budget analysis as one of its main elements, and requires that gender disaggregated data be provided by the different bodies, to enable a sound drafting of budgets. All agencies and bodies are now obliged to undertake this gender budget analysis of all the data included in the yearly Budget Draft. This is to be, achieved by means of developing the budget drafting system by filling the templates with gender-disaggregated data, whenever they are asking for allocation of resources. In addition, the process is monitored and strengthened through:
 - Law 53 of 1973 was, amended by Ministerial Decree 668 of 2009, which affirms in Article 16 that the principles of gender responsive and performance based budgeting are, to be upheld in Egypt's budgets.
 - The Parliament was, given the responsibility of reviewing and discussing the budget according to the amended Egyptian Constitution.
 - A Women parliamentary forum to discuss the National budget to ensure its gender-sensitivity.
- **Establishment of the National Ombudsmen Office**, with 26 branches at the Governorates level as well as the creation of Knowledge hub and Gender Equality and Women's Empowerment Studies.
- Adopting a full package for Gender Equality (GE), Interventions include those that aim at gender equality and empowerment of women whether they fall outside of the MDG framework or are being, implemented within each of the MDG. The first group of interventions are implemented through the regular program of the relevant ministry while the second, referred to as gender mainstreaming (GM) interventions, is undertaken by relevant sectors such as education, health, rural development, urban development, water and sanitation, and energy which all include interventions that aim to promote gender equality.
- **Adopting women political empowerment program** which develops women skills to run for parliamentary elections, and increases awareness of women's political participation.
- Promote women's access to employment, training and career advancement in private firms that need to be adopted in a non-distortion and fiscally sound manner; the Government had endorsed a UNIFEM/World Bank Gender Equity Certification to provide a Gender Equity Seal in 10 Private Companies in Egypt,

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Promote

women's access

to employment,

training and career

advancement in

private firms

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as a model. This includes the institutionalization of the Gender Equity Seal in the Ministry of investment, in partnership with the National Council for Women and the Ministry of Manpower and Immigration. Accordingly, Egypt is to become the Expert hub in providing Certification Process for the Private Companies in the Arab Region.

- **The Establishment and the Institutionalization of the Media Watch Unit** to follow-up negative messages.
- **The Establishment and the institutionalization of the Women Parliamentary Forum**, to support women in collaboration with NGOs.

ACCELERATING PROGRESS

Ensure that Gender Responsive Rights Based Approach is utilized in the National Strategies and Public Policies and ensures that Women's Social Marketing Strategies involves Men and Boys.

Institutionalize the mainstreaming process of the development plan for the enhancement of women in the Ministries and Governorates as well as adopting Gender Responsive Budgeting Methodology and tools to ensure adequate financing for programs that respond to women's needs.

Facilitate policies to create supportive environment for women and for workers with family responsibilities, such as the provision of child care and other services as well as investing in ensuring decent work for Women.

Call for a Friendly working environment for women in the private sector to increase the employment rate of women;

Ensure that educational outcomes lead to employment or increased incomes. The type and level of girls' education is not increasing their opportunities in the labor market, although empirical evidence shows that parental as well as community attitudes towards female education are beginning to change since they can see a direct benefit.³⁹ Increased education for girls leads directly to paid employment and increases income.

Establish an accountability systems for governments and donors to track and enhance their contributions to gender equality and conduct gender-sensitive progress assessments, performance monitoring and develop indicators to assess aid effectiveness.

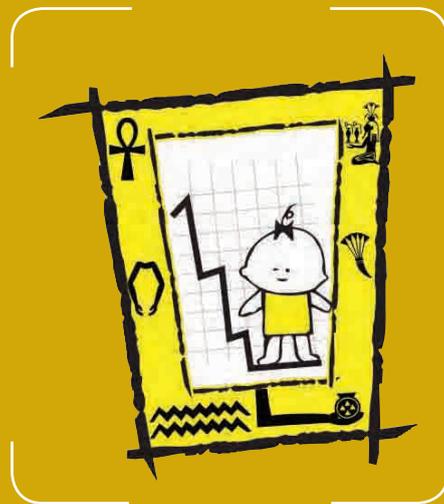
Intensify efforts to involve youth in early age in civic education and volunteerism, to increase the presence of women at large in Political Sphere⁴⁰.

39 UNIFEM. Making the MDG Work For All. 2008

40 See Annex 3 for list of reference pertaining to Goal 3

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GOAL :
REDUCE CHILD MORTALITY



Egypt is strongly committed toward including the survival and development of children at the core of its policy agenda and throughout past years exerted efforts to improve health care services for all children and provided social protection to children and families in difficult situations.

Progress toward achieving the MDGs in the area of child and infant mortality is clearly noticeable and indicators are showing that Egypt have already achieved the goal for child mortality and is most likely to reduce infant mortality to the stated target by 2015.

Disparities by geographic locations (regions, Governorates ...) and socioeconomic characteristics, is still prevailing and require specific targeting policies to continue progress at all levels.

Target 6: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.

- 4.1 Under-five mortality rate
- 4.2 Infant mortality rate
- 4.3 Proportion of 1 year-old children immunised against measles



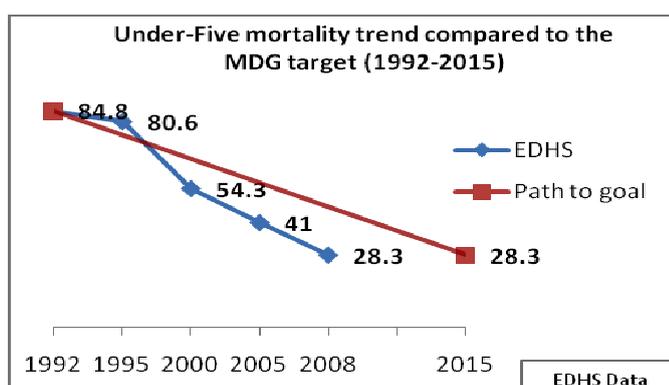
GOAL 4: REDUCE CHILD MORTALITY:

The situation of children in Egypt has significantly improved and the progress towards the achievement of the Millennium Development Goals (MDGs) in the area of infant and child mortality is very apparent. The continued political commitment of the government is also being demonstrated by its support to improving maternal and child health. Egypt was one of six countries that supported the 1990 Summit Conference for the Protection and Development of Children, which strongly endorsed safe motherhood programs and strategies.

PROGRESS:

Target 6: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.

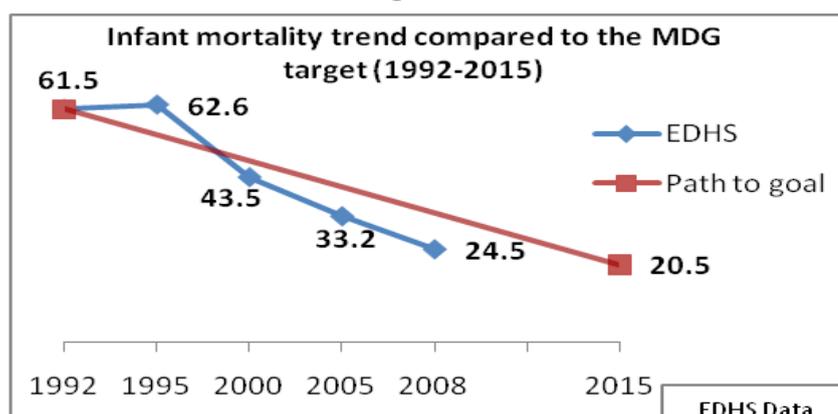
Figure 13



Data from survey estimates (mainly EDHS) indicated that remarkable decline has been, observed in Egypt in both child and infant mortality rates (IMR). Egypt has already met the goal of reducing the U5MR by two-thirds according to EDHS 2008 (mid point 2006).

U5 mortality rate declined from around 85 per 1000 live birth to about 54 in 2000, and continued to decline to reach 28.3 in 2008, which is considered the target for 2015, taking the 1990 EDHS as the baseline. Estimated IMR has reached 25 per 1000 in 2008, compared to 62 in 1992 and 44 at the start of the millennium.

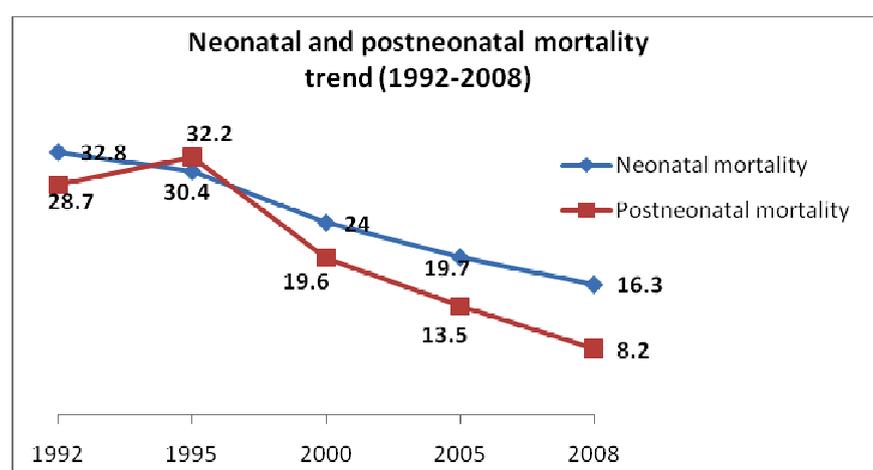
Figure 14



If the level of decline during 2005-2008 continued, Egypt will meet the target for IMR by 2010.

The vital statistics are also indicating the same trends for both IMR and U5MR and confirms that Egypt is on track for achieving the millennium goals.

Figure 15



In 2005, the estimate of IMR based on the vital statistics was 21 deaths per 1000 and in 2005 the U5MR was 26 per 1000, which are showing the same patterns that were observed from EDHS series, but with lower level.

The main difference between the two sources is the neonatal mortality rate. The neonatal mortality rate is 8 deaths per 1000 births based on vital statistics estimates almost half the figure based on the EDHS estimate (16 per 1000 births).

It is clear that one of the challenges that Egypt faces now is how to reduce the neonatal mortality if looking for further decline in IMR and to be able to sustain the level of improvement that have been already achieved,

The pace of decline in postnatal mortality over the last two decades was faster than the decline in neonatal mortality, as can be seen from the previous Graph.

Disparities still exist for some subgroups, based on regional and selected socioeconomic characteristics.

Between regions, substantial reduction has occurred in the last two decades in all regions; however, reduction was faster in the 1990s in Urban Governorates and Lower Egypt than Upper Egypt; while in the last decade the reduction was more striking in Upper Egypt than other regions. Although, the level of IMR remains higher in Upper Egypt and in rural areas as compared to urban communities, the

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Egypt has already met the goal of reducing the U5MR by two-thirds according to EDHS 2008

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level of reduction in IMR and U5MR was substantial in Upper Egypt and Lower Egypt governorates than the reduction occurring in Urban Governorates.

Based on the EDHS surveys, it is clear that Egypt has achieved the goal of reducing IMR in Lower Egypt and rural areas of Upper Egypt, and urban Upper Egypt is about to meet the goal. On the contrary, Urban Governorates most probably are going to meet the goal of IMR by 2014. However, for U5MR it is most probably not going to achieve the goal by 2015 if no intensive intervention target Urban Governorates (expected to reach the goal 2024).

At the governorate level, vital statistics data indicated that overall between 1990 and 2005 IMR and U5MR have declined in all governorates (HDR 2008). The level of reduction in IMR and U5MR was substantial in Upper Egypt and Lower Egypt governorates than the reduction occurring in Urban Governorates. The challenge, however, remains how to sustain current level and achieve further decline.

All Lower Egypt and Frontier governorates are on track and about to achieve the goal before 2015 with some governorates that have already met the goal. Concerning Upper Egypt governorates, only Giza met the goal of reducing the IMR and U5MR, while the other governorates are on track to achieve the goal with the latest two governorates Assuit and Souhag that expect to reach the goal by 2010. Luxor is the only governorate that may not reach the goal by 2015 (expected 2016). The level of IMR for Souhag is 27.2 deaths per 1000 births in 2005 which is far from the target (16.9 deaths per 1000 births). This means that it is unlikely for Souhag to reach the target of IMR (expected 2026).

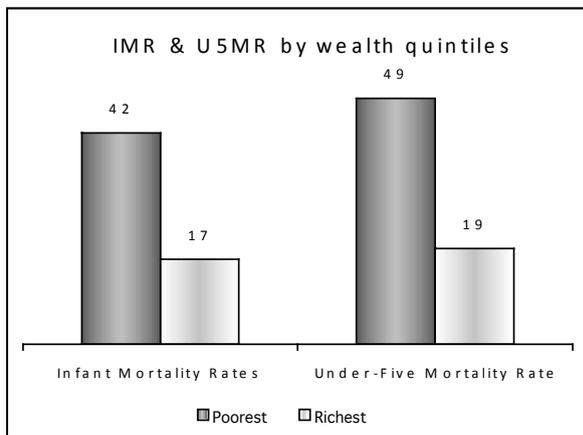
For Urban Governorates, data from vital statistics indicated that Cairo and Alexandria are far from reaching the MDG target of U5MR, while Port Said is likely to achieve the goal and Suez is on track and likely to achieve the goal. The position of both Cairo and Alex may be due to the growing of slum areas in those governorates and the type of available data. Moreover, the presence of high-level health facilities in these governorates, including many universities, specialty hospitals and other health institutes that provide high level of care needed by the most serious cases and thus increasing potential referrals from surrounding governorates. Noting also those death incidences are registered by place of incidence which produces a special cause of death variations that makes the target hard to achieve.

Gender differentials, in IMR and U5MR are, observed although the pace of decline was in favor of females. The IMR among males has declined from a level of 84 deaths per 1000 births in EDHS 1992 to 34 deaths per 1000 births in EDHS 2008. The decline in the IMR among females was much higher than males, where the IMR for females declined from 75 deaths per 1000 births in 1992 to 23 deaths per 1000 births in 2008. However, it is noticed that U5MR for females was higher than males in early 1990's indicating son preference during that period. The IMR for females already met the target of MDG and for males it is on track and is expected to meet the target by 2010.

Wealth Differentials⁴¹ in IMR and U5MR by quintiles is obvious. U5MR is much higher among children in the poorest quintiles.

The U5MR in EDHS 2008 is 49 deaths

Figure 16



Per 1000 births among children in the poorest quintile, this is more than double the figure among children in the richest quintile⁴². Data indicated that a significant decline was observed in all wealth quintiles between 2005- 2008; however the decline was higher among the poorest than among the richest.

Disparities by education are also clear. The EDHS series indicated that overall IMR and U5MR are generally inversely related with mother's education, with IMR of births to women who never attend school being around 70 % higher than IMR of births to women with a secondary or higher education. However, the pace of decline in IMR and U5MR of births to women with no education was much faster than births to women with a secondary or higher education. IMR and U5MR of births to non-educated women indicated that they are likely to achieve their goal by 2009-2010, however births to highly educated women will reach the goal by 2014-2015.

PROPORTION OF ONE YEAR OLD CHILDREN IMMUNIZED WITH MEASLES:

The Egyptian government has been adopting a successful extended immunization program for children since 1990. The EDHS data indicated that immunization coverage against all childhood illness has reached 92% with limited variation by region. This indicates a remarkable increase in measles coverage; from 82% in 1992 EDHS to 98% in EDHS 2008.

Since July 2008, Egypt has adopted a two dose compulsory vaccination program for measles; the first of MMR vaccine is given at 12 months and the second dose at 18 months. Egypt's immunization coverage for measles reached almost 98% and it is expected to

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All Lower Egypt and Frontier governorates are on track and about to achieve the goal before 2015

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42 19 deaths per 1000 births

achieve the goal of measles elimination by 2015. To this end, Egypt developed a plan to ensure measles elimination by 2015 that include two strategies:

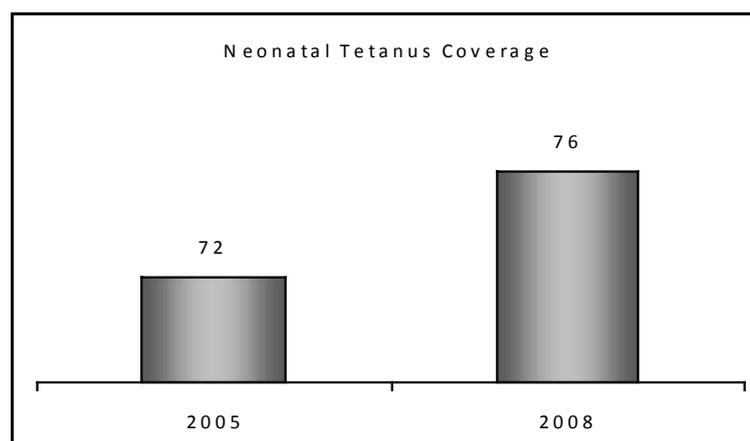
- High immunization coverage (> 95%) by routine doses and catch-up campaign targeting age group from 2-20 years in two phases in 2008 and 2009 and vaccination of 18 and 17 million respectively;
- Enhancement of measles surveillance by adoption and rash surveillance as well as training of health care workers and private physicians.

No variation exists between urban and rural areas in the coverage of measles immunization. However, some variations in recent measles vaccination coverage exist by region, education and wealth quintiles. The level of measles coverage for children one year old is higher among Lower Egypt children of highly educated mothers, and children in the highest wealth quintiles. It is, expected that Egypt will achieve the goal of full measles immunization by 2015 if the rate of progress continue at same level that was observed between 2005 and 2008.

Based on WHO figures, the number of measles cases has declined significantly in the last decade from 4403 cases in 1992 to only 80 cases in 2004. This was due to the high coverage of measles vaccination and the additional dose of Measles, Mumps, and Rubella vaccine (MMR vaccine). Moreover, school children have been provided with a dose of MMR vaccine at school entry since 2001. However, 2008 figures show that the number of cases has reached 668, and declined to only 211 cases in 2009 following the above mentioned campaigns in 2008-2009. This imposes challenges on Egypt and that sustaining the immunization program is essential to reach full coverage.

NEONATAL TETANUS (NT)⁴³

Figure 17



Programme represents the commitment of Egyptian government to adopt an integrative approach in dealing with children survival and maternal health. The goal of this programme is to eliminate NT in every health district, (elimination defined by WHO to be the achievement of a NT incidence rate of less than 1 case per 1000 live births).

According to the WHO, the number of reported NT cases declined from 1830 in 1992 to only 36

in 2008. WHO declared Egypt NT free in 2006 thus indicating that deaths from NT is less than one case per 1000 live births annually at district level. This has been achieved through national and sub-national vaccination campaigns targeting women of childbearing age (15-49) with Tetanus Toxoid during the period 1995-2006.

EDHS2008, around 76% of the last births in the five years preceding the survey were, protected from neonatal tetanus showing an increase from 72% in 2005.

Other Communicable Diseases including diarrhea and acute respiratory infections (ARI) represent two particularly important threats to the survival and good health of young Egyptian children. The prevalence of these infections is difficult to estimate because it varies widely by season. However, since 2006 the IMCI program starts to track different reasons of deaths by age. The data shows that the cause of death differs according to the child age. The main reasons for neonatal deaths (0-28 days) are premature, birth defects, and ARI, while postnatal deaths are mainly due to ARI, Diarrhea, and birth defects. So, for more reduction in IMR we have to investigate the factors that affect birth defects, and improve coverage and quality of maternal health. As for child mortality (1-4 years), the main reason of deaths is ARI, followed by accidents, and then diarrhea.

The MOH, in collaboration with EMRO, has established a Sentinel Hospital-based Rotavirus Surveillance. Its main objective is to collect data that will facilitate and support the introduction of rotavirus vaccine through measuring the disease burden and epidemiology of rotavirus in Egypt. To date the case-fatality of rotavirus is 0.058%. Moreover, the MOH has an active National Surveillance System covering Acute Respiratory Infections (ARI), Severe Acute Respiratory Illness (SARI) and Pneumonias, in addition to Avian and Swine flu.

EMERGING ISSUES AND CHALLENGES:

Intensive programs to cope with Neonatal deaths, as a proportion of under-five deaths, since it had increased to almost 60 % in 2008 EDHS compared with only 38 % in 1988 EDHS. Neonatal mortality is, closely related to maternal health and maternal health care, and therefore efforts to reduce the neonatal mortality rate will need to focus on these issues.

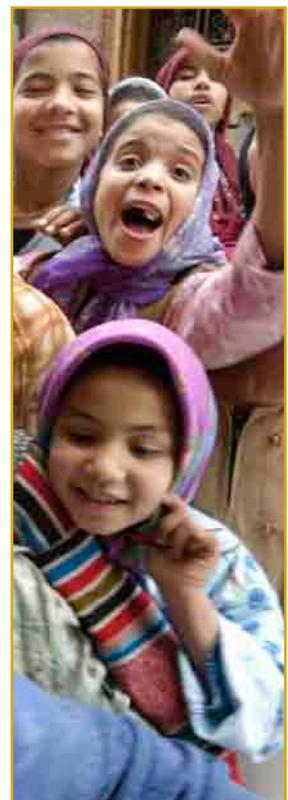
Reducing regional disparities in under-five mortality is a second key challenge. A focus of further mortality reduction efforts must be planned specially in Upper Egypt and Urban Governorates (especially Cairo and Alexandria) to reduce infant and under five mortality. Damietta and Giza met the MDG goal of IMR and U5MR, these governorates need a special program to achieve further decline in under-five mortality or even keep the achieved ones.

Provision of quality health services to the poor is an important

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In 2008, around 76% of the last births in the five years preceding the survey were, protected from neonatal tetanus

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challenge, since poverty and health status are interrelated, and their effects on each other are often bidirectional; poverty leads to poor health and poor health leads to poverty. Children in poverty face many problems. Family poverty is associated with poor nutrition, exposure to worse environmental conditions, and low rate of utilization of the service (may be due to unawareness) and accordingly the highest infant and under-five mortality rates are found in the poorest areas (e.g. rural-Upper Egypt) and among the households falling on the poorest wealth quintile.

Further attention to nutrition status since evidences indicated that family poverty is associated with poor nutrition, exposure to worse environmental conditions, and low access to health care. The highest infant and under-five mortality rates are, found in the poorest areas. Poverty and health status are interrelated, and their effects on each other are often bidirectional; poverty leads to poor health and poor health leads to poverty.

Sustain progress achieved in reducing child mortality and achieving further progress should be, planned irrespective of the new emerging environmental, economical and health challenges such as: climate change, economic crisis, food crisis, Swine flu, Avian influenza...etc. The impact of these emerging new challenges and their magnitude on achieving further progress in reducing child mortality need to be assessed through detailed and further analysis as well as specific studies. However, possible implications can be highlighted:

- Poor conditions of housing put Egypt children at risk,
- Climate change and the change in rainfall patterns could aggravate the food security issues in Egypt,
- The global economic crises led to certain effects such as exports being dramatically, affected as the ratio of exports/imports has dropped from 55.4 to 28.2 in 2008. It is likely to cause increase in food prices and poverty levels as a result of unemployment,
- Children under five years of age are amongst the vulnerable groups who are at higher risk of being seriously ill with swine flu. Consequently, H1N1 virus poses a threat on children lives. However, based on the current assessment and things remains as it is, there is no great impact on child mortality.
- Possible deteriorating nutritional status of children as a result of the policies adopted to cope with avian influenza.

KEY SUCCESS POLICIES:

Endorsing policies and strengthen programs with direct impact on improving infant and child mortality indicators. The “**Healthy Mother, Healthy Child (1993-2009)**” project undertook the task of reducing the risk factors for maternal and neonatal mortality and significantly improved outcomes in nine governorates of Upper Egypt; a region that traditionally has been associated with the worst health statistics. These factors include a combination of improved access to, and quality of maternal and reproductive health services, reduced fertility rates, antenatal care utilization and skilled attendance at delivery, under the assumption that maternal health improvements also have a direct positive impact on neonatal and child morbidity and mortality.

The MOHP and HM/HC worked together to define and refine the essential package of maternal child health (MCH) services and standards for antenatal and postnatal care, delivery, essential obstetric care, neonatal care, and preventive child health services.

The package of services combines best practices with the promotion of behaviors and interventions that are essential for saving lives and reducing morbidity among women and children it positively affects neonatal and maternal mortality rates.

Approval in 2004, of the essential obstetric care (EOC) and neonatal care (NC) service standards as the national standards for all public sector health facilities. This was done after defining and refining the essential package of maternal child health (MCH) services and standards for antenatal and postnatal care, delivery, essential obstetric care, neonatal care, and preventive child health services. An estimated 23 million people in nine Upper Egypt governorates and two slum areas now have improved access to essential obstetric and neonatal care due to HM/HC. This includes an estimated 2,611,400 females of reproductive age and the approximately 661,593 infants born each year in the region.

Nutritional programs such as iron supplements for pregnant mothers, iron and Vitamin A supplementation for children U5, fortifying subsidized bread with iron, iodization of salt, and educating the community on the benefits of breastfeeding and the importance of good complementary feeding for infants and young. These are improving the nutritional status and reducing nutritional deficiencies.

Adopt the comprehensive program **"Integrated Management of Childhood Illness"** (IMCI) for the Egyptian situation using the generic WHO materials. This WHO/UNICEF initiative was launched globally in 1995 to reduce under-5 mortality, morbidity and disability, and improving child growth and development. It aimed to move from the vertical disease-specific approach of traditional programs to a more integrated and horizontal child approach, in line with the philosophy of primary health care. Its integrated approach brings together curative, preventive and development aspects of child care into one strategy; with focus on children below 5 years of age, which is the child age group most vulnerable to illness and death.

The Expanded Program on Immunization (EPI) is a component of the Child Survival Project (CSP) whose objectives are to reduce the incidencerates of six childhood diseases (Measles, Diphtheria, Pertussis, Tetanus, Tuberculosis, Poliomyelitis, Hepatitis B, Rubella and Mumps) by 9 vaccines BCG, OPV, DPT, Hepatitis B (introduced in 1992) and MMR vaccine (introduced in 1999). Moreover, it aims to reduce the number of infant deaths from those diseases by increasing effective vaccination coverage. EPI has progressively implemented each of four WHO recommended strategies: 1) Increasing and sustaining routine coverage with oral poliovirus vaccine (OPV); 2) Conducting National Immunization Days (NIDs); 3) Developing surveillance for acute flaccid paralysis (AFP), including laboratory confirmation of cases; and, 4) Instituting «mopping-up» vaccination. In 1992, the CSP/ EPI developed a national plan to introduce national immunization of infants against hepatitis B, at 2, 4, 6 months with coverage of more than 97% and increased protection of children U5 years.

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23 million
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Egypt and two
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improved access
to essential
obstetric and
neonatal care

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EPI changes in 2008 aims to accelerate measles elimination by adding of second dose of MMR at 18 months in addition to first dose of MMR vaccine at 12 months.

The National Child Survival Program was the result of this shared commitment between the Ministry of Health and the International community. One of the greatest successes of this program has been the immunization of nearly all the country's children. The immunization rate has now reached 97%. Egypt is one of the few countries in this region declared polio free, also almost free of neonatal tetanus. These were all contributions of the immunization program. While eradicating polio is a major achievement, it did little to affect the infant mortality rate, since it rarely causes death but it is a major cause of disability and decreased quality of life. The leading causes of death for children are well-known to major stakeholders in Egypt. Approximately one-quarter of all childhood deaths worldwide are caused by diarrheal diseases, while in 2009 this percentage was only 10% of U5MR in Egypt.

No cases of Diphtheria or pertussis have been reported since 2000 and 2002 respectively. There has also been dramatic decrease in the incidence of Mumps since 2000.

Lowering maternal mortality has also greatly reduced infant mortality rates. Mothers with infants and pregnant women are considered one inseparable unit; the health of the mother is the health of the child.

ACCELERATING PROGRESS:

Improving prenatal and infant care in Urban Governorates, and Souhag.

Urban Governorates, especially Cairo and Alexandria, are potentially off track in achieving their infant and child mortality targets, as well as Souhag. They are far from reaching their aimed reduction in infant mortality rates, without intensive target programmes. Interventions should include promoting access to prenatal and infant care services as part of the primary health care package, promoting access to antenatal care, promoting health provider consultation and discuss of dangerous signs of pregnancy during ANC, and promoting health providers discussion of infant care during ANC visits.

Improving nutritional status of under-five children:

EDHS 2008 suggests that malnutrition levels have increased dramatically among children of Egypt. Stunting levels have increased from 23 % in 2000 to 29 % in 2008, which indicates that although more infants are surviving, they live with a poor health status, which affects their development and achievements. Special programs have to be dedicated to combating stunting and improving the health status of children. Policies for improving child health could involve promoting exclusive breastfeeding for 6 months, promoting healthy diet for breastfeeding mothers, providing postnatal supplements and promoting accessibility to supplements for vulnerable mother at low prices.

Tracking measles cases:

Infants who get measles are at an increased risk of mortality than other children. Data showed that the number of measles cases have declined considerably over the last decade, however; it also an increasing trend in recent years. Accordingly, it is recommended to have interventions to reduce the number of cases as well as tracking and analyzing infected cases. In addition, a periodic re-evaluation of the effectiveness of the vaccination program is desirable.

Promoting Prenatal Care and child spacing: Special program to promote antenatal care specially

in Upper Egypt and lowest wealth quintiles, in addition to postnatal care and family planning is very important to improve maternal and subsequently child health. It is well established that proper spacing between children affects both the health of the mother and newborn baby and this emphasize the need to promote maternal and family planning for having healthier babies and so, having lower rates of risk of mortality.

Management of Emerging Epidemics:

Intersectoral collaboration is needed in this regard. Government has to look at the food basket given through subsidies. Cash transfer and subsidies spend by the government need policy to reach the poor and vulnerable groups in order reduce the effect of emerging epidemic on child nutrition and health.

Improving Health Provisions through Community Awareness, Health Education, and adopting nursing and medical education to meet needs. Specifically this includes:

1. Community Awareness: programs should be designed to increase caretakers and mother's awareness of proper management of the ARI and when to seek medical consultations, as well as its dangerous signs. In addition, promoting accessibility to health care facilities for seeking advice, which can be achieved through media campaigns, community health workers, and local society,
2. Health Education: Health education programs developed for women related to child health and feeding, especially early initiation of breastfeeding, as well as health hygiene,
3. Adopting nursing and medical education to meet needs: Ensure availability of human resources for providing high quality service⁴⁴.

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Special programs
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stunting and
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44 See Annex 4 for list of reference pertaining to Goal 4

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GOAL :
IMPROVE MATERNAL HEALTH



The Egyptian Government had already indicated its commitment to improve both maternal and child health, within the context of an integrated approach as previously elaborated, especially since the toll paid by families and societies from these deaths is usually high.

Based on the National Maternal Mortality Surveillance System (MOH), Egypt's achievements in reducing maternal mortality ratio to almost 55 per 100.000 births in 2008 is providing evidences that it is most likely to achieve the goal by 2015

Universal access to reproductive health by 2015 is possible to be achieved, at the national level, if specific policies and interventions are being effectively adopted. for Upper Egypt region, however, it would be still far from achieving the goal by the said date.

Target 7: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

- 5.1 Maternal mortality ratio
- 5.2 Proportion of births attended by skilled health personnel

Target 8: Achieve, by 2015, universal access to reproductive health

- 5.3 Contraceptive prevalence rate
- 5.4 Adolescent birth rate
- 5.5 Antenatal care coverage (at least one visit and at least four visits)
- 5.6 Unmet need for family planning



GOAL 5: IMPROVE MATERNAL HEALTH:

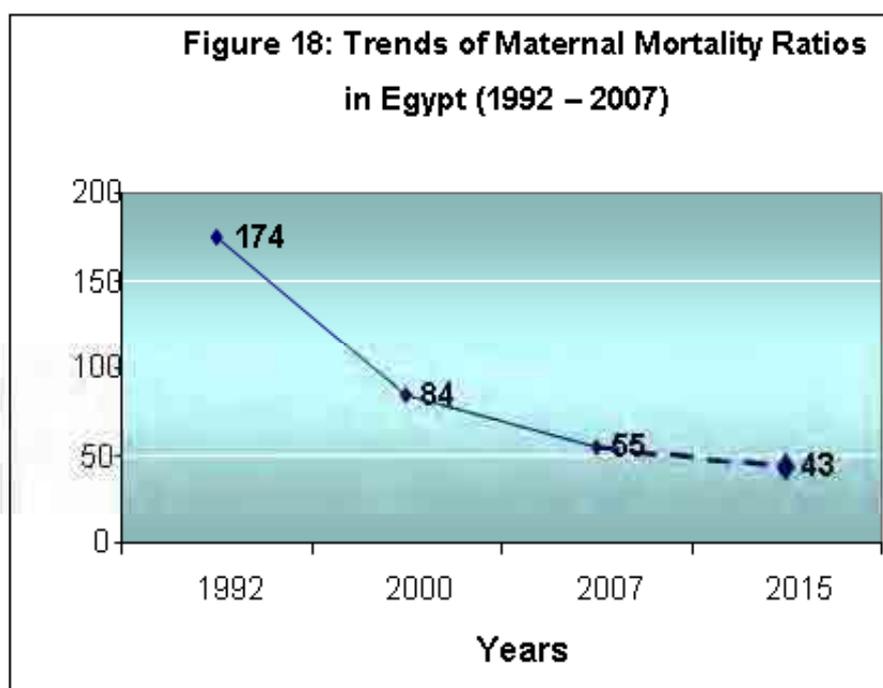
More than 2000 maternal deaths are reported annually which makes the toll to be paid by the affected families and the communities, usually high. However, maternal health goes beyond the survival of pregnant women and mothers, since it is globally established that for every woman who dies from causes related to pregnancy or childbirth, it is estimated that there are 20 others who suffer pregnancy-related illness or experience other severe consequences that would require intensive attention to reproductive health including family planning. Millions women who annually survive their pregnancies experience such adverse effects.

Considerable attention is, directed toward maximizing outputs to improve maternal health. This attention takes into account that success is, linked to other MDGs. Maternal health is strongly related to child life, progress on MDG 5 is influenced by the national efforts to reduce child mortality, vaccination coverage, implementation of the integrated management of child health and disease initiative, as well as to MDG 6, which aims to combat HIV/AIDS and malaria, as these are important indirect causes of maternal death. Gender inequality is one of the social determinants of inequity in health, promoting gender equality and women's empowerment, will promote the reduction of maternal mortality, which is a sensitive indicator of inequality to all socioeconomic indicators (education, poverty). Improving maternal health, reducing maternal mortality and increase accessibility to reproductive care have been key concerns of several national health strategies and interventions.

PROGRESS:

Target 7: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio.

Based on field surveys, the MOH estimates for MMR in 1992 were about 174 per 100 thousand live births and declined to 84 in 2000, to reach about 55 in 2008. This shows a significant reduction of about 50% during 1992- 2000 and about 70% reduction in the later period to 2008.



This level of progress indicates that if it continue on this track, Egypt is most likely to achieve the goal by 2015 (reaching 43 mother deaths per 100 thousand live births representing the required reduction by that date).

Although different levels of Egypt's MMR are being estimated, by some international organizations for 2005, to be around 130 mothers per 100 thousands live births⁴⁵, the country's achievements in that respect was recently, acknowledged through careful assessment of available data to ensure the reliability of stated estimates for both the level and trends of MMR. It confirms that Egypt is among the specified countries that are on track to achieve MDG5, because of their accelerated progress.⁴⁶

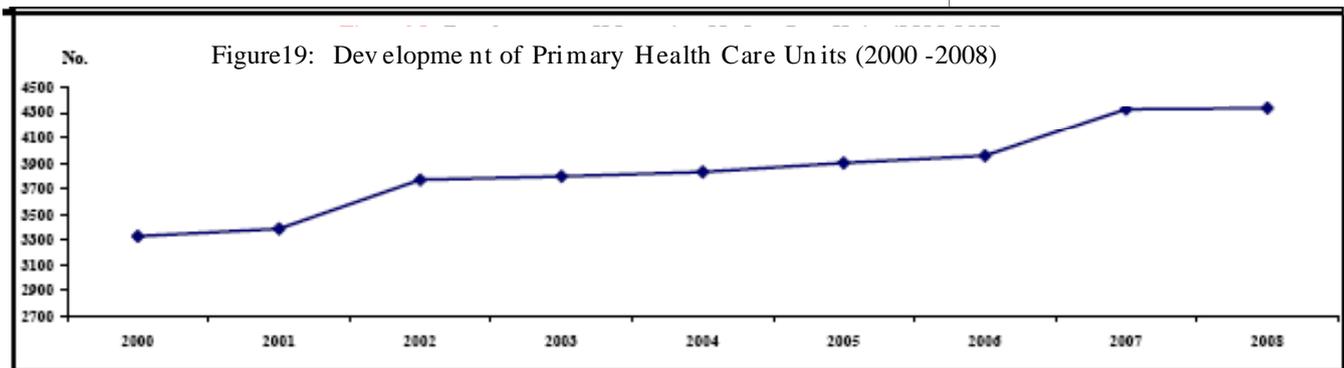
Based on the Lancet assessment, estimated MMR for 2008 is 43 per 100 thousands live births compared to 195 in 1990 and 74 in 2000, a clear indicator that Egypt successfully reduced MMR by about 78% during the period 1990-2008 (compared to the target of 75% required by the goal) .

Such reduction in MMR level resulted from improving accessibility, the adoption of an integrated maternity care system, within primary health care umbrella, and the formation of consolidated health team to cope with these cases, Primary Health Care Units (previously referred to as Maternity Units) are, distributed in all regions and their number significantly increased from 3500 in year 2000 to almost 4500 units in year 2005 as shown in the following graph⁴⁷.

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Egypt has scored a marked reduction in MMR, between 1992 and 2008, approaching 68% in all Egypt, 64% in Lower Egypt and 72% in Upper Egypt

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Source (MOHP, 2004)

The integrated Maternity health care package includes; Antenatal care, Immunization against Tetanus infection, Supplementation with vitamin A, Folic acid & Iron, Delivery, outreaching post Partum visits and Family Planning interventions, and the health team providing

45 International Organizations (WHO, UNICEF, UNFPA and WB, 2005) estimate for MMR amount to 130 per 100 thousand live births which is much higher than the national figure. This estimate is obtained from adopting a model and both needs to be validated. The Lancet estimate for 2008 Published in 2010, is also different.

46 The Lancet, April. 2010.

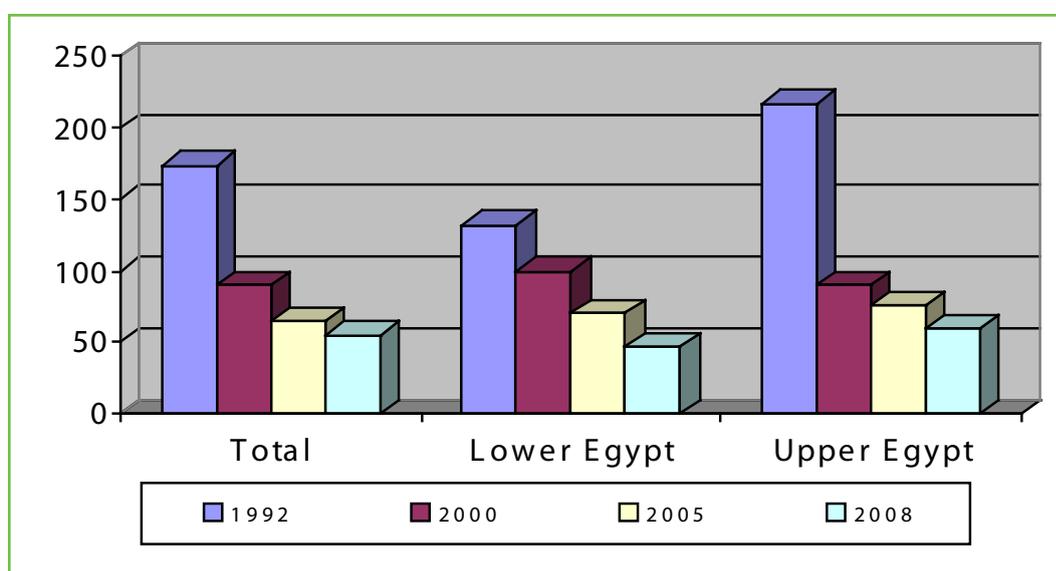
47 Source (MOHP, 2008)

care comprised; Physicians, Nurses, Midwives, Lab technicians, Clerks and Sanitarians. Referral system for cases needing emergency obstetric care is available to district and general hospitals where obstetricians provide this care.

Yet delay in outreaching health facilities and in the provision of care as well as the delay in referral for emergency obstetric services, are still among the challenges threatening maternal health. In addition, regional inequality in the provision of health care and the unequal distribution of trained health providers as well as the deficiency in the number of emergency obstetric care facilities, are added constraints.

Disparities in Maternal Mortality Ratio by geographical, regional and socioeconomic

Figure 20: Maternal Mortality Ratio by regions



Source: NMMSS, MOH, 2009

The differences in the estimated levels of MMR by regions and governorates are documented from available data and the recorded progress at the national level is obscuring such disparities. A woman's residence, socioeconomic and education status are strong determinants of the utilization of maternity care and associated influence on MMR.

According to MOH (2008); estimated MMR for Upper Egypt governorates was 59 per 100,000 births while Lower Egypt registered 47 per 100,000 births. Egypt has scored a marked reduction between 1992 and 2008 approaching 68% in all Egypt, 64% in Lower Egypt and 72% in Upper Egypt. Marked differences were, reported among deaths of mothers in some Upper Egypt governorates. Disparities were, reported in (Assuit and Qena) and a death ratio of nearly 70 and 80 per 100 thousands births is describing the wide disparity in maternal mortality ratio in the same region.

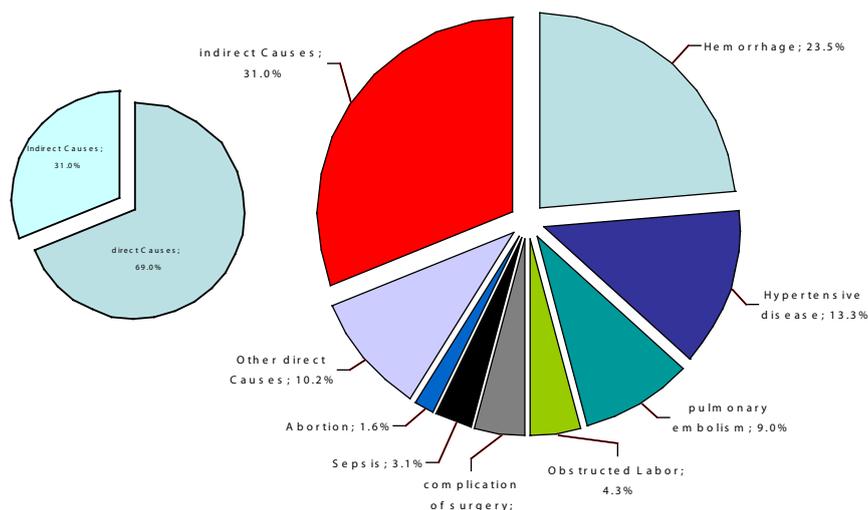
EDHS 2008 reported lower coverage rates of maternity services among rural women, especially in rural Upper Egypt region. Women in the lowest wealth quintile received less regular maternal care compared to women in the highest quintile.

Maternal mortalities are mostly preventable, especially those related to direct causes. Access of pregnant mothers to skilled care during delivery and provision of emergency obstetric care when necessary, have contributed to diminished levels of maternal mortality.

Percentage Distribution of Maternal Mortality by Reason of Death⁴⁸

Access of pregnant mothers to skilled care during delivery and provision of emergency obstetric care, when necessary, have contributed to diminished levels of maternal mortality.

Figure 21 Distribution of Maternal Mortality by Cause



Source (MOH, 2010)

In 2003, The MOH established the National Infection Control Program (NICP) aiming to reduce nosocomial infections. The program has had a significant role in reducing NCIs and all indicators are pointing out to reaching the goal.

The 2008 EDHS indicated that 79% of births were assisted by skilled attendants of delivery, and immediate post partum care. Medically assisted deliveries increased from 46% in 1995 to 79% in 2008. Physicians were the health personnel assisting 74% of deliveries and trained nurse or midwives 5%, while most of the remaining births were, assisted by dayas (TBA). Significant increase in the proportion of assisted deliveries was reported between 1988 and 2008. Substantial gain from one third of births was medically assisted in 1988 to almost 80% of them in 2008.

Although Egypt is enjoying a surplus of health providers, nearly one physician per 600 persons, their unequal distribution, especially in rural Upper Egypt, together with the rapid turn over of doctors, the drain of doctors and qualified nurses to other countries could explain the low percentages of medically assisted deliveries in rural Upper Egypt 53%. Midwives and Dayas usually assist at the delivery in rural areas especially in Upper Egypt where the culture encourage provision of maternity health care by a female provider. Dayas assisted almost one third of deliveries when the birth order is six or above. Maternal mortalities showing higher level in Upper Egypt as

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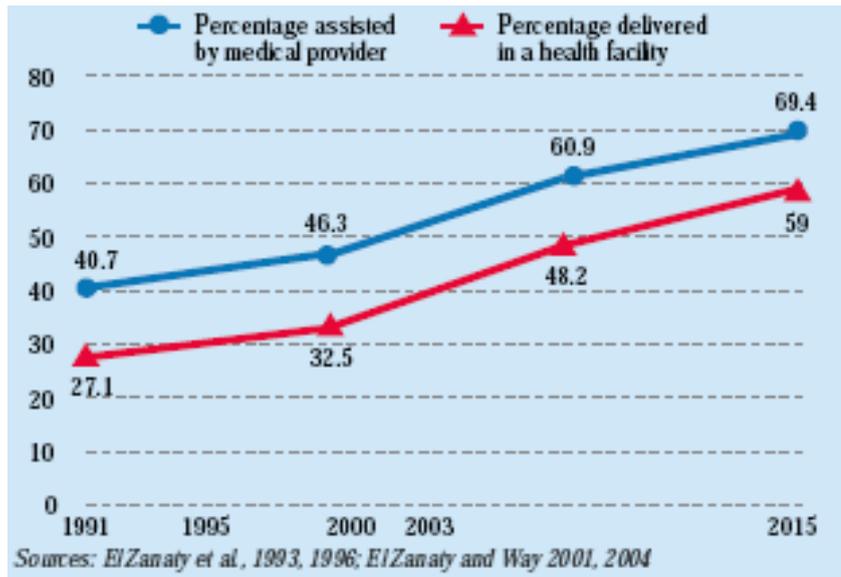
Contraceptive use
has doubled during
the period between
1980 and 1992 from
24% to 48% and
reached 60% in 2008

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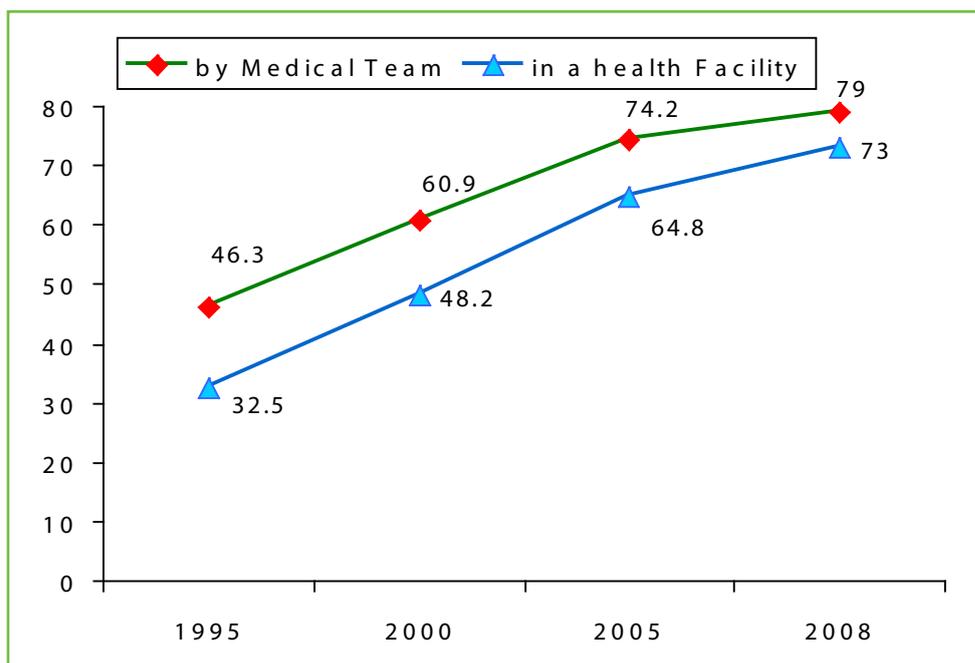
only 60% of mothers were assisted by a skilled provider in delivering births compared to 80% of women nationwide, yet still less than the global consensus aiming at expanding medically assisted deliveries to reach 90% of births, the majority would be provided by a doctor in a well equipped facility and accessible referral system.

Figure 22 Medically Assisted at Delivery and Who's Mothers Delivered in a Health Facility, 1992-2003



Disparities are still noticeable, medically assisted deliveries reached 90% in urban areas compared to 72% in rural areas, however significant progress is being noticed for the latter area, since it recorded a gain of 53 % points between the years 1988-2008 compared to only about 33 points in urban areas.

Figure 23 Assisted Delivery by Region, EDHS, 2008



Target 8: Achieve, by 2015, universal access to reproductive health.

Both levels and patterns of contraceptive use in Egypt had shown positive changes. Contraceptive use has doubled during the period between 1980 and 1992 from 24% to 48% and reached 60% in 2008. Married women not currently using any contraceptive methods, by that date, had decreased significantly by nearly 25% from 1980 – 1992 and almost by 50% till 2003, although a plateau was observed since and nearly 40 % of currently married women are not using any contraceptives. However, achieving the target of increasing contraceptives utilization rate to nearly 70% among needy women by 2015, is still very challenging taking into consideration the level of progress in prevalence achieved over the past 15 years.

Dramatic shift from pill use to IUD was reported over the years. Pill users decrease from 16.6% in 1980 to 11.9% in 2008, while IUD users jumped from 4.1% to 36.1% in the same period. Urban women were more likely to be using contraceptives than rural women 64% and 58% respectively.

Regional disparity was reported as women in Lower Egypt recorded more use rates 64% than in Upper Egypt 53%. Within Upper Egypt, Urban rural differential is observed where contraceptive use among rural women is markedly lower than among urban women, while such difference is much narrow in Lower Egypt where 64% of rural women are using compared to 66% in urban areas.

Differences in current use, by various characteristics of women are noticeable from the EDHS, 2008. The prevalence increased by current age, from 23% among 15-19 women to 74% among women 35-39 years, and among women with more than one child, to peak up at 76% among women with three children, and for women with higher education levels, as well as those enjoying better economic status and were paid in cash compared to unemployed women (68% versus 59% respectively).

Women users were more likely to obtain the contraceptive method from a public governmental source than from a private sector; 60% and 40% respectively, which are also the main source for injectables, especially rural health units, while Pill is mainly obtained from pharmacies (70 % of users).

According 2008 EDHS, adolescent's fertility level (15-19 age groups) is 50 per thousand women compared to around 73 in the year 1990-1991. Changes in fertility patterns among adolescents using information from retrospective birth histories in the twenty years period preceding the 2008 EDHS confirmed this marked reduction in the fertility level for the 15-19 age groups. Overall adolescent fertility rate decreased from 80 births per 1000 woman to 50 births during the 15-19 years before 2008 EDHS. Teenage fertility is a major concern to healthy motherhood because mothers and their children are at high risk of mortality and serious morbidities.

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Disparities show that in rural areas teenage fertility, % of women who have started childbearing, reached 12.3 almost twice the level in urban areas 6.5%

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The proportion of women who had begun childbearing rises rapidly from less than 1% among 15 year olds to 7% among 17 year olds, 13% among 18 year olds to 16% among 19 year olds. Researches related higher maternal deaths to adolescent childbearing world wide accounting for 70,000 deaths each year. If the mother is under the age of 18, her infant's risk of dying in the first year of life is 60% greater than that of an infant born to older mothers. Disparities show that in rural areas teenage fertility, as indicated by the percentage of women who have begun childbearing, reached 12.3 %, almost twice the level in urban areas 6.5%. Rural Upper Egypt has the highest level 14% while lower rates were recorded in rural Lower Egypt 10%. Urban governorates and urban Lower Egypt recorded the lowest rate of 5% adolescent's women who have begun childbearing and motherhood.

Antenatal care services provided to Egyptian women in the five year period before the 2008 EDHS showed that women who had made antenatal visits to a trained medical provider approached 74% of births. Women who had fulfilled the minimum recommended four antenatal care visits for nearly two thirds of births and the private sector provided more than twice the public sector (55% and 19% respectively). Regional inequality in antenatal care is observed, only two thirds (66.9%) of rural women get any type of care and nearly 57.4% had received regular care (4 or more visits) in comparison to 80% of urban women. Upper Egypt is still lagging behind Lower Egypt, especially rural areas where almost half of pregnant women received regular antenatal care (four and more visits).

Tetanus Toxoid (TT) vaccinations are given to pregnant women to prevent tetanus infection to mothers and their born neonates. Full protection from tetanus is considered when a mother received two TT injections during pregnancy or had TT injection during pregnancy plus an additional injection in the 10 years prior to the pregnancy

The Unmet need for family planning is nearly 9% in Egypt in 2008 and it is declining over the years when it was about 20% during the last decade, especially in rural Upper Egypt. Women who reported not wanting any more children or wanting to delay the birth of the next child is not using contraceptives constitute the needy group. About a third of this need represented a desire to space the next birth and the others show interest in limiting births. The majority of this group is rural Upper Egypt women.

Reasons for contraceptive discontinuation provide information that allows better understanding of unmet needs for family planning among the needy group. Factors related to the quality of services such as method failure and women becoming pregnant explained 9% of discontinuity cases, while side effects and health concerns were found in three in ten of discontinuing women. Contact with a health provider and having an opportunity for confidential discussion about family planning issues showed that one third of non users paid a visit to a governmental health facility and 37% visited a private doctor during six months period preceding the EDHS (2008). More attention, by health providers, to family planning needs should be enhanced, since data indicates that 53% of women having 4+ living children and one third of those with 3 living children do not intend to use family planning, a situation suggesting that some missed opportunities for motivating non users should be addressed to achieve fertility replacement.

EMERGING ISSUES AND CHALLENGES:

The key challenges for progressing towards achieving MDG.5 are generally related to the lack of fully adopting effective policy and planning framework, based on reliable management information system, realistic budgeting strategy according to set priorities, and inter-sectoral linkages and partnership. Moreover, the challenges concerned with creating an enabling environment and benefiting from improvements in non-health related issues, are highly important. These include: improving the social status of women, increase enrollment in education especially for females

in rural communities, protect adolescent's women from early marriage and childbearing, increase the availability of local food in time of crisis for better women nutrition, and preserve natural un-renewable resources and preparedness against climate changes. At the same time, it is necessary to ensure political commitment, effective planning for introducing health sector reform strategies and best interventions, as well as mobilizing communities to respond to maternal needs and related health risks.

This comprehensive approach for identifying and prioritizing non-health related challenges would enhance opportunities to cope with the specified health challenges.

Regional disparities in delivery and utilization of maternal health care needs effective targeting to cope with geographical/ regional variations reflected by available utilization measures of maternal health services, particularly in rural Upper Egypt.

Deficiency in the number of emergency obstetric care (EOC) facilities and delay in provision of basic emergency care are main constraints towards reducing MMR, thus calling for strengthening such services.

Lack of sufficient skilled health providers and the low level of resources for both preparation and continuous training, as well as the imbalance distribution of health personnel at various levels, is affecting further efforts to reduce maternal mortality. The under investment in competency-based training in emergency obstetric care, deficiency in numbers of qualified nurses and preference of working in urban areas by most health providers ends up in mal-distribution of human health resources. A policy for better recruitment of health providers, need to put in place, especially with the adoption of the health reform system and the family doctor.

The absence of a comprehensive package for reproductive health care that responds to the needs is also among the challenges. The shortage of outreaching women's groups at different life cycles and meeting their reproductive needs, especially in family planning, hinder progress in achieving of targets and calls for the initiation of more effective partnership towards better women's health.

Poor health management information system that lead to the lack of accurate estimates for the level of MMR and a wide gap between such levels within national and international sources. The rapid speed in the reduction of maternal mortality rate and the differences when compared with international reports data, calls for more confirmation and validation of methods of data collection analysis and interpretation.

The impact of the global interrelated financial and economic crises on the health sector, especially for programs aiming at maternal and child health, can be reflected in possible reduction in the national budget allocated for health care. With a health spending

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**Enhance Community
Participation toward
the eradication
of Female Genital
Mutilation (FGM),**

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of around 4.5 % of GDP, any cuts would end in underinvestment in training, weak incentives and insufficient health equipments and supplies for obstetric care. This is also coupled with reduced international financial assistance to the country, especially for maternal health and family planning interventions.

Similarly, climate changes and the outbreaks of Avian influenza and H1N1 pandemic has potential influence on maternal health that led to more infection among women, especially pregnant, because of ecological vulnerability. In addition to increased mortalities, more burdens are put on the health care system which could affect comprehensive maternal and reproductive health care.

KEY SUCCESS POLICIES:

Egypt had a history of implementing some good practices associated with successful outputs relevant to the improvement of maternal health. Maintaining and investing in these good practices is important for further improvements.

The adoption of the safe motherhood initiative, in the nineties, provided a package of quality antenatal care and the establishment of basic emergency obstetric care (EOC) facilities. Nearly 32 maternity homes were established, where women living in remote areas can have the option of giving birth in a health site instead of at home. Encouraging family and community support through acceptance of an accompanying family member to support women during delivery. Twenty referral options for women needing emergency obstetric care in hospitals were set. A hospital for every 32,000–42,000 person, provide basic EOC, which covered around 15% of births that are likely to need such services. Effective immediate post-partum care was conducted in the 48 hours following birth. Impressive gains in MMR reduction from 174 to 84 between 1992 and 2000 was a direct impact of the safe motherhood initiative

Implementation of the high risk approach, by 2007, for universal coverage by Tetanus Toxoid (TT) vaccine to all women of childbearing age. This approach is building on the previous program of the nineties targeting women of reproductive age to receive 5 doses of TT vaccine, and primary school children to be given two doses of Diphtheria and Tetanus vaccine at six and ten years of age, in addition to the routine 5 doses of DPT given to preschool children. All these efforts had a direct effect on the reduction of maternal mortality rate to less than 1 death per 1000 births.

Improve accessibility to trained health providers in deliveries and creating a supportive environment, based on more understanding of the needs of women, was instrumental in that direction. A skill-based training program was implemented in Upper Egypt to target 1800 nurse midwife with an objective to reach 5000 nurse/ midwives to cover all PHC facilities. Moreover, traditional birth attendants (Dayas) were, outreached for midwifery training that helped in reducing maternal deaths in target areas of Upper Egypt.

Key intervention to improve the nutritional status of women through government's commitment to provide supplement micronutrients (Vitamin A and Iron) to pregnant women attending maternity health care facilities, and Vitamin A to mothers after delivery. Besides the universal coverage of iodized salt, enhanced support to maternal health.

Implementation of the Baby Friendly Hospital Initiative (BFHI) for promoting Breast Feeding (BF) had stressed the importance of exclusive BF for the first 6 months of a child's life in all maternity sites. This had led to an increase in rate of lactating amenorrhea and accordingly pregnancy spacing. However, recent figures of 2007 (UNICEF) reported a decrease in exclusive breast feeding, among

infants less than 6 months, to 38% resulting from non compliance to the BFHI.

Adoption of Integrated Management of Childhood Illness (IMCI) strategy since 1990, improved child survival and motivate pregnancy spacing and opportunities for better maternal health care.

Enhance Community Participation toward the eradication of Female Genital Mutilation (FGM), through the initiative of the National Council for Childhood and Motherhood (NCCM), outreaching villages that collectively accepted the initiative, through organizing events to increase awareness about the consequences of the practice and to encourage the population to struggle against FGM, will positively influence adolescent health and quality of life.

Ensuring the linkages with other social national successful interventions including the ratification of the CEDAW, complying with gender equity and better women status as well as empower women and girls through better education opportunities by joining functional literacy classes in Upper Egypt. This helped delaying the age of marriage of adolescent's girls and reduced risks of early childbearing. Similarly, issuing and implementing the child law, that increase female age at marriage to 18 years had helped in reduction of teenage marriage and thus pregnancy and motherhood. Proposals for setting a universal national health insurance scheme will increase access of poor women to better maternal/ reproductive health care.

ACCELERATING PROGRESS:

Adopt key policies and programmatic interventions to cope with the shortfalls in planning care delivery, human resources development and enabling environment, especially health related measures based on increased risks of maternal deaths during the first 24-48 hours after birth. This includes:

- Strengthen health systems to improve 24 hour post labor emergency obstetric care,
- Apply safe motherhood risk approach,
- Increase geographical coverage and access to basic emergency obstetrics care.

Ensure full coverage and equal distribution of physicians in different regions

Ensure skilled attendance at delivery, preferably by medical personnel, and adjust universal and equal distribution of physicians in different regions (2.28 provider/1000 persons) which would secure the presence of skilled providers for maternal/reproductive care, as well as upgrade the capacity of the medical team, especially improve



competency based midwifery training and female nurse midwives from local communities.

This should be linked to the health sector reform process where enabling policies and environment are strengthened including supportive intervention such as:

- Incentives to physicians working in Upper Egypt and remote areas, thus encouraging more geographical distribution of physicians.
- Adequate financing and revenue generation through recruitment of Family medicine practitioners in family health units in some governorates and sharing of the reached community in the service fees and cost of drugs.
- Expanding involvement of the private sector within contracting process for health insurance services
- Regular implementation of competency-based midwifery training to physicians working in primary care and EOC units. Such training is implemented by university staff coordinating with MOH and donors as the Pathfinder agency and the UNFPA. More attention is paid to Upper Egypt practitioners.
- Expand coverage of official maternity homes in most geographical areas and insurance of availability of skilled attendants in these sites.
- Referral system outreaching 265 hospitals distributed in capital cities and districts equipped with specialists and skilled physicians, where EOC and BEOC is available.
- Implementation of competency based midwifery training for qualified female nurse midwives. 5000 nurse will be outreached from local communities in order to substitute deficiency of physicians in remote and isolated areas in Upper Egypt.

Expand quality and efficient maternity services, responsive to local culture, such as benefiting from the assistance of trained birth attendant (Daya) to:

- Promote home delivery by traditional birth attendants in areas such as Upper Egypt, rural and remote locations,
- Upgrade referral system and ensure strong linkage between Dayas and the local health facility for timely interventions,
- Increase knowledge and life skills of pregnant women on the danger signs of maternal risks.

Expanding quality reproductive health services through increase community awareness about the importance of antenatal visits (at least once), by a skilled provider, expand immunization against neonatal tetanus for pregnant women, manage sexually transmitted diseases, including control of HIV and support balanced maternal nutrition and Vitamin A & Iron supplementation.

Promote delivery and post partum care through:

- Preventing delay in managing emergency obstetric care,
- Insure 24 hour hospital stay for supervision after delivery,
- Provide post-abortion care and reduce the risk of unsafe abortion.

Expand coverage and quality of family planning services to address the un-met needs and the large percentage of women discontinuing utilization of contraceptives during the first year of adoption. These require covering remote areas through fixed or mobile units as well as reduce unplanned and poorly timed pregnancies.

Expand quality reproductive health services and increase community awareness about the importance of enjoying reproductive care within the context of quality integrated antenatal care and programs of balanced maternal nutrition and micronutrients. This would also control adolescent's fertility, by encouraging the delay of first pregnancy and teenage childbearing focus on the management of STIs including control of HIV.

Creating enabling environment for better women life, that aims to increase their opportunities and accessibilities, ensure full implementation of relevant laws, expand youth friendly institutions addressing adolescent's needs and establish gender based information system supportive to decision making. Specifically, these might include:

- expanding basic education,
- increasing opportunities for women accessibility to literacy classes,
- improve gender based information system to be more supportive to decision making,
- foster community-based research,
- upgrade road construction system for remote and deprived areas,
- encourage voluntary access to blood banks,
- support actions fostering women empowerment and gender equity,
- expand youth friendly care institutions addressing adolescent's needs,
- advocate for the application of laws postponing early teenage marriage and childbearing,
- foster collaborative actions between partners working towards improving maternal health,
- fund community- based organization (CBO) targeting women employment & income generation⁴⁹.



49 See Annex 5 for list of reference pertaining to Goal 5

6

GOAL :
COMBAT HIV/AIDS, MALARIA AND OTHER
DISEASES



The rise in detected HIV infections is inspiring the need to precisely, identify the HIV epidemic status and the speed of its growth in the country. Special attention should be, directed toward strengthen data systems for its monitoring.

Targets for Malaria and Shistosomiasis are most likely to be achieved by 2015 while it is possible to be reached for Tuberculosis, by the specified time, if the current level is being sustained.

Concerning Viral hepatitis C and hepatitis B, serious challenges has to be dealt with and most likely would require extended period.

Target 9: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

- 6.1 HIV prevalence among population aged 1524- years
- 6.2 Condom use at last high-risk sex
- 6.3 Proportion of population aged 1524- years with comprehensive correct knowledge of HIV/AIDS
- 6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 1014- years

Target 10: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

- 6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs

Target 11: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

- 6.6 Incidence and death rates associated with malaria
- 6.7 Proportion of children under 5 sleeping under insecticide-treated bed nets
- 6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs
- 6.9 Incidence, prevalence and death rates associated with tuberculosis
- 6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course

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Half of HIV infected cases are, detected in urban settings and the share of youth and women are on rise

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GOAL 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

The need to identify the HIV epidemic status and the speed of its growth in the country, is gaining momentum, especially with the rise in detected HIV infections. Besides malaria, tuberculosis, schistosomiasis, HBV and HCV are covered.

Target 9: Have halted by 2015 and began to reverse the spread of HIV/AIDS

PROGRESS:

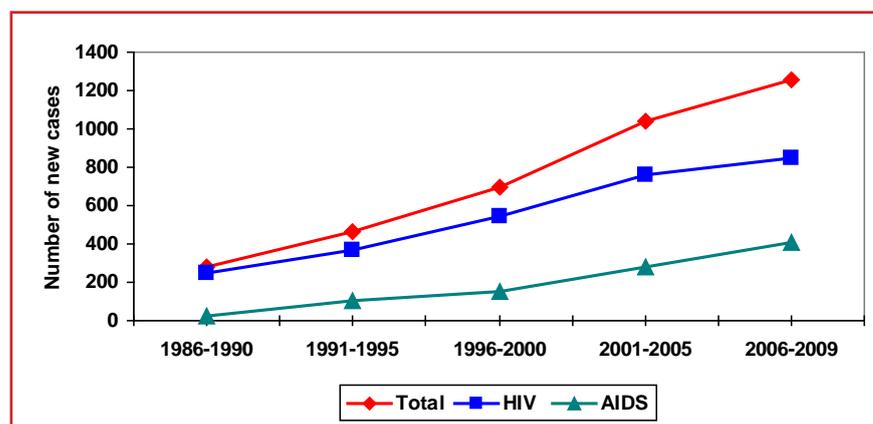
Egypt's first AIDS case was, declared in 1986, since then, there is a steady increase in the number of HIV/AIDS detected cases. Until the end of 2009, 3,919 HIV infected cases are detected, from them 2,920 (74.5 %) were Egyptians and 1,078 (27.5 %) developed AIDS (National AIDS Program, 2009; Ministry of Health, 2009). However, a higher estimates is provided by UNAIDS/WHO reaching 10,200 [7,100-19,000] HIV infected cases in Egypt till the year 2008. Both reported and estimated numbers are considered as low prevalence (<0.02%).

The under estimation in the national statistics is attributed to the limited active surveillance mechanism and the prevailing passive approach. Although blood banks and testing for travelers are not considered as part of the surveillance system, the National Aids program has a routine surveillance system including the following sentinel sites: STI clinics, TB clinics, Rehabilitation centers, Fever hospitals and ANC clinics, which are covering all governorates with monthly reporting system and a standard suspected case definition. Given the wide spread low perception of risk, few people present for HIV testing voluntarily and the surveillance relies mainly on blood screening and the passive reporting from Egyptians who are required to test negative by other countries for receiving a work permit or foreigners resident in Egypt.

Till the end of 2007, there are 2,183 HIV/AIDS cases reported in Egyptian nationals from them 766 (35.1 %) developed AIDS and 1,028 (47.1 %) died from AIDS related illnesses (National AIDS Program, 2008) which highlights the serious prognosis of the epidemic in the country.

Based on the cumulative number of HIV detected cases to the population size provides a rough estimate of the HIV burden in the country accounting for 2.9 per 100,000 population.

Figure 24 Number of new HIV/AIDS reported cases in Egypt, 1986-2000⁵⁰



50 Source: National AIDS Program, 2008; Ministry of Health, 2009

However, it is very difficult from the available information to assess the HIV epidemic status in the country or the speed of the HIV epidemic growth. No population based surveys have been conducted and thus at present there is no precise estimate to the HIV prevalence in Egypt. In the past years, Egypt has been considered in the first stage of “low HIV epidemic” of prevalence <1.0 % in the general population and did not exceed 5 % in any of the high risk groups. In 2007, the HIV prevalence in adults aged 15 years or above is estimated as 18 per 100,000 (World Health Organization, 2009).

The first round Biological and Behavioral Surveillance Survey (BBSS) undertaken by FHI (2006), which is the country's single active surveillance attempt in high risk groups, revealed that HIV prevalence in MSM (men who have sex with men) is 6.2% (FHI, 2006). It should be noted, however, that as a result of sample size the findings of the first round of BBSS cannot reflect the national level. The second phase of BBSS 2010 is currently conducted for MARPs and street children, although NAP conducted several biological, behavioral surveys and KAB studies, there is a need for more evidence to precisely estimate the HIV prevalence, the epidemic status and monitor the actual speed of epidemic growth in the country.

HIV epidemic has not so far emerged as a serious health threat in Egypt, however, the fear that the epidemic may be growing arises from several factors that need to be taken into consideration. First, Egypt experiences a wide range of HIV transmission routes (National AIDS Program, 2008), and unprotected sexual transmission is overwhelmingly responsible for new infections in the country.

Disparities are also noticeable. Half of HIV infected cases are, detected in urban settings and the share of youth and women are on rise. Until 2007, HIV infected cases were detected in almost all Egyptian governorates except South and North Sinai (Ministry of Health, 2009). However, there is marked variation in the cumulative number of HIV detected cases between the governorates. Highest numbers of HIV cases are, reported in Cairo, Giza, Alexandria, Gharbia and Dakahlia.

Governorates can be classified into four categories based on the prevalence:

- those of at least 7 per 100,000 detected cases (Cairo and Alexandria),
- those between 3 and less than 7 per 100,000 (Gharbia, Giza and Fayoum),
- those between 2 and less than 3 per 100,000 (Suez, Port Said, Aswan, Kalyoubia, Menoufia and Dakahlia) and

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Between 2000 and 2008, 84.3 % of the HIV infected Egyptians were between 15-49 years

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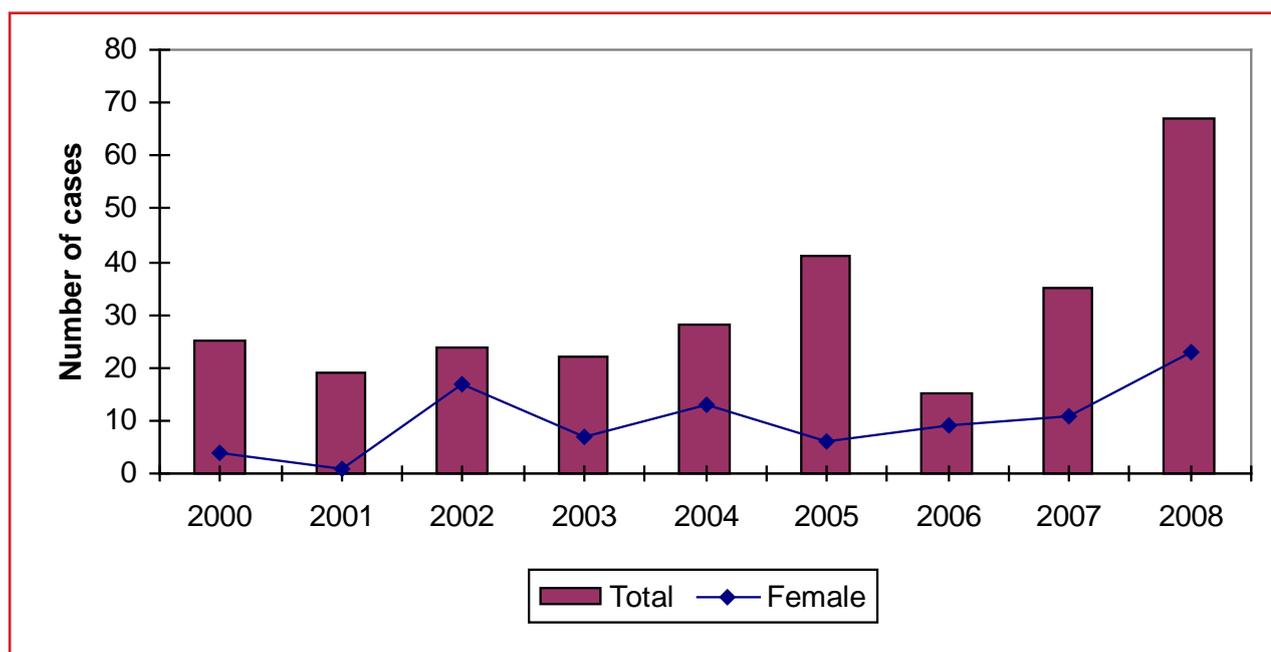


- those with less than 2 per 100,000 (Damiatta, Sharkia, Kafr El Sheikh, Behera, Ismailia, Beni Sueif, Menia, Assuit, Souhag, Qena, Luxor and Frontier governorates).

This marked variation could be, partly explained by the urban life style exposing citizens to HIV risk, the density of the population seeking work abroad or probably to the concentration of the HIV programs in the big cities, especially in the early years of the epidemic.

Disparities by age and gender are also apparent from the data. HIV is prevalent among the most productive Egyptian population. Between 2000 and 2008, 84.3 % of the HIV infected Egyptians were between 15-49 years (Ministry of Health, 2009). There is an increase in the number of detected HIV infections in the youth and the share of those between 15-24 years is 14.1% of all detected HIV infections. At the same time, between 2000 and 2008, 77.5% of HIV detected cases were in men, especially since cultural norms may trap them in damaging patterns of risk behaviors, as practicing unprotected sex or injecting drugs which are increasingly recognized as fundamental forces that boost men's health vulnerabilities, while the number of infected females aged 15-24 years accounted for 24.2 % of all HIV detected cases in Egyptian youth and showed an upward trend.

Figure 25 Annual numbers of HIV/AIDS detected cases in the age group 15-24 years⁵¹

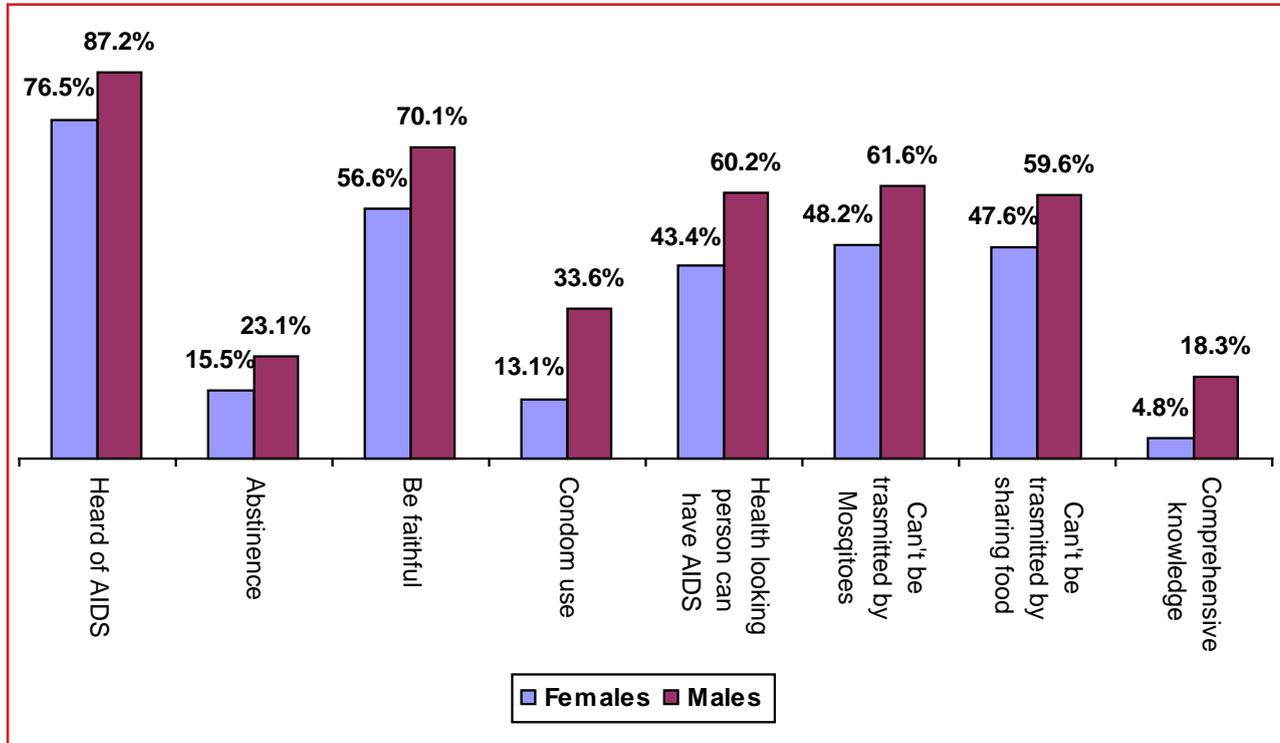


Persistent low comprehensive HIV knowledge, insufficient condom use and unavailable national data on children orphaned by AIDS are, confirmed by recent data. According to EDHS 2008, comprehensive HIV knowledge remains insufficient in the population aged 15-24 years, especially females. Abstinence and condom use are the least to be, recognized as prevention measures. Several misconceptions exist and comprehensive HIV knowledge is unacceptably low in 15-24 years old group accounting for 11.2%. Between 2005 and 2008 females aged 15-24 years did not show any remarkable improvement in comprehensive HIV knowledge⁵².

51 Source: Ministry of Health, 2009

52 4.3 % in 2005 versus 4.8 % in 2009

Figure 26 HIV Comprehensive knowledge in the population aged 15-24 years⁵³



Until present, there are no national statistics on the number of children orphaned by AIDS. International sources estimate that number of children orphaned by AIDS has increased from 1,000 [$<1,000-1,500$] in 2004 to 1,700 [$1,100-2,800$] in 2008. The ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years is not available in Egypt.

Target 10: Proportion of population with advanced HIV infection with access to antiretroviral drugs

PROGRESS:

In 2005, 200 PLHIV were receiving antiretroviral drugs (ARVs), the number has increased to 318 PLHIV in 2007 and to 373 in 2009 (National AIDS Program, 2009). According to the NAP, 332 out of 1,400 adults with advanced HIV infection (23.0% of the lowest projected bracket of the estimate) and 27 out of 100 children with advanced HIV infection (27.0% of the lowest projected bracket of the estimate) receive ARVs. Moreover, 11 out of HIV positive pregnant women receive ARVs to reduce the risk of mother-to-child transmission (21.2% of NAP estimates for mothers needing PMTCT) and 3 out of 190 with



53 Source: El Zanaty et al. 2009

HIV and TB co-infections receive ARVs (1.6%). Second line ARVs has been, introduced in the country, through the Global Fund and is procured by UNICEF, although resistance and viral load tests are still not available in the country.

Egypt's provide ARVs free of charge to all people living with HIV/AIDS that are eligible to treatment according to WHO recommendations through 6 dispensing sites distributed geographically to ensure universal access.

Target 11: Have halted by 2015 and begun to reverse the incidence of Malaria and other major diseases

PROGRESS:

Egypt has succeeded in rolling back malaria; however, the country might be in the path of imported cases. As the country is geographically located close to malaria endemic areas, exogenous cases are still reported. Between 1998 and 2009, 442 imported malaria cases occurred in the country, the majority (93.0%) are plasmodium falciparum imported either through the southern border with Sudan or Egyptians returning from malaria endemic countries (Ministry of Health, 2010). There was a peak in 2003 as 30 athletes were infected during the African Olympic Games in Abuja-Nigeria. Consequently, Egypt must remain alert to the exogenous Malaria threat.

Tuberculosis is regressing. Egypt has achieved the global targets in case detection and treatment success and is ranked as a country with intermediate incidence of Tuberculosis (TB) in the Eastern Mediterranean Region (EMR). In 2008, TB incidence rate was 19 per 100,000 and prevalence was 24 per 100,000 and TB death rate dropped to 3.1 per 100 thousands (World Health Organization, 2009). Egypt is classified as one of the 36 worldwide countries having achieved the global targets in both case detection and treatment success under DOTS (World Health Organization, 2009). In 2008, the case detection rate of positive cases in Egypt was 78% (global target is 70%) and treatment success rate was 88% (global target is 85%).

The prevalence of schistosomiasis in Egypt is showing a steady decline. It was only found in the Delta, however, since 1997, intestinal schistosomiasis seems to be appearing in Upper Egypt, in the governorates of Giza, Menya, and Assiut as a result of the changed irrigation system. Between 1993 and 2009, the prevalence of intestinal schistosomiasis dropped from 14.8% to 0.4% and the prevalence of urinary schistosomiasis (which is prevalent in Upper Egypt governorates) dropped from 6.6% to 0.5%⁵⁴.

Hepatitis B and hepatitis C viral infections are the leading causes of death in Egypt carrying unresolved inequities and gender issues.

Hepatitis B virus (HBV) and hepatitis C virus (HCV) are among the major health threats and leading causes of death in Egypt. HBV and HCV share with HIV many common characteristics.

Egypt is facing an HCV epidemic and has higher rates of HCV infection than neighboring countries, as well as other countries in the world with comparable infectious control measures. HBV infection in Egypt is of intermediate endemicity ranging from 2-8%. Screening of blood in 2006 has revealed that 1.1% of collected blood bags all over the country were HBV positive (Ministry of Health, 2008). The

majority of HBV infection is, acquired through unsafe sex, infected blood and blood products; however, vertical transmission from mother to child was also, reported. Egypt has included the anti-Hepatitis B vaccine in the expanded program of immunization for children in 1992, and made it available for high risk groups and the public.

Egypt is facing an HCV epidemic and has higher rates of HCV infection than neighboring countries, as well as other countries in the world with comparable infectious control measures. Nationally, 9.8 % of the total population has active HCV infection on PCR-RNA test (El Zanaty et al, 2009). HCV is prevalent in all governorates; Lower Egypt shows the highest prevalence (11.5%) in the country followed by Upper Egypt (10.2%) while least prevalence is in urban governorates (6.2%). Rural areas carry the toll of HCV infection (11.9%) than urban areas (7.2%).

EMERGING ISSUES AND CHALLENGES:

Numerous challenges face the national efforts and need to be resolved to optimize expected outcomes:

- **The health system suffers from immobilized intersectoral approach, insufficient health expenditure** putting pressure on the household income, imbalance in the health workforce, and overburden of the Ministry of Health services with the infectious disease strategy and inadequate health information system.
- **The disease-specific programs face several constraints** that should not be, considered in isolation from the national health system.
- **The HIV interventions suffer from severe stigma** towards most at risk populations and People living with HIV and HIV-related discrimination.
- **Malaria** programs are challenged by geographic location of the country and vector existence
- **Tuberculosis programs are challenged by socio-demographic factors**, smoking habits and growing HIV epidemic.
- **Low health awareness and hard-to-change behavioral patterns** are the result of poverty and illiteracy, compounded with the low access to safe water and low sanitation coverage, are the root causes behind the problems facing national efforts to eradicate schistosomiasis.
- **Unsafe practice and stigma towards most at risk populations** are among the challenges facing HBV and HCV control.

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**Egypt is ranked
as a country with
intermediate
incidence of
Tuberculosis (TB)
in the Eastern
Mediterranean
Region (EMR).**

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- **The global crises** is intimately linked to unemployment; poverty; cutting spending on prevention programs, capacity building, research, interventions targeting non-priority diseases (as HIV or HBV) or controlled diseases (as malaria, TB and schistosomiasis); increased cost of medical care; increased financial burden on household income; discrimination against the vulnerable groups and stigmatized subpopulations; and increased risk to various diseases from unhealthy life style and practice of risk behaviors.
- **Egypt's report on climate change** predicted a rise in temperature by more than 2oC in the coming 50 years, along with changes in precipitation and other climatic variables. Climate change leads to extreme air temperatures and higher levels of some air pollutants known to increase mortality from cardiovascular and respiratory diseases, as well as trigger allergic conditions notably bronchial asthma. A warmer weather with more variable precipitation is the required medium for the growth of pathogens especially if augmented by reduction in the available safe water and poor environmental sanitation. These factors create opportunities for breeding of vector carrying diseases as malaria and schistosomiasis, as well as increased incidence of bacterial and viral infections notably diarrheal diseases as cholera. In addition, climate change gradually builds-up pressure on the economic and social systems to sustain health which are already under stress in the country.

The global crises and climate change are major direct and indirect determinants of health. Up-to-date, the health impact of these challenges has been insufficiently addressed in Egypt. Several scenarios are expected and necessitate more future in-depth analysis.

KEY SUCCESS POLICIES:

Egypt constitution states that health care should be available for every individual and the Government of Egypt is committed to the improvement of population health and well-being. The constitution pronounced free medical care as a basic right for all Egyptians without any form of discrimination. In 1998, the MOH has launched the health sector reform program with the basic benefit package delivered through primary health care (PHC) using the Family Health Model in order to improve population health and promote health equity. The strength of the health care system in Egypt lies in its wide network of health care facilities in public, private and NGO sectors allowing good geographic accessibility.

There are several successful interventions in Egypt aiming at halting the HIV epidemic and supporting people living with HIV. The "Biological and Behavioral Surveillance Survey", the "Harm Reduction program", the "HIV Risk Reduction among Vulnerable Young Men in Egypt", "Strengthening HIV prevention, treatment, care and support services in prisons and community aftercare services in Egypt", the "Home-based Care" and the "Scaling Up Outreach to Vulnerable Women for Vulnerability Reduction in Cairo" are among these efforts.

Egypt control efforts fall under Sustaining the implementation of the government's strategy to keep the country free from Malaria that was applied through 250 Malaria units and subunits scattered allover the country. Moreover, surveillance activity are strengthened for early detection and treatment of affected cases; eradication of Malaria vector; and provision of anti-malarial drugs.

A complete scientific plan of action for TB Control was set and DOTS strategy was, implemented progressively in the country. This includes ensuring full coverage (MOH has 85 chest clinic facilities and

32 chest hospitals, 38 chest dispensaries and 6 chest departments, in addition to 4,800 PHC units), as well as a competent network of well-equipped laboratories, to identify the infectious cases.

The current strategy, to fight schistosomiasis and other intestinal parasites, seeks to control snail vectors of endemic diseases and apply curative campaigns to schoolchildren and general rural public in locations where prevalence rates are high. The MOH aims at raising public awareness of the disease through intensive mass media campaigns and works under the government's national plan to ensure safe drinking water and proper sanitation especially in rural areas.

To provide evidence on the magnitude of infectious diseases and monitor health outcomes, the MOH established NEDSS, to collect and analyze data on 26 priority infectious diseases. Egypt has included the anti-Hepatitis B vaccine in the expanded program of immunization for children in 1992, and made it available for high-risk groups and the public. In addition, EDHS 2008 provided active surveillance, collected blood samples to estimate HCV prevalence in the population and provide baseline for monitoring the HCV epidemic trend in the country.

ACCELERATING PROGRESS:

Egypt needs a comprehensive package that consolidates the small-dispersed interventions to an integrated double-armed strategy. One arm operating on the health system's level to strengthen national efforts and build a strong foundation giving space to disease-specific interventions to operate more effectively and efficiently, in addition to preparing the health system for emerging health challenges. The other arm should look to eliminating any constraints confronting disease-specific interventions, as well as sparing efforts to participate in health system's strengthening.

Health system strengthening:

- Revitalizing PHC into a comprehensive inter-sectoral package
- Enforcing health care and support for the population
- Supporting national expenditure on health
- Reorganizing the health workforce and building clinical and public health capacities
- Strengthening the country's capacity to generate health strategic evidence and enhance the use of evidence in policy decision making

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HBV infection

in Egypt is of

intermediate

endemicity ranging

from 2-8%.

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HIV/AIDS interventions:

- Develop an HIV resource center to fill the gap in HIV strategic information by generating evidence and making best use of HIV information to guide HIV policies and interventions, as well as build HIV managerial and technical capacities.
- Enhance the active surveillance mechanism in MARPs and vulnerable groups according to a national plan at regular intervals and make use of the coming DHS rounds to identify population-based HIV estimates and monitor trend.
- Set an integrated plan of action to organize and expand the ongoing sentinel services, outreach programs and VCT centers to interrupt transmission in MARPs and build a referral mechanism for health care services.
- Enhance the home-based care for PLHIV and assess the feasibility of scaling up HIV services in PHC, reproductive health services, sentinel sites or liver centers.
- Ensure accessibility and quality syndrome diagnosis and treatment of AIDS patients by skilled health care providers in non-stigmatized infectious disease departments within the health care facilities to enhance case detection and management.
- Develop context-specific communication strategy engaging the society at large to improve public awareness and eliminate all forms of stigma and discrimination against MARPs and PLHIV.

Malaria: Supporting the Malaria Control Program in monitoring the disease and improving malaria prevention, case finding and management

Tuberculosis:

- Sustain political commitment, build TB human resources and ensure availability of resources and drugs to maintaining high quality DOTS case detection and treatment success.
- Build a monitoring and evaluation system to support the national efforts in maintaining effective, efficient and equitable TB interventions.
- Empower people with TB by improving TB knowledge, facilitating access to health services, setting a strategy to bring services to where people live and establishing a working partnership between the health sector, the community and TB patients.
- Create a mechanism of collaboration between TB and HIV interventions to reduce the burden of TB among PLHIV and reduce the burden of HIV among TB patients.
- Set TB research agenda to coordinate plans and actions to ensure that research needs are addressed and gaps filled.

Schistosomiasis:

- Support the national program in monitoring schistosomiasis
- Integrate schistosomiasis control in PHC in high prevalence areas

- Support current efforts to changing behaviors and raising awareness.

HBV and HCV:

- Support the national efforts in monitoring HBV and HCV including home-based services and care.
- Fill the gap in HBV and HCV strategic information
- Improve HBV and HCV case finding and management
- Prevent consequent related liver cirrhosis and HCC.

Global crises & climate change:

- Support the national capacities in addressing the health consequences of global crises and climate change
- Ensure high quality monitoring of air, water and food safety
- Provide evidence to guide policy decision making⁵⁵.

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Egypt needs a comprehensive package that consolidates the small-dispersed interventions to an integrated double-armed strategy

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55 See Annex 6 for list of reference pertaining to Goal 6

7

GOAL :
ENSURE ENVIRONMENTAL SUSTAINABILITY



Egypt formulated and endorsed the National Environmental Action Plan (NEAP) covering all aspects of sustainable development and established the national committee for sustainable development to operate such plan.

Government commitment manifested in issuing the "Framework of the National Strategy for Sustainable Development and Methodology of Preparing the Indicators", and units are, formulated, in some ministries, to initiate the development of such indicators.

Progress have been achieved in the areas of expanding forests, rationalizing the management and utilization of natural resources, increasing the proportion of those using improved drinking water sources and sanitation as well as reducing the number living in slum areas.

However, environmental sustainability remains a challenge that needs coordinated efforts to cope with the prevailing problems resulting from the growing demand on natural resources and the high levels of population growth.

Target 12: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Target 13: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

- 7.1 Proportion of land area covered by forest
- 7.2 CO₂ emissions, total, per capita and per \$1 GDP (PPP)
- 7.3 Consumption of ozone-depleting substances
- 7.4 Proportion of fish stocks within safe biological limits
- 7.5 Proportion of total water resources used
- 7.6 Proportion of terrestrial and marine areas protected
- 7.7 Proportion of species threatened with extinction

Target 14: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

- 7.8 Proportion of population using an improved drinking water source
- 7.9 Proportion of population using an improved sanitation facility

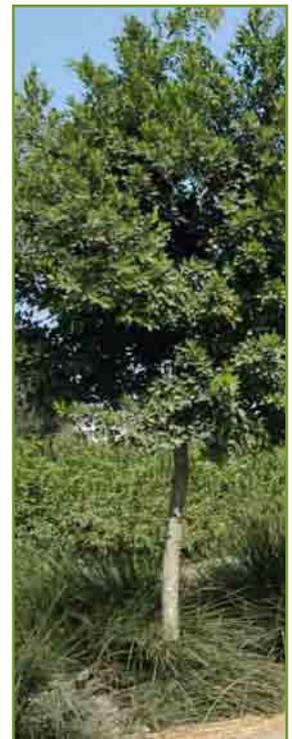
Target 15: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

- 7.10 Proportion of urban population living in slums

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Egypt is a party to
Montreal protocol
on Ozone Protection
and has developed
a national strategy

”



GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

This goal covers different types of targets; the first is related to the natural environmental resources or the ecological system (land, air, water and biological diversity) while the second is related to the environmental related services or the Man Made environment (Drinking water & Sanitation) and finally one related to the urban environment (housing quality)⁵⁶.

Target 12: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Target 13: Reduce biodiversity loss, achieving, by 2010 a significant REDUCTIONS in the rate of loss.

PROGRESS:

Proportion of land area covered by forest: Natural forests are not one of the natural environmental resources characterizing Egypt. A program for the Safe use of treated wastewater is, implemented; aiming at planting 400 thousand feddan forests by using 2.4 billion m³ treated wastewater. In 2008-2009: a total 11776 feddans was, planted and another 15024 feddans are under implementation, thus planted forests would reach an area of about 26800 feddans. The rate of progress achieved seems low. Disparities between governorates are not relevant.

CO₂ emissions, total, per capita and per\$1GDP (PPP)

The first is an indicator related to air quality, the phenomenon of Green House Gases (GHG) and climate changes. Although the CO₂ emissions level increased (from 116.6 Mt CO₂ equivalent to reach 226.6Mt CO₂ equivalent In 2007, i.e. about 93% increase), the green house gases still represents a very small percentage of the global yearly emissions (about 0.96%). Sources of CO₂ emissions include; energy production, industrial activities, burning agriculture and municipal waste, vehicles exhaust and other activities. Strategies are being, implemented to control CO₂ emissions from these sources.

The Impact of Climate Changes is, expected to be noticeable for different sectors but the most vulnerable sectors are water resources, agriculture, livestock and food resources, coastal zones, tourism and health. Egypt is exerting great efforts to reduce the emissions of Green House Gases and mitigate the negative impacts of climate change. Among these efforts are:

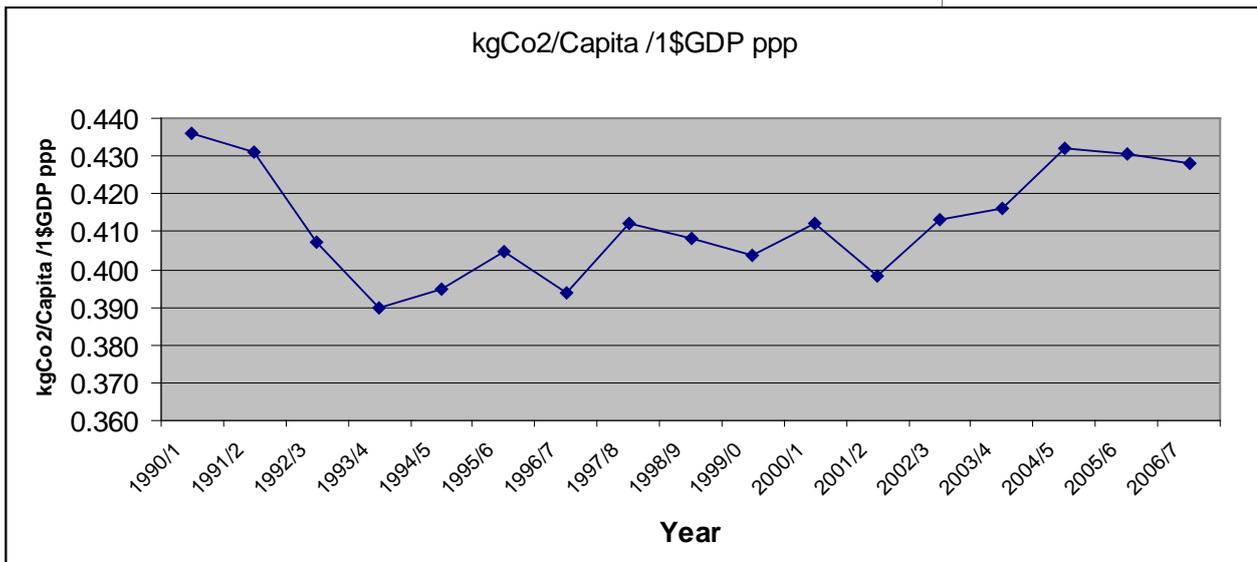
- Ratification of the UN Framework Convention on Climate Changes (UNFCCC) and Kyoto protocol and is committed to any obligation.
- Institutional formation of a National Committee of Climate Changes to manage all issues related to climate changes.
- Make use of the three mechanisms of the Kyoto protocol for the reduction of GHG emissions: the Clean Development Mechanism (CDM), Joint Implementation and Emissions Trading.

CDM applications aim to implement projects that reduce GHG emissions from different sectors such as industry, waste recycling, transport, and forestations. These projects contribute to achieving sustainable development goals, improving and upgrading some major sectors such as energy,

⁵⁶ Some MDGs indicators are not applicable for Egypt, such as forest area, and need to be redefined in view of the national situation.

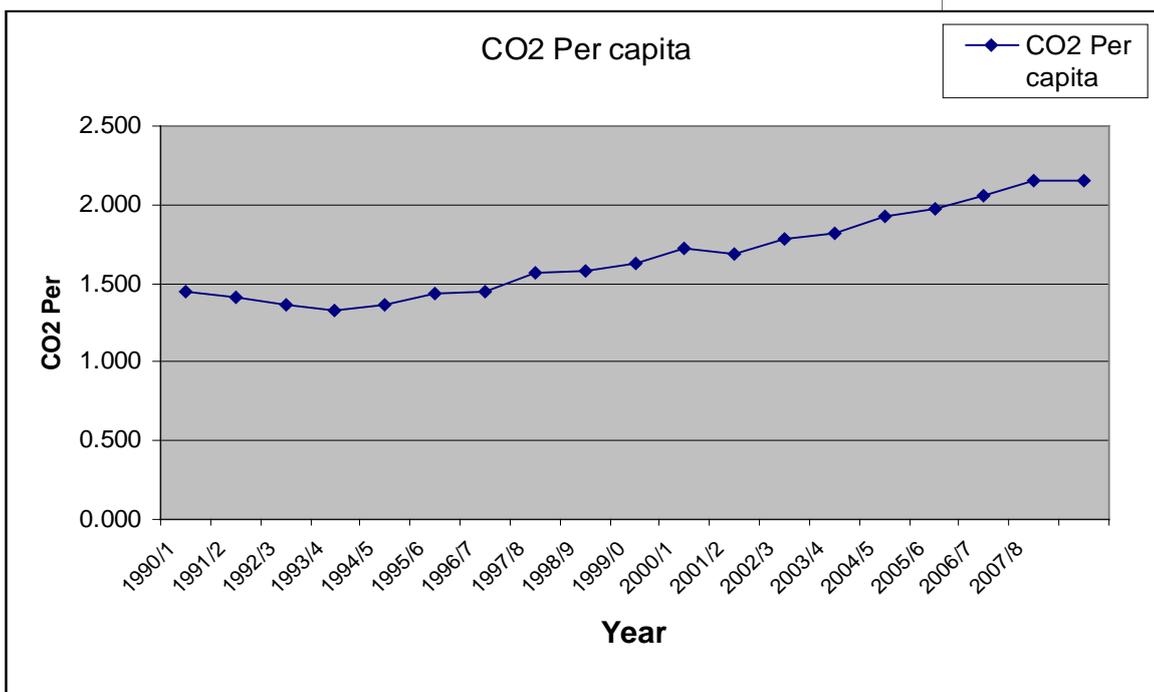
waste, transportation in addition to creating job opportunities, and produce additional financial return. CDM Projects, which had been approved during 2008, have an investment cost up to \$ 66 million USD. They reduce greenhouse gases emissions by up to about 0.9 million tons of carbon dioxide equivalent.

Figure 27 Carbon dioxide emissions per capita per \$1 GDP (PPP)



Source: Egypt State of Environment Report 2007, December 2008

Figure 28 Carbon Dioxide Emission Per Capita



Source: Egypt State of Environment Report 2007, December 2008

Table (7-1) Carbon Dioxide Emission, Total per capita and per \$ GPD (PPPs)

year	Quantity mill ton*	Mid. year pop**	CO2 Per capita	GDPper ***capita, ppp\$	kgCo2/Capita/1\$GDP ppp
1990/1	75	51911	1.445	3312.57	0.436
1991/2	75	52985	1.415	3281.1	0.431
1992/3	74	54082	1.368	3360.85	0.407
1993/4	73	55201	1.322	3391.02	0.390
1994/5	77	56344	1.367	3464.02	0.395
1995/6	83	57642	1.44	3558.31	0.405
1996/7	85	58835	1.445	3667.49	0.394
1997/8	94	60053	1.565	3796.7	0.412
1998/9	97	61296	1.582	3876.9	0.408
1999/0	102	62565	1.63	4038.4	0.404
2000/1	110	63860	1.723	4178.23	0.412
2001/2	110.2	65182	1.691	4247.02	0.398
2002/3	118.3	66531	1.778	4303.16	0.413
2003/4	123.2	67908	1.814	4360.7	0.416
2004/5	133.5	69313	1.926	4459.85	0.432
2005/6	139.4	70748	1.97	4574.05	0.431
2006/7	148.5	72212	2.056	4800.33	0.428
2007/8	158.47	73644	2.152		
2008/9	162.398	75225	2.159		

Excluding the consumption of natural gas in industry sector, for non-energy purposes.

* Data till 2006/2007: Egypt figures 2009, CAPMAS. Data for 2007/2008, 2008/2009: MSEA **CAPMAS
 *** World Bank 2008

Consumption of Ozone depleting substances (ODS)

Egypt is a party to Montreal protocol on Ozone Protection and has developed a national strategy. The national target and the work plan regarding ODS, banned the importation of the ODS and succeeded in reducing consumption of these substances and achieving the national target.

Consumption of ozone depleting CFC has decreased gradually during the period 1999 to 2006. The reduction continued during 2008 and 2009 where it reached 249 and 202 tons respectively. Efforts are being made to completely phase-out use of ozone-depleting substances in all sectors.

These achievements have occurred through:

- The ratification of the Vienna Convention and Montréal Protocol on Ozone Layer Protection and commitment to their obligations.
- Good and strong collaborative relationships with all other parties
- Development of the Egyptian Program for protecting the Ozone Layer including all activities (by size) that needs to use alternatives to these chemicals.
- Set a policy and regulations to facilitate compliance with Montreal Protocol without prejudice to development programs or impacting priorities set by the government for sustainable development.
- Facilitate use of advanced cleaner technology.
- Banning the importation of the Ozone depleting Substances and thus resulted in decreasing consumption of these substances.
- Raising awareness on the negative impacts of Ozone depletion.

The Egyptian Strategy aimed to final phase-out use of 822 tons of CFC that is, used in refrigeration, air-conditioning, and phasing out use of great deal of ozone depleting substances and replacing them with environment-friendly alternatives in many industrial sectors. It is clear that this aim has been, achieved before the year 2010.

Proportion of Fish Stocks within Safe Biological Limits

No sufficient data to allow proper monitor its progress.

Proportion of total Water Resources used

Due to the rapid population growth and fixed quantity of Nile Water resources⁵⁷, the average per capita quota reached about 738 m³ per year in 2008, which is less than the world water scarcity limit⁵⁸. This situation reflects the problem of scarcity of water resources and the need to provide water sources to meet the increasing demand fostered by national development plans, in all sectors: agriculture, industrial, municipal, energy,...etc. The government of Egypt has developed a four pivots integrated plan to manage water resources. This integrated development approach, in collaboration with other stakeholders; is to be, implemented until 2017 through the five-year plans of concerned ministries and authorities, and includes many activities divided into the following four pivots:

57 55.5 billion m³ per year

58 1000 m³ /year



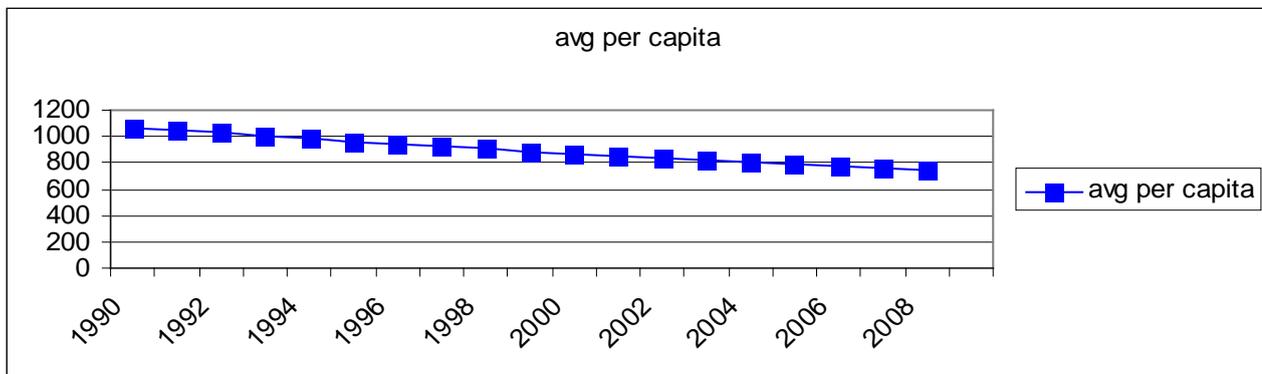
- Developing new water resources and cooperation with the Nile Basin countries.
- Improving efficient use of the present water resources.
- Protecting people's health and environment.
- Strengthening the institutional, legal and financial settings.

The Investment cost to implement this plan is about 145 billion Egyptian pounds⁵⁹ distributed between the concerned ministries as follows:

- 62% by Ministry of Housing, Utilities and New Urban Communities.
- 32% by Ministry of Water Resources and Irrigation.
- 5 % by the private sector
- 1%by ministries of: Agriculture, Industry, Health, Environment, And Local Development.

The operating cost for this plan is about 41 billion Egyptian pounds distributed between the concerned ministries as follows: 70% Local administration, 15% Private sector, 12% Ministry of Water Resources and Irrigation and 3% by Ministries of Agriculture, Health and Environment.

Figure 29 Average per capita Nile water quotas till 2009



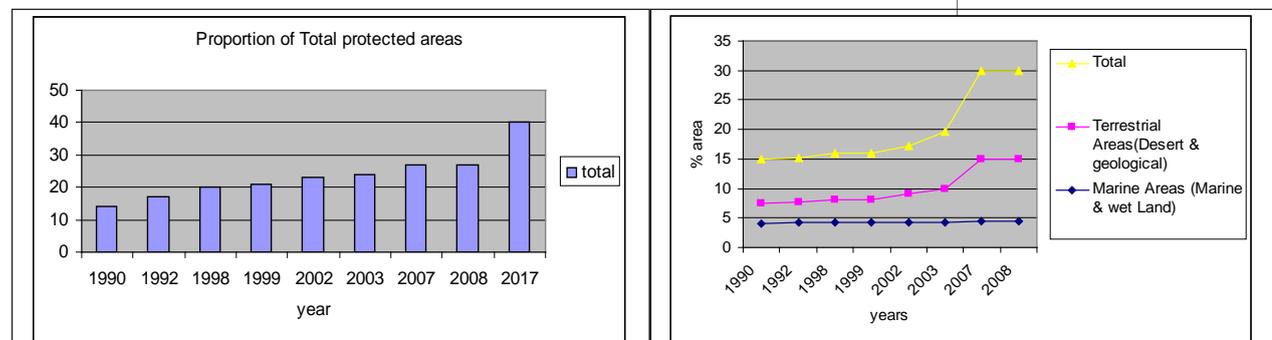
Source: CAPMAS, 2009.

Proportion of terrestrial and marine areas protected

Egypt is rich in natural heritage; developed a strategy and a national goal that implies the declaration of 40 protectorates by the year 2017, to cover about 17% of the country area. Up to 2009, 27 protectorates are declared covering about 15% of the total country area which, means that more than 88% of the national target has been achieved and it is expected to reach the full national target before 2017. Protected areas play crucial role in community development. However, some challenges face this activity.

59 according to 2001 prices

Figure 30 Proportion of terrestrial and marine area protected 1990-2009



Source: CAPMAS , MSEA, EEAA, state of environment reports 2005, 2007, 2009

Proportion of species threatened with extinction

Time series data to track the progress of this indicator and to test its significances is not available. The sector for nature conservation in Egypt adopted various measures and mechanisms to decrease loss of biological diversity particularly in the protected areas.

Target 14: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

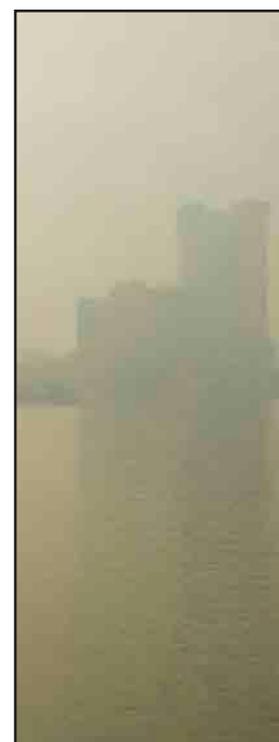
PROGRESS:

Proportion of population using an improved drinking water source (IDW): Based on the 2006 census, the target has been achieved. However, it might be, recommended to reconsider the definition of "improved drinking water sources" to ensure the quality aspects that should be taken into consideration.

Proportion of population using an improved sanitation facility⁶⁰: Based on the 2006 census, the target has been, achieved for urban areas only, and it requires significant investment to be, achieved at the national level. The policy of the Egyptian government is to raise the level of coverage with sanitation facilities; but there is always a gap between coverage with both drinking water and sanitation. The policy direction is to narrow this gap. One of the important actions in this regard is targeting the poorest villages known as "The 1000 village project", where the first group of villages is planned, to be finished in 3 fiscal years starting from 2009/2010.

Target 15: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

60 Combining both «coverage with improved drinking water and improved sanitation» need to be reconsidered.



PROGRESS:**Proportion of urban population living in slums:**

The number and proportion of urban population living in slums have been decreasing during the period 1990 to 2007 by about 1.9 million people, thus contributing to achieving the MDG global target, even though it still represent a high proportion of the urban population (more than one third the populations). Slum areas are, classified into two groups based on their status and possibility for development: a) Areas that could be, developed and; b) Areas that would be difficult to develop.

The national program for upgrading slum areas for the first group started in 1993 and the development scheme depends on the level of deterioration of each region. These have included the introduction of improved drinking water source; good and appropriate sanitation systems; better dwelling conditions and raising awareness. These are the major components of the plan, which is showing some progress, still some actions need to be, accomplished, including: Preparing the detailed plans, forming a Board of Directors for each region to follow up and supervise implementation of these plans, and to prepare time schedule for the maintenance work.

Regarding the second group of slum areas, the policy is:

- Either to be removed and replanned and rebuilt again for the same dwellers, or
- To be removed and used for other investments after providing appropriate houses or appropriate fund to the dwellers.

From 1993 till end of 2007 a total of 3.148 billion Egyptian pounds has been allocated to remove or upgrade / develop a total of 1221 slum areas in all governorates. By mid-2008, progress that has been achieved is as follows:

- Out of 20 slum areas to be removed: 13(65%) have already been removed, 4 (20%) are under removal and no work has commenced as of yet in the remaining 3 (15%) areas.
- Out of 1201 slum areas to be developed: 352(29.3%) has already been developed, 662(55.1%) under development, and the balance is still awaiting (187 representing 15.6%).

Greater Cairo governorates have more than one-half of slum dwellers amounting to 52.5% and thus, have been, given great interest. About 54% of the total budget was, directed to these governorates. Many success stories and good practices are implemented to improve the environmental situation in the slum areas.

growth and the growing needs to implement development plans; including increasing quantities for agriculture, drinking water and all other uses.

- Improving water quality in some regions; due to pollution from different sources, such as disposal of industrial and domestic wastewater.
- The limited opportunities to develop alternative water resources, partially due to high cost, as in the case of desalination of seawater; and to limited resources, as in the case of underground water.
- The need to strengthen the use of appropriate alternative methods of irrigation through raising awareness of farmers beside economic, legislative, technical and other regulatory and incentive instruments.
- Sustaining Egypt success in reducing consumption of Ozone Depleting Substances (ODS), and increasing coverage with improved drinking water sources and increasing the number and size of protected areas.

Adopting proper policies for the protected areas with the prevailing challenges including the scarcity of financial resource, weak coordination with land use utilization and recreational activities especially tourism and hunting and the low level of employees and lack of training.

The low level of environmental awareness and public concern is a cross cutting challenge affecting all the environmental targets and is instrumental in sustaining the success achieved. Increasing and strengthening the educational and awareness programs is very essential.

Narrow the gap between coverage with drinking water and sanitation is a challenging issue. Although this gap is decreasing, it still high.

The impact of various global crises at various levels: Food crisis would affect water resources and the agriculture sectors. The need to increase the cultivated area to face the shortage in some specific food crops will exert more stress on agriculture land and water resources which is already in a critical situation.

Climate change could affect the development process not just the environmental aspects. CO₂ is one of the green house gases that are contributing to the phenomenon of climate changes. Although Egypt emission of these gases represent a very small percentage of the global yearly emissions, about 0.96%, its impact on is expected to differ across sectors but the most vulnerable sectors to climate changes in Egypt are water resources, agriculture, livestock and food resources, coastal zones, tourism and health .

Water Resources are very vulnerable to climatic change. The expected effects that may aggravate the situation are; size and intensity of expected impacts are not fully assessed:

- Changes in the river flows ,which could cause water shortage(in case of decreased rainfall) or flooding (in case of periodic increased rainfall);
- Deteriorating ground water quality;
- Change in rates, duration, places and intensity of rainfalls;
- Changes in wind directions.

The impact of Climate Change on biological diversity has been recorded as follows:

- Monitoring for the first time coral bleaching in October 2007. A prediction program implemented by the USA National Oceanic and Atmospheric Administration predicted coral bleaching in about 20 m in an area near to remote islands in the red sea.
- Decrease in the spread and distribution of some types of trees on elevated areas of Elba Mountain.
- Decrease in the spread and distribution of many of medical plants at Mount St. Katherine.
- Some Organisms may expose to the danger of extinction such as the Sinai baton blue, which is the smallest butterfly in the world.

The development of an effective and efficient monitoring system to systematically track progress of all relevant environmental indicators is one of the challenges that need to be dealt with.

KEY SUCCESS POLICIES:

Efficient management of water resources and using nontraditional water resources is considered the responsibility of all stakeholders of sustainable development. Treatment of municipal waste water and reuse it in different purposes is an important alternative and a step forward towards environmental sustainability. To this end, a protocol was signed between the Ministry of Agriculture and Land Reclamation, MSEA, and Ministry of Housing, to implement a national program for the: Safe Use of Treated Waste water for A forestation. The ultimate objective of the program is: planting 400 thousand feddans of tree forests to make use of 2.4 billion cubic meter of treated waste water thus converting these areas from desert area to ecologically rich area. The program achieved some progress through planting –and started to plant- more than 26000 feddans forests in 17 governorates using treated waste water from about 603.7 million m³ per year treatment plants. Besides, due to the relative advantage of planting Jatropha to produce bio-oil in the desert lands using treated wastewater, planting Jatropha forests is, expanded in Luxor (120feddan), Souhag (150feddan) and Suez (400feddan).

Establishing the Botanical Peace Park in Sharm El Sheikh on an area of 33 feddans where the genetic origins of medical and aromatic plants are collected and reproduced, thus contributing to conserving biodiversity and positively to climate changes by absorbing some of the GHGs.

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Climate change

could affect the

development

process not just

the environmental

aspects

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Reduce gas emissions through the replacement of old taxis with new ones. During 2007, MSEA carried out a pilot project to replace 100 old taxis which their manufacture date exceeds 35 years in Greater Cairo with other modern vehicles operated with natural gas. The success of this pilot project led to launching another project in 2008 that replaced 1000 old taxis. MSEA signed cooperation protocol with the Egyptian National Bank to fund this phase in addition to providing soft loans to Owners of these taxis.

The nature conservation sector, in collaboration with projects financed by donor and organizations, relevant governmental entities, civil society and NGOs, adopted various measures and mechanisms to decrease loss of biological diversity particularly in the protected areas:

- Wet lands project financed by GEF from 1999 to 2006 , contributed in supplying fishermen with boats, machines and legal fishing gear to limit fishing particularly small fishes in Burullus lake to conserve the fish resources.
- Medical plants project funded by GEF contributed in assisting local inhabitants in limiting collection of medical plants and planting much of them in Bedouins gardens.
- Italian project and American Aid program contributed in developing ecotourism in Red Sea and Wadi El Rayan.

Conserve the wild endangered species outside the natural environment. A Captive Breeding Program has been, started and its second phase is going on. This phase target is to reach the third and fourth generation of Egyptian endangered species. From the most important endangered species that are under breeding are Dorcas Gazalle, Nubian Ibex, Barbary Sheep Fennec Fox and others. These animals have bred successfully and their numbers reached to more than one thousand animals. This program includes also cultivating some medical plants.

Improve the situation of the slum areas, through government policies aiming at implementing programs for transferring and developing polluting small, medium and craft industrial activities outside slum areas; it allocated a total of 362 million LE for this purpose to implement specified projects in 10 governorates under the direct supervision of governors through the Ministry of International Cooperation. Moreover, MSEA implemented several programs for environmental upgrading and developing in MAASARA and EZBET EL WALDA regions as well as other areas.

ACCELERATING PROGRESS:

Actively incorporate the principles of environmental sustainability, which is a component of sustainable development, within all sectoral national development schemes, and to fully implement law 4/1994 (and its update in 2009) as well as its Executive Regulation issued in 1995, which set the principal of preparing an environmental feasibility study known as Environmental Impact assessment (EIA), as a Legal prerequisite for establishing new activities/ projects to ensure that there would be no reverse impacts on the environmental resources.

Implement the National Environmental Action Plan (NEAP) which considered all aspects of sustainable development and activate the recently established national committee for sustainable development (by Prime Ministerial decree 74 for 2006). The Committee worked in developing and issuing the document entitled "The framework of the National Strategy of sustainable development and methodology of preparing the indicators". Small units are formulated in some of member

ministries to start working in the development of the relevant indicators.

Strengthen activities to ensure environmental sustainability by raising awareness and capacity building about adopted policies in all environmental aspects. As well as enhance cooperation with the global community and donors and to succeed in having strong donor-government cooperation in many areas.

Continue the program of planting forests using treated waste water and allocating the required resources as one of MSEA priorities. However, to put it into actions, it is proposed to be included as one of the activities of the national sustainable development targets and to be included in the national strategy of sustainable development, as well as develop and establish proper management system to implement the program in an economic, environmental way and to search for an appropriate financial mechanism.

Expand the coverage level of providing safe drinking water to all population in urban and rural areas and ensure continuation of the sources. The main principles of this policy are to secure all required financial resources, to set appropriate institutional structure, the participation of the private sector and the provision of training and educational programs for the human development.

Narrowing the gap between coverage with drinking water and sanitation and closing geographic disparities which are significant.

Diversify GOE policies to face the problem of slum areas according to the classification of such areas. This would depend on whether these areas can be developed or not. Although some progress has been achieved for the first group, there still some actions need to be accomplished while for the second group, the policy is to either remove them and replanned and rebuilt again for the same dwellers or to be removed and used for other investments after providing appropriate houses or appropriate fund to the dwellers. Implementing this policy necessitates preparing database and providing the appropriate fund for the new houses.

Since Egypt is not contributing to the phenomena of climate changes and its expected impacts, it is crucial to stress the policy of "Adaptation with the expected impacts" while continuing the ongoing efforts to reach low carbon community and to improve the monitoring and forecasting systems⁶¹.

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**Actively incorporate
the principles
of environment
sustainability within
various sectoral
plans**

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61 See Annex 7 for list of reference pertaining to Goal 7

8

GOAL :
DEVELOP A GLOBAL PARTNERSHIP FOR
DEVELOPMENT



Net transfers of official grants (cash and in-kind) increased during July/March, 2008/2009 against 2007/08.

Egypt's external debt has witnessed considerable improvement over the period (1990/91 -2008/09). External debt as a percent of GDP fell from above 100% in 1990/91 to 16.7% in 2008/09 and debt service as percentage of current account receipts fell from above 25% in 1990/91 to 6% in 2008/09.

Egypt's exports of goods and services have been increasing over the past years from \$US 10,452.5 million in 2003/2004 to 25,168.9 in 2008/2009 with growth rate of nearly 140%.

Egypt has witnessed significant development in the last few years in the field of information and communication technology.

Target 16: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system

Includes a commitment to good governance, development and poverty reduction – both nationally and internationally

Target 17: Address the special needs of the least developed countries

Includes: tariff and quota free access for the least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction

Some of the indicators listed below are, monitored separately for the least developed countries (LDCs), Africa, landlocked developing countries and small island developing States.

Official development assistance (ODA)

- 8.1 Net ODA, total and to the least developed countries, as %age of OECD/DAC donors' gross national income
- 8.2 Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation)
- 8.3 Proportion of bilateral official development assistance of OECD/DAC donors that is untied
- 8.4 ODA received in landlocked developing countries as a proportion of their gross national incomes
- 8.5 ODA received in small island developing States as a proportion of their gross national incomes

Target 18: Address the special needs of landlocked developing countries and small island developing States (through the Programme



of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)

Target 19: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term

Market access

- 8.6 Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries, admitted free of duty
- 8.7 Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries
- 8.8 Agricultural support estimate for OECD countries as a %age of their gross domestic product
- 8.9 Proportion of ODA provided to help build trade capacity

Debt sustainability

- 8.10 Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)
- 8.11 Debt relief committed under HIPC and MDRI Initiatives
- 8.12 Debt service as a %age of exports of goods and services

Target 20: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries.

- 8.13 Proportion of population with access to affordable essential drugs on a sustainable basis

Target 21: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

- 8.14 Telephone lines per 100 population
- 8.15 Cellular subscribers per 100 population
- 8.16 Internet users per 100 population

GOAL 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

This goal calls for a global partnership for development, as well as for concrete efforts and international cooperation among developing and developed countries to assist developing countries in achieving the MDGs. It has five main pillars: Official Development Assistance, market access (trade), debt sustainability, access to essential medicines and access to new technologies.

Monitoring the performance of the Egyptian economy for these five pillars shows that it has witnessed progress over the last period.

TARGET 16: Develops further an open, rule-based, predictable, non-discriminatory trading and financial system (Includes a commitment to good governance, development and poverty reduction – both nationally and internationally).

Target 17: Address the special needs of the least developed countries Includes: tariff and quota free access for the least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction

Target 18: Address the special needs of landlocked developing countries and Small Island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)

Target 19: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term.

PROGRESS:

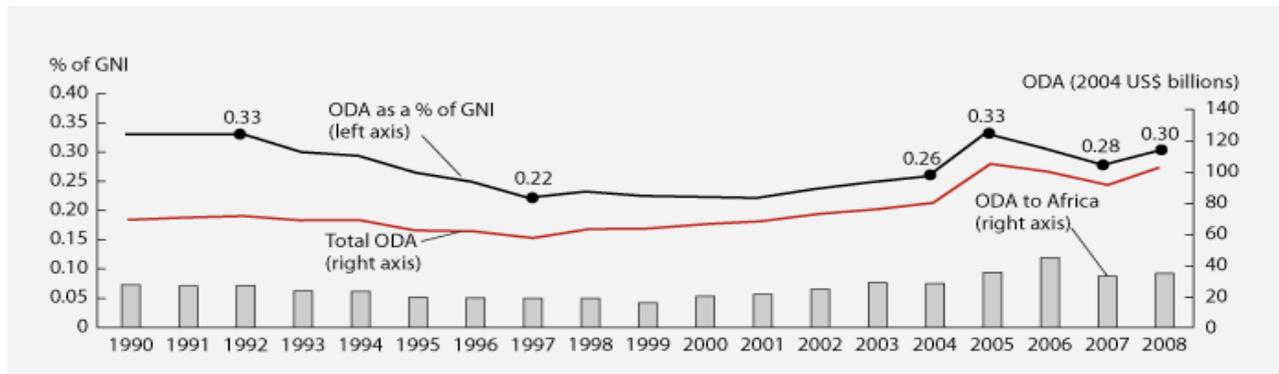
Official Development Assistance (ODA)

The OECD Development Assistance Committee (DAC) shows that ODA as a percentage of gross national income (GNI) has been fluctuating over the period from 1990 to 2008, in 1992, it was 0.33%, then it fell to 0.22% in 1997 and it increased again to 0.33% in 2005. The net aid disbursements, in 2007, were \$103.7 billion, representing 0.28 per cent of the combined national income of the developed countries and although the total net aid flows, from DAC members in 2008, were \$120 billion, accounting for 0.30% of their combined GNI, it remains short of the United Nations target of 0.7%. Only a few countries reached or exceeded the United Nations target of 0.7% of GNI. These are Denmark, Luxembourg, the Netherlands, Norway and Sweden.



Accordingly, most DAC members had to increase their ODA budgets by nearly \$13 billion for 2008 to 2010, with present rates of increases to core development programs needing to more than double, if projected aid levels for 2010 were to be achieved.

Figure 32 : DAC members' net ODA, 1990-2008

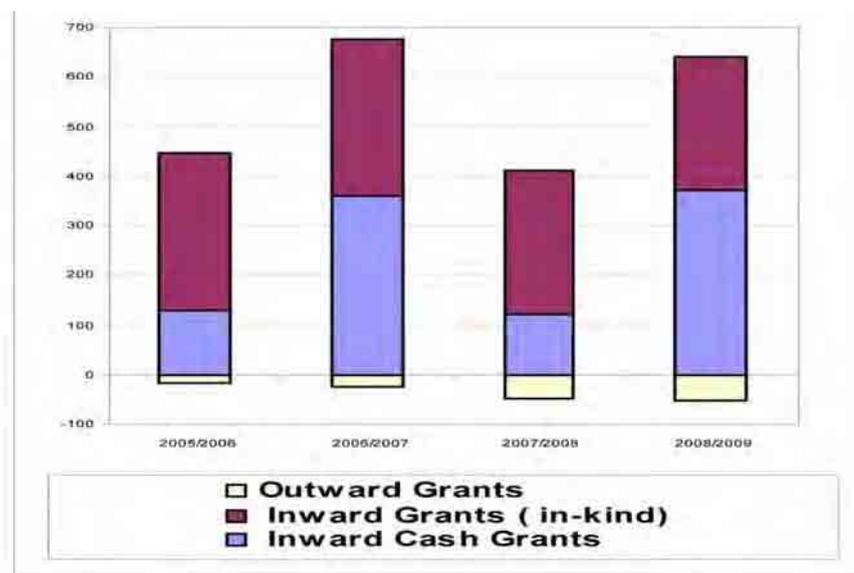


Source: World Bank Global Monitoring Report based on OECD database

Note: 2008 data are preliminary

For Egypt, net transfers of official grants (cash and in-kind), were US\$ 588.2 million during July/March, 2008/2009 (against US\$ 362.9 million during the corresponding period in 2007/08). This represents an increase by US\$ 225.3 million. This increase was a result of higher cash grants by US\$ 249.0 million, to reach US\$ 371.6 million, and lower in-kind grants by US\$ 23.7 million, to post US\$ 267.5 million. The main grantors were the USA, Belgium, Germany and Japan (CBE 2009). The sectoral distribution of grant commitments during 2008/09 shows that grants for the services sectors accounted for 90.4 % of total grants. However, grants for services decreased by US\$ 0.8 billion, to record US\$ 0.5 billion during July/March, 2008/2009 (against US\$ 1.2 billion). This was mainly due to lower grant commitments for the general government, financial intermediaries and social solidarity sectors. Meanwhile, grants to the productive sectors declined by US\$ 34.6 million to US\$ 49.0 million during the reference period. The decline was mainly pronounced in energy and electricity sector.

Figure 33 Net official transfers of grants (July/March, 2008/2009)



Source: CBE Economic Review

National investments and FDI has witnessed a significant increase over the past few years. Data shows that national investment as a percentage of GDP increased from 18% in 2001/02 to 22.4 % in 2007/08. However, it later declined to 19.3% in 2008/09 due to the repercussions of the financial crisis. Similarly, the Egyptian economy's ability to attract FDI has increased sharply due to structural reforms. According to the World Bank/IFC doing business report 2009, Egypt continued to be among the first top ten countries that implemented reforms that helped in attracting foreign direct business. Egypt's rank was the 106 rank on the ease of doing business in 2010 compared to 114 in 2009, 126 in 2008 and 152 in 2007⁶². This improvement in Egypt's rank has been, accomplished by reducing the paid-in minimum capital requirement by more than 80%, eradicating bar association fees, and automating tax registration.

In addition, a new building code was, introduced in 2008. This involved establishing a single window for processing construction-related approvals to facilitate procedures and reduce the time required to obtain construction permits.

Table 8.1: Trend of National investments and FDI from 2001/02-2008/09⁶³

	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09
National investment as a % of GDP	18	16.9	16.9	18	18.7	20.9	22.4	19.3
Foreign direct investment as a % of GDP	0.50	0.87	0.52	4.4	5.7	8.5	8.1	4.3

Market Access (Trade)

Egypt's exports of goods and services have been increasing over the past years from US\$ 10,452.5 million in 2003/2004 to 25,168.9 in 2008/2009 with growth rate of nearly 140%. The EU and the United States are the main export markets, where the EU share of Egyptian exports reached almost 34% in 2008/09, while USA's share reached 25.5%, as can be seen from the following table:-



62 Doing business report 2009 and MOF 2009

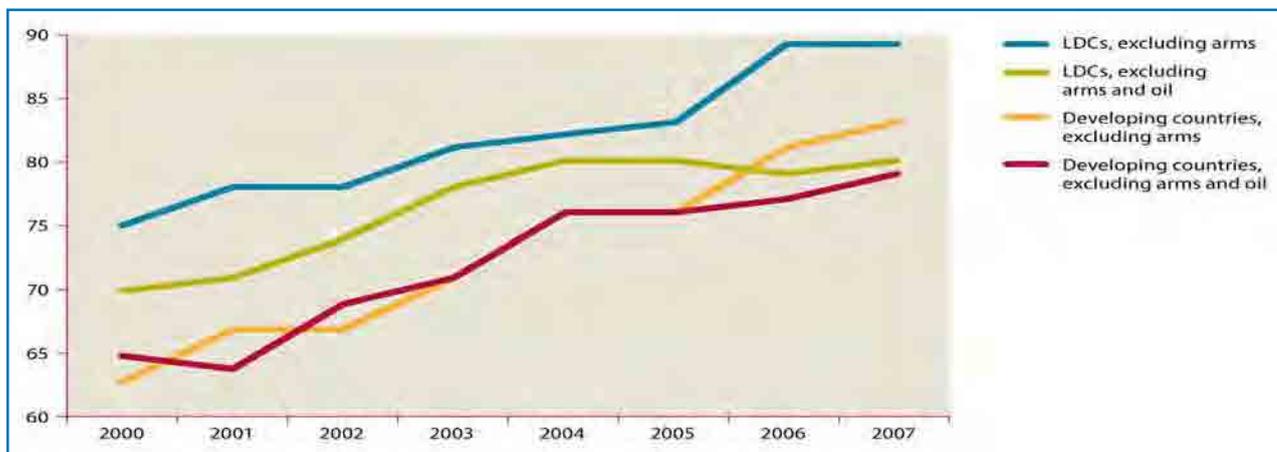
63 Source: MOF, monthly reports, different issues

Table 8.2: Egyptian Trade balance annual data from 2003/04-2008/09⁶⁴

	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09
Trade balance	(7833.8)	(10359.4)	(11985.9)	(16290.6)	(23415.4)	(25173.3)
Export proceeds	10452.5	13833.4	18455.1	22017.5	29355.8	25168.9
-petroleum	3910.3	5299.0	10222.4	10107.9	14472.6	11004.5
-other exports	6542.2	8534.4	8232.7	11909.6	14883.2	14164.4
Import payments	(18286.3)	(24192.8)	(30441.0)	(38308.1)	(52771.2)	(50342.2)
-petroleum	(2549.7)	(3975.3)	(5359.2)	(4127.9)	(9561.0)	(7032.3)
Non-oil imports	(15736.6)	(20217.5)	(25081.8)	(34180.2)	(43210.2)	(43309.9)

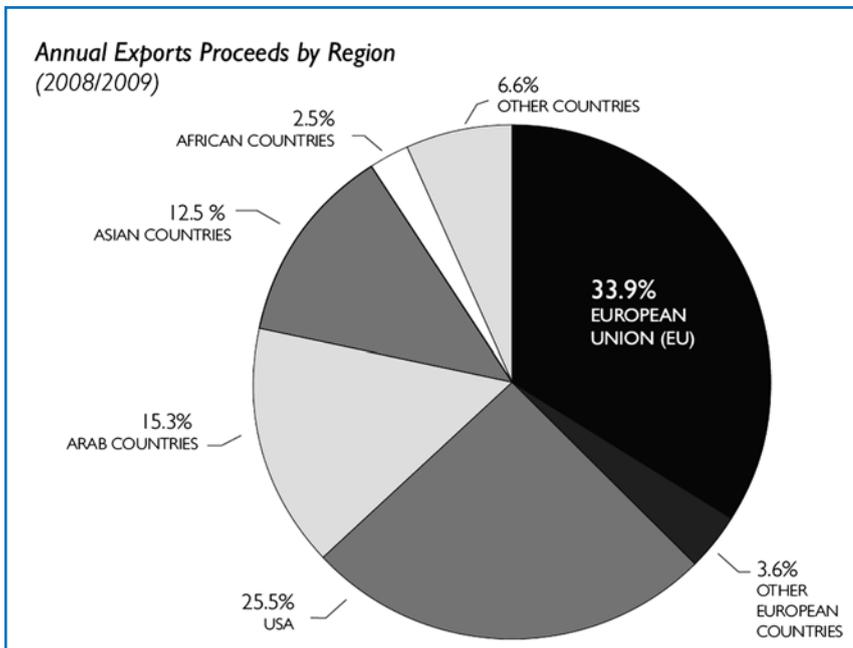
This benefited from the increased duty-free access to developed country markets and the reduction of tariffs on developing country exports of agricultural products, textiles and clothing that took place during the period from 2000-2007. For example, developing countries exports- excluding arms and oil- to developed countries increased from 65% in 2000 to 79% in 2007. Similarly, LDCs' exports to developed countries-excluding arms and oil- increased from 70% in 2000 to 80% in 2007.

Figure 34: Proportion of developed country imports from developing countries and LDCs admitted free of duty, 2000-2007 (percentage)



Source: United Nations, MDG Gap task Force, 2009 based on Calculations by WTO ITC-UNCTAD, based on WTOIDB and UNCTAD-ITC Tariff and Market Access Database (TARMAC)

64 Source: Ministry of Finance, Egyptian Economic Monitor, September 2009, Volume VI, no.1

Figure 35⁶⁵

Moreover, Egypt has concluded a number of Trade agreements like GAFTA, QIZ, and COMESA that increased market access and promoted Egyptian exports. For example, studies have shown that the establishment of the QIZ increased exports by approximately LE 97 millions in the first ten months of 2005. This implies that the QIZ has generated EGP 40 millions in value added (GDP) and around EGP 14 millions of wage payments, after examining the direct effects of these exports on the firms.⁶⁶

Due to the financial crisis and the slowdown of world economies, however, many countries imposed trade barriers and subsidies to support domestic production. This is evident in the fact that developing countries have raised their import duties and adopted non-tariff measures. Developed countries have also increasingly used subsidies, which lead to trade distortion. While anti-dumping measures may be compatible with the WTO, they have a restrictive effect on trade. Both trade-restricting measures and other non-tariff measures (import quota, restriction, licensing and quality procedures) are the most widely used measure in that respect.

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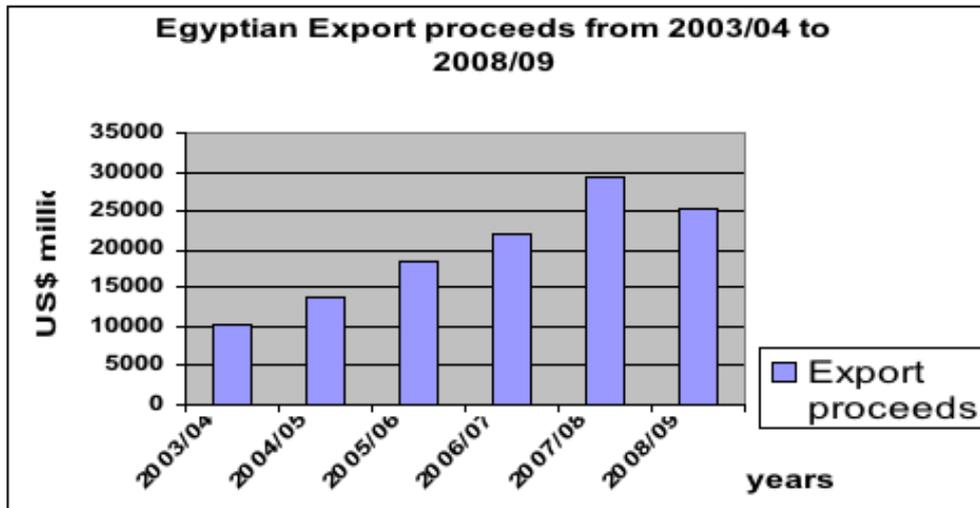
there has been a decline in the debt service ratio to export proceeds of goods and services from 9.9% in 2001/2002 to 6.1% in 2008/2009

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65 Source: Ministry of Finance, Egyptian Economic Monitor, September 2009, Volume VI, no.1

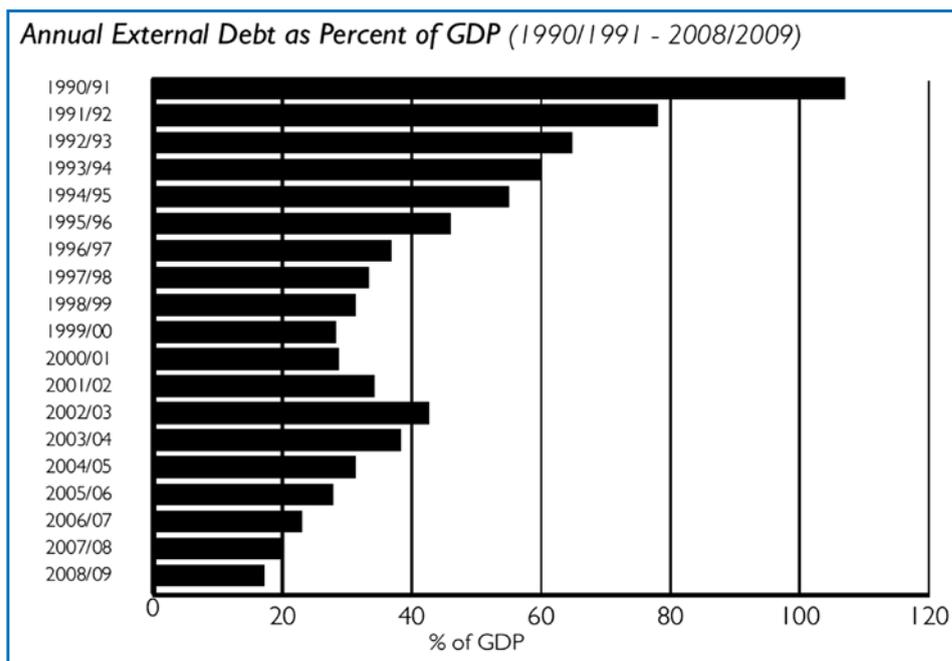
66 USAID, 2006

Figure 36⁶⁷

Debt sustainability

Egypt's external debt has witnessed considerable improvement over the period (1990/91 -2008/09). This is evident from the fact that external debt as a percentage of GDP fell from above 100% in 1990/91 to 16.7% in 2008/09. In addition, debt service as percentage of current account receipts fell from above 25% in 1990/91 to 6% in 2008/09. Moreover, during July/Sept 2009/2010, most of Egypt's external debt indicators improved. The growth of GDP combined with the drop of the external debt led to a decline in the ratio of external debt to GDP from nearly 27% in 2001/2002 to 15.1% in 2009/2010.

Figure 37

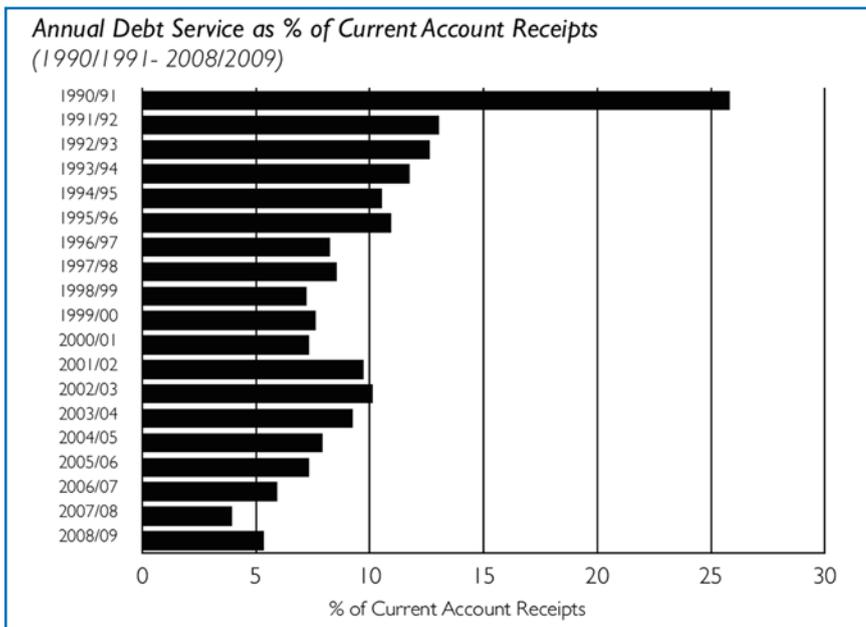


Source: Ministry of Finance, Egyptian Economic Monitor, September 2009, Volume VI, no.1

67 Source: Ministry of Finance, Egyptian Economic Monitor, September 2009, Volume VI, no.1

In addition, there has been a decline in the debt service ratio to export proceeds of goods and services from 9.9% in 2001/2002 to 6.1% in 2008/2009. However, current receipts (exports of goods and services, including transfers) decreased by 19.5% between 2008/2009 and 2009/2010. This led to an increase in debt service ratio to export proceeds of goods and services to 8.0% during July/Sept 2009/10, from 6.1% a year earlier. Likewise, its ratio to current receipts (including transfers) went up to 6.6% from 5.4%.

Figure 38



Source: Ministry of Finance, Egyptian Economic Monitor, September 2009, Volume VI, no.1

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increase in the

number of fixed

line subscribers

from 7.6 in October

1999 to 13.28 per 100

inhabitants in Nov

2009

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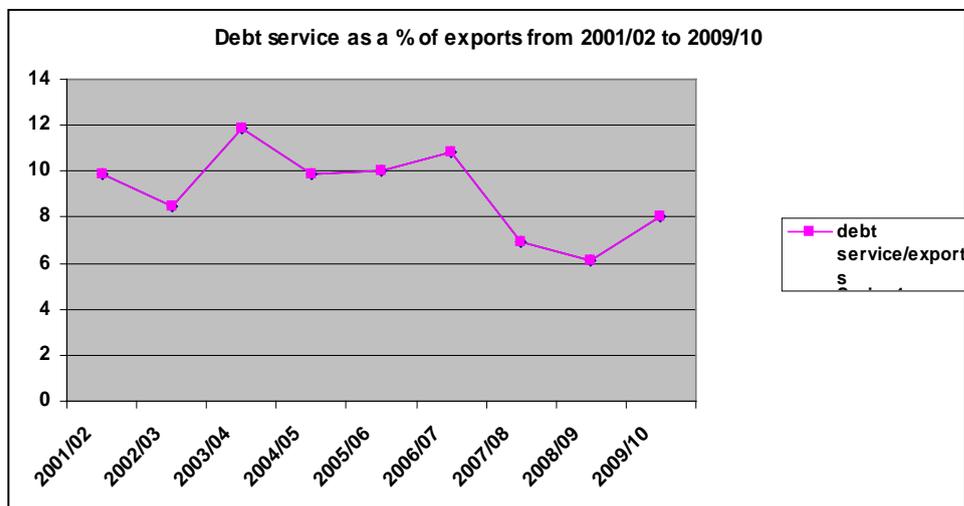


Table 8.3: External debt indicators from 2001/2002 to 2009/2010

July/ Sept	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10
External Debt / Exports (G & S) %	109.8	82.4	506.4	404.2	342.9	271.1	265.3	208.6	277.8
Debt Service* (Principal & Interest) (US\$ mn.)	1022.6	437.0	686.2	721.9	869.0	1153.6	833.1	947.4	930.6
Debt Service / Exports (G & S) %	9.9	8.5	11.9	9.9	10.0	10.8	6.9	6.1	8.0
Debt Service / Current Receipts %	8.5	7.3	10.4	8.6	8.7	9.5	5.9	5.4	6.6
Interest / Exports (G & S) %	1.9	1.6	3.6	2.7	2.3	2.2	2.1	1.8	2.1
External Debt / GDP (at current market prices)	26.9	27.6	36.9	34.1	27.6	22.3	20.2	17.1	15.1
Short-term Debt / External Debt	5.1	5.5	6.6	6.9	5.9	5.7	5.6	8.1	7.4
Short-term Debt/ Net International Reserves	6.6	7.1	13.1	13.8	8.2	6.8	5.9	7.6	7.2
External Debt per capita (US\$)	392.8	401.7	422.0	409.9	402.8	385.9	425.5	431.2	430.1

Source: Central Bank of Egypt, Quarterly report, vol. no.27, External position of the Egyptian economy, July/Sept 2009/10

Figure 39: Debt service as a Percentage of exports: 2001/2002 -2009/2010



Source: Figure based on previous table

Target 20: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries.

PROGRESS:

Egypt is aiming to increase and encourage exports of pharmaceuticals to countries of the region and EU through assisting the pharmaceutical manufacturers to obtain one of the international quality standards. To this end, the MOH is cooperating with the Ministry for Trade and Industry. The MOH intend to train a number of pharmaceutical manufacturers through an agreement with one of the international institutes, collaborates with a number of European Universities to train pharmacists, working in the industry, to achieve European Union/ Good Manufacturing Practice (EU/GMP).

At the same time, in December 2009. Egypt established the Pharmacovigilance Center aiming to protect public health through monitoring the adverse effects of drugs and medical devices. MOH is working to link this center with Uppsala International Center (Sweden) to raise the safety and awareness of drug side effects. This is also combined with efforts to upgrading both the National Organization for Drug Control and Research (NODCAR) and the National Organization for Research and Control of Biological (NORCB) in order to obtain international recognition, as well as enhance means of cooperation with national institutions concerned with combating drug counterfeits.

Target 21: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

PROGRESS:

Egypt has witnessed significant development in the last few years in the field of information and communication technology. This is evident in the increase in the number of fixed line subscribers from 7.6 in October 1999 to 13.28 per 100 inhabitants in November 2009. In addition, due to the new technologies that emerged in the field of wireless communications, the number of cell phone subscribers has risen from 1 per hundred people to 70.06 per hundred people during the same reference period. The number of internet users has increased to reach 18.86 % in 2009 compared to 0.58 per hundred people in 1999.

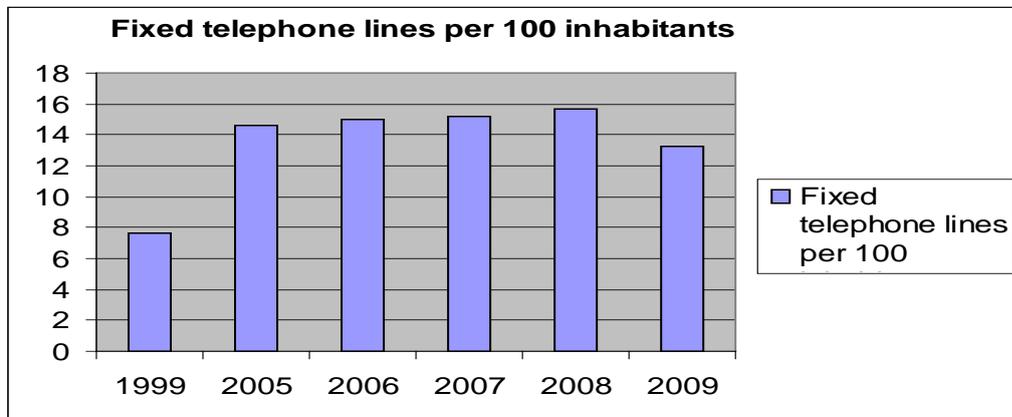
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The financial crises sharply affected the Egyptian economy due to trade and financial linkages with other economies

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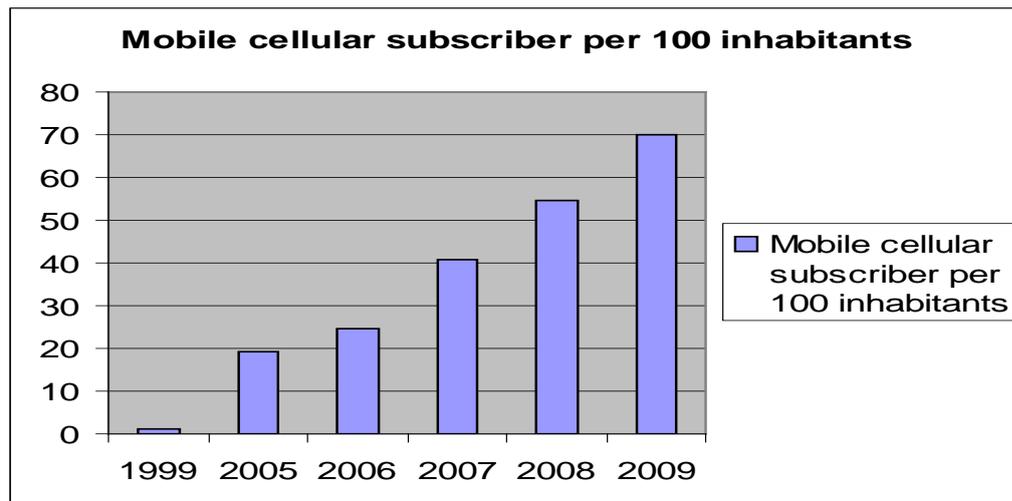


Figure 40:



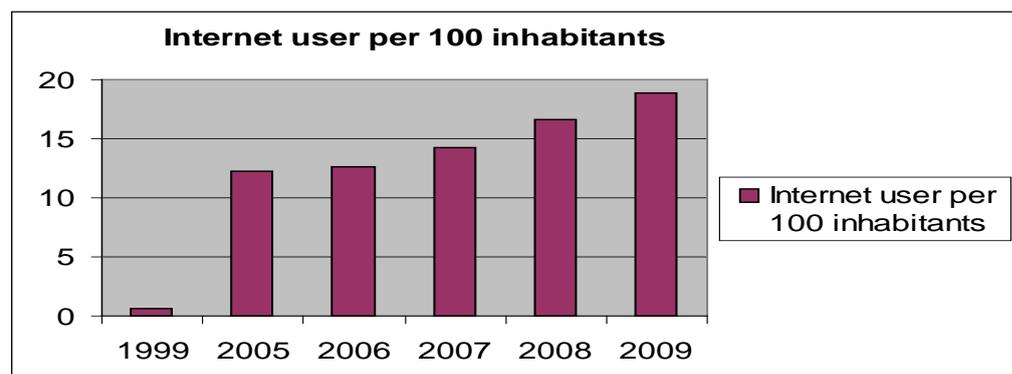
Source: Egypt ICT Indicators portal, Ministry of Communications & Information Technology

Figure 41



Source: Egypt ICT Indicators portal, Ministry of Communications & Information Technology

Figure 42



Source: Egypt ICT Indicators portal, Ministry of Communications & Information Technology

Wide disparities among governorates are still observed with regard to information and communication technology. Recent data indicates that telephone lines is concentrated in Cairo, Alexandria and Port Said, while in Upper Egypt, the rates are much lower. These rates are the lowest in Menya, Qena and Fayoum where they reached 314.6, 339.0 and 372.4 per 1000 households respectively. Similarly; the number of internet subscribers is much higher for urban governorates than lower and Upper Egypt. The lowest governorates in the number of internet subscribers are Fayoum, Aswan and Behera where the rates where 10.1, 12.9 and 15.5 per 1000 people respectively.

EMERGING ISSUES AND CHALLENGES:

Egypt position is encouraging since it is not a heavily indebted country and its external debt indicators have improved, represented primarily in the decline of the ratio of external debt to GDP. However, Egypt is classified (World Bank) as a lower middle income country (GNI per capita ranging from \$976 - \$3,855) based on 2008 GNI per Capita and it is not an IDA country. Nonetheless, many old and new factors are representing challenges for the Egyptian economy.

The decline of FDI as a percentage of GDP to 4.3% in 2008/09 to reach US\$ 8.1 billion compared to US\$ 13.2 billion in 2007/08, after a period of increase from 0.5% in 2001/02 to 8.1% in 2007/08, which is due to the impact of the financial crisis.

The worldwide challenges affecting the progress of the Egyptian economy and ability to achieve the MDGs, especially the two main crises concerned with food as well as financial and economic crises.

World food prices roughly doubled between January 2006 and May 2008, and they have increased by over 80% since April 2007. The increases apply to a wide range of food commodities. Thus, Government need to extend safety nets for the poor to enable them to buy food and even more important, to solve the problem of food supply in the medium and long term, measures to encourage smallholder farmers to boost production, are to be introduced, such as providing financial support to improve their access to vital production inputs (seeds and fertilizers).

The financial crises sharply affected the Egyptian economy due to trade and financial linkages with other economies. Such strong relationship is manifested in the fact that 75% of the Gross Domestic Product is composed of the international trade as 32% of exports are to the United States, 32.5% of imports comes from the United States and Europe and two third of the foreign direct investments in Egypt are from the United States and Europe.

The detailed impact of the crisis on different sectors is shown in the following table.

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privatization

program generated

more than US\$ 3

billion in FDI

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Table 8.4 Detailed Impact of the Crises on Different Sectors

Sector	Change
1- Stock Market	-59%
2- Rate of Exports	-30%
3- Gross Domestic Product	-4%
4- Inflation	+3%
5- Tourism Revenues	↓ \$2.2 billion
6- Suez Canal Revenues	↓ \$ 400 million
7- Foreign Direct Investments	↓ \$ 650 million
8- Egyptian Investments Abroad	↓ \$ 950 million
9- Unemployment	9.3%
10- Liquidity in Banks	Declining
11- Loans to Deposits Ratio	50% (Normal)
12- Real Estate Prices	Increasing
13- Petroleum Exports	Declined by \$1 billion
14- Egyptians Working Abroad Transfer's	Declined by \$ 600 million
15- Egyptian Pound	Increased from 5.3 EGP/1 USD to 5.6 EGP/1 USD
16- Balance of Payments	Deficit

Source: *Trend 2009 Stock Market Conference (April 2009)*

The previous table shows the sharp drop in the Egyptian economy and the challenges it will face in the near future, which calls for effective measures to avoid further adverse effects on the economy. By the end of September 2008, the financial crisis sharply affected the Egyptian economy due to trade and financial linkages with other economies. Such strong relationship is manifested in the fact that 75% of the Gross Domestic Product is composed of the international trade.

The Egyptian stock market lost more than 900 points (12%) per day because of the selling pressure of the investors (260 million EGP by Foreigners & 150 million EGP by Arab) which resulted in falling 150 company's stocks prices which is recognized as the hardest fall since 10 years ago.

This is also reflected in the slowdown of the economic growth, the shrinkage of international trade which severely affected the performance of the manufacturing industry, the shrinkage in the international trade thus affecting negatively the Suez Canal revenues. Moreover, net transfers have declined by 12% between 2007/08 and 2008/09, and the unfavorable global conditions had affected negatively the private investments which declined by 12% between 2007/08 and 2008/09.

In addition, according to the Ministry of Economic Development; Real GDP reached EGP 409.5 billion over the period (October 2008 – March 2009) with an increase of 4.2%, which is less by more than 58% than the growth rate achieved during the corresponding period of last year that was 7.2%. This clearly reflects the negative repercussions of the global financial crisis on the national economy; and – despite the beginning of economic improvement during March – it is still lagging far behind its previous level before the crisis. The main sectors that were severely hit by the global financial crisis are the most bound with the world economy, namely: Suez Canal and tourism sectors in addition to the manufacturing industry that experienced a considerable drop in growth rates, falling from 8.3% during third quarter of 2007/08 to only 2.9% during the same quarter of current year.

Given the projected decline in export revenues, private financial flows, remittances and reduced

access to credit faced by developing countries, Official Development Assistance (ODA) is becoming more important than ever in mitigating the impacts of the crisis and achieving the MDGs. However it seems that the ODA itself is expected to decline given the negative impact of the economic crisis on the developed world. In March 2009, OECD/DAC forecasted total net ODA provided by DAC members in 2010 to be about US\$ 121 billion in 2004 prices. This actually falls short of the target of US\$ 130 billion (in 2004 prices) that was implicit in the Gleneagles commitments. Part of this shortfall is attributable to reductions in commitments by some donors, but a larger part arises because, as a result of the global economic slowdown, the GNI of the DAC countries is below earlier expectations. Donors that target ODA as a share of GNI therefore will have smaller aid budgets in absolute terms.

KEY SUCCESS POLICIES:

The challenge facing Egypt during past years is to minimize the impact of the successive global crises and to sustain the gradual increase in the level of economic growth while improving equity and ensuring wider benefits from such green policies, at various levels.

Government policies⁶⁸ come at the forefront of the adopted interventions that aim to stimulate the economy and ensure sustainable green growth. These are:

- **Fiscal stimulus packages in infrastructure projects**

The Government had included initially a package of EGP 8 billion in the FY2009/2010 budget, and is in progress of adding another package of EGP 10 billion, to be financed from economic authorities, targeting infrastructural investments in water and wastewater projects, roads and bridges to ensure growth reached its projected level of 5-5.5% in the fiscal year.

- **Privatization program**

The privatization program generated more than US\$ 3 billion in FDI and attracted renowned foreign and regional banking institutions introducing advanced banking know-how and expertise.

- **Signing of "Investment Declaration"**

On July 2007, Egypt has signed the Declaration on International Investment and Multinational Enterprises with the Organization for Economic Cooperation and Development (OECD). Signing it signals a policy commitment to improving the investment climate in the country and encouraging further participation

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Build more effective

and inclusive

Partnerships for

Development in

accordance with

the Paris declaration

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from multinationals in the growth of the economy. Egypt is the first Arab as well as the first African country to sign such a declaration.

The invitation to join the declaration represented recognition of recent improvements in the country's investment climate. This declaration is a way for Governments to commit to improving their investment climates, ensuring equal treatment for foreign and domestic investors and encouraging the positive contribution that multinational companies can bring to economic and social progress.

"A new OECD report on Egypt entitled 'Investment Policy Review of Egypt 2007' highlighted the rapid growth in foreign direct investment (FDI) in the country (before the recent trend resulting from the global financial crises in 2008). The OECD report cited improved business registration procedures, a streamlined Customs policy and tax reform as drivers behind the growth in FDI. The waiting period for property registration has dropped from 193 days to under a week and the ministry of trade and industry is reducing import tariffs across the board.

- **Private Industrial Zones**

The Government initiated the concept of Private Industrial Zones, there is six available and is in the process of selecting eleven new ones. The financing comes from private money. As a Government will deliver the land with basic infrastructure, but it will be, up to the owners to maintain the internal infrastructure and do the marketing. This concept has proved successful in the first six industrial zones and there is a huge amount of interest in the new ones. Geographically, these zones are moving closer to the population. This is contrary to the policy the Government had in the 1970s and 1980s, when they were basically moving away from congested cities.

The Government tackles the issue of unemployment and competitiveness, so they create jobs where people are, focusing on industrial zones in the Delta and Upper Egypt, knowing that would never touch agricultural land. There are some new industrial zones close to every population concentration. Some of this will involve agricultural land, but only will do this with the caveat that for each piece of agricultural land transformed for industrial purposes, the Government will reclaim five times the same amount of land in the desert. There is huge interest in industrial investment in Egypt. Getting about 200 applications for new factories every month and there is demand from all industries: petrochemicals, paper, fertilizers, food industries, furniture, glass, textiles and others.

- **New Strategy to Increase Small and Medium Enterprises' Investments**

A new strategy to increase small and medium enterprises' (SMEs) investments includes allocating a specific venue for the completion of investment procedures related to SMEs in all investment centers in Cairo and other governorates and allocating certain areas for SMEs in investment zones and areas to encourage the set up of these projects.

Build more effective and inclusive Partnerships for Development in accordance with the Paris declaration emphasizing the importance of such partnerships and Egypt's Mutual Accountability Mechanism. This becomes most effective when they fully harness the energy, skills and experience of all development actors—bilateral and multilateral donors, global funds, CSOs as independent development actors, and the private sector.

In mid 2009, the Government of Egypt in collaboration with the Development Partners Group (DPG) embarked on a process to enhance aid effectiveness, known as the Cairo Agenda for Action (CAA). Its overall objective has been, to improve the quality and impact of development cooperation in Egypt. The CAA process covers four areas including:

- A “situation analysis” that provides an overview of the major development challenges facing Egypt over the next 5-10 years,
- Government's identification of the Country's priority development themes over the same period (5-10 years) and areas where there it wishes its development Partners focus their support,
- Setting up or strengthening of result-based management (RBM) arrangements to clarify development outcomes and results, roles and responsibilities as well as monitoring and reporting of progress, are also an integral part of the process,
- Finally to develop a plan of action for aid effectiveness based on the conclusions obtained from previous parts as well as other dimensions of aid effectiveness including mutual accountability mechanisms and aid information management.

In sum, the CAA process clearly define the roles and responsibilities of various development group partners, for producing the specified four deliverables within the agreed-upon time frame. These can be elaborated as follows:

- First: The “Situation Analysis” (SA) report prepared through a participatory approach. Its conclusions are the output of extensive analysis of various available documents as well as several meetings between the situation analysis task force and the national and international development partners. The report is forwarded to the Government for discussion within the Cabinet meetings;
- Second: A list of Egypt's development priorities, expected to be defined by the Cabinet, to identify areas where the DPG should focus their efforts upon and other areas which national resources would be sufficient to tackle,
- Third: UNDP Scoping Mission (May 2010) to assess existing RBM capacities at Ministries and Agencies of the Government. In that context, it was agreed that the Ministry of State for Administrative Development (MSAD) would lead the effort to establish an operational RBM system for the Government,
- Fourth: Upon recent agreement with Egypt's Development partners group, a Mutual Accountability is to be, launched later this year (2010) as a concrete step to strengthen partnership through two-way dialogue.

Strengthen Public private partnership as a new long-term policy to expand and increase the country's infrastructure. Egypt has initiated Public Private Partnership (PPP) to support the role of the private sector in development. In addition, the role of civil society organizations has expanded to tackle different areas and become active partners in development. Also Egypt is engaging in administrative reforms represented in decentralization and good governance standards

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**Strengthen trade
policies to ensure
the competitiveness
of Egyptian products
through commitment
to applying quality
control**

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which contribute to economic growth and sustainable development. Finally, Egypt has promoted free trade policies and also entered into trade agreements to increase market access.

Supports partnerships with CSOs working in development and providing services, given the growing demand as a result of population growth. Different types are operating and tackle a wide range of activities and services. These include Service Delivery & Welfare Organizations, Women's Associations, Human Rights Groups, Environmental CSOs, Consumer Protection CSOs, Professional Syndicates, trade unions and Youth Centers & Association.

Promote a reform process focusing on the liberalization, privatization, and de-regulation of administrative activities in order to reach the following objectives:

- Defining a new role for state administrative institutions within the framework of a market economy;
- Adapting administrative reform to emerging global principles of competitiveness, free trade and regional economic unions;
- Adapting the administrative structure to new international and national conditions;
- Implementing a privatization programme;
- Decentralizing and devolving responsibilities (local communities are recognized as the main pillars for the country's development);
- Implementation of a human resource training and specialization programme.

Expand governance standards to encompass the introduction of accountability mechanisms, transparency, participation, and equality, at all levels including improving corporate governance practices as well as adopting new rules for listed firms in the Egyptian stock market to increase disclosure and corporate governance requirements (July 2002).

Continue to exert concrete efforts to liberalize the trade system and integrate in the world economy which resulted in significant reduction in both nominal and effective protection in almost all manufacturing sectors and industries. In addition, Egypt has concluded a number of Regional Trade agreements aiming at increasing market access; enjoying economies of scale; attracting more foreign direct investment (FDI) and technology transfer. Examples are COMESA agreement, Egypt-EU partnership agreement, qualified industrial zones (QIZ), Agreement on the establishment of a Free Trade Area between the Arab Mediterranean Countries (AGADIR Agreement) and The Greater Arab Free Trade Area (GAFTA).

ACCELERATING PROGRESS:

Attract more forms of effective ODA from current development partners and new partners, and that have more positive spillovers on the development process.

Ensure effective and efficient management of ODA through adopting the proposed following rules:

- Coordinate the distribution of ODA according to national program priorities to favor marginalized regions and to less centralization; favor Upper Egypt and Frontier governorates and encourage

development partners to take GOE priority areas there into their agenda.

- Maintain the trend to decrease the technical assistance component in favor of increasing investment-based assistance and transfer of know-how and technology.
- Allocate additional and diversified resources to agencies and institutions supporting and strengthening SMEs.
- Design accurate feasibility studies, and ensure their flexibility to incorporate changes during project implementation.
- Create and develop cooperation between different multilateral and bilateral agencies involved in the use of aid.
- Overcome administrative and organizational obstacles facing the implementation of projects by providing the necessary infrastructure and guarantees, whether from government or the Ministry of Finance.
- Increase the dependence on Arab sources of finance which enjoy more flexibility
- Direct more attention to the least developed regions in Upper Egypt.
- Increase ODA allocations to governorates with lower HDI values.
- Support youth employment, through investment in human capital and job creation.
- Provide access to affordable essential drugs.

Strengthen trade policies to ensure the competitiveness of Egyptian products through commitment to applying quality control and assurances in line with international specifications and standards as well as facilitating export and import procedures to intensify efforts aiming at marketing Egyptian products in foreign markets. Moreover:

- Provide data on foreign markets and investigating export opportunities.
- Increase the financial resources of the Export Development Fund.
- Developing transactions with regional and global economic blocs, and speeding up the completion of infrastructure works that deepen Egypt's integration in the world economy.
- Expand coordination concerning existing and new trade-based



projects is required between the Ministry of International Cooperation (MIC) and the Ministry of Industry and Trade.

To achieve the planned annual increase of 20 % over the period 2007-2012 in internet users and information technology clubs, and of 25 % in mobile phone users, and 15% in number of companies working in the field of communication and information technology, the proposed policies are:

- Development of more concrete ICT targets at national as well as sub-national levels in order to measure progress in access to ICT better.
- Creation of public-private partnerships wherever private sector participation is lacking, better regulation of the ICT market to ensure fair market practices, and expansion of both basic and ICT-facilitating infrastructure.
- Increased efforts to close the ICT gap, especially in the access to fixed broadband Internet service given its growing importance in the way people conduct business and communicate.

The need to continue constructive dialogues with developed countries is essential. Productive communication will ensure their full commitment to the recommendation of the Millennium Declaration; allocating around 0.7% of their gross national income to developing countries. This commitment was, endorsed in various meetings. It was clearly, elaborated in the Paris Declaration. Moreover, it is important to fully, activate the package announced by the leaders of the Group of Twenty (G-20) in April 2009, which allocates a US\$1.1 trillion both to help affected countries meet the immediate financial needs that have arisen from the crisis and to boost economic activity worldwide.

The impact of the varying global crises, as well as the irregular flow of ODA would limit the capacity of developing countries. Egypt would not be, excluded from this limitation. In as such it would hinder progress, to undertake the highly needed programmes for improving health conditions, increasing accessibility and quality of education. Further, it would impede the adaptation of various measures to ensure the women's empowerment, thus leading eventually to enhance the overall quality of life⁶⁹.

69 See Annex 8 for list of reference pertaining to Goal 8

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Goal target	Track status				
	Achieved	Very likely to be achieved on track	Possible to achieve if some changes are made	Off track	Insufficient information
Goal 1 : Eradicate extreme poverty and hunger					
Target 1 : Halve, between 1990 and 2015, the proportion of people whose income is less than 1.25 dollar a day	● ¹				
Target 2 : Achieve full and productive employment and decent work for all, including women and young people				●	
Target 3 : Halve, between 1990 and 2015, the proportion of people who suffer hunger			●		
Goal 2 : Achieve universal primary education					
Target 4 : Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling		● ²			
Goal 3 : Promote gender equality and empower women					
Target 5 : Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all in all levels of education no later than 2015		●			
Goal 4 : Reduce child mortality					
Target 6 : Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	●				

1 Only based on the narrow definition of proportion of people whose income is less than 1.25 dollar a day.

2 Except for the share of women in wage employment in non agriculture sector and proportion of seats held by women in Parliament that will not be achieved by 2015.

Goal target	Track status				
	Achieved	Very likely to be achieved on track	Possible to achieve if some changes are made	Off track	Insufficient information
Goal 5 : Improve maternal health					
Target 7 : Reduce by three quarters, between 1990 and 2015, the maternal mortality rate		 3			
Target 8 : Achieve, by 2015, universal access to reproductive health					
Goal 6 : Combat HIV/AIDS, malaria and other diseases					
Target 9 : Have halted by 2015 and begun to reverse the spread of HIV/AIDS					
Target 10 : Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it					
Target 11 : Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases		 4			
Goal 7: Ensure environmental sustainability					
Target 12: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources					
Target 13: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss					

3 Depending on national estimates that should be validated.

4 Shistosomiasis is very likely to be achieved, Tuberculosis possible but viral Hepatitis c unlikely to be achieved.

Goal target	Track status				
	Achieved	Very likely to be achieved on track	Possible to achieve if some changes are made	Off track	Insufficient information
<p>Target 14: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation:</p> <p>A. Drinking Water:</p> <p>B. Basic Sanitation:</p>	●		●		
<p>Target 15: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers</p>			●		
Goal 8: Develop a global partnership for development					
<p>Target 16: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system</p>		●			
<p>Target 17: Address the special needs of the least developed countries</p>			●		

Goal target	Track status				
	Achieved	Very likely to be achieved on track	Possible to achieve if some changes are made	Off track	Insufficient information
Target 18: Address the special needs of landlocked developing countries and small island developing States (through the Programme of Action for the IM Sustainable Development of Small Island Developing States and the outcome 8. of the twenty-second special session of the General Assembly)					
Target 19: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term					
Target 20: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries					
Target 21: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications					

