



# Egypt

## National Health Strategy

### 2024 - 2030





Egypt  
National  
**Health Strategy**

2024 - 2030



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## **FOREWORD**

The National Health Strategy for the Arab Republic of Egypt (2024-2030) serves as a clear roadmap and a significant leap forward for Egypt's health care sector, aligning with Egypt Vision 2030 and the United Nations Sustainable Development Goals.

This landmark document represents a transformation in healthcare planning in Egypt, shedding light on the current status of the healthcare sector, Egypt's achievements over the past decade, the challenges still facing the sector, and the opportunities available to address these challenges.

Egypt is taking giant steps to advance the health care sector, starting with enhancing the quality and quantity of human resources, the backbone of the healthcare system. This includes horizontal and vertical expansion of healthcare facilities and adopting effective health programs that reflect an improvement in health indicators for Egyptians and residents of Egypt.

President Abdel Fattah El-Sisi's declaration of healthcare as a top priority on the presidential agenda has led to an unprecedented renaissance in the health sector over a decade of relentless work. During this period, numerous massive health projects have been launched, marking a radical shift in the direction of the health sector, and steering the compass of work towards more effective confrontation of health problems that the Egyptian people have suffered from for decades.

The global and regional challenges cast their shadows on the health sector despite the political unrest and geopolitical shifts that the world in general, and the Middle East in particular, is witnessing, accompanied by the spread of many epidemics and other health problems, which have posed a threat to regional health security, no country in the region is spared from its effects.

With these challenges, it became imperative for us to actively seek opportunities for the health sector in light of the rise of the health file as a global priority.

This important document represents a clear model of partnership between government, civil society, and private sector on one hand, and regional and international partners on the other, in addition to all the players and drivers of the health system. It does not stop at mere planning but rather includes a clear roadmap with objectives and indicators.

I am certain that this document will serve as a beacon for all healthcare workers and stakeholders, and a mean to unite and consolidate efforts towards building a successful and sustainable model for the healthcare sector in our beloved country.

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## ABBREVIATIONS

<b>AI</b>	Artificial Intelligence
<b>AMR</b>	Antimicrobial Resistance
<b>ART</b>	Antiretroviral Therapy
<b>BBP</b>	Basic Benefits Package
<b>BMI</b>	Body Mass Index
<b>CAPA</b>	Central Administration Of Pharmaceutical Affairs
<b>CAPMAS</b>	Central Agency For Public Mobilization And Statistics
<b>CCA</b>	Country Common Analysis
<b>CCO</b>	Curative Care Organization
<b>CDC</b>	Centers For Disease Control And Prevention
<b>CDSS</b>	Clinical Decision Support Systems
<b>CHE</b>	Current Health Expenditure
<b>COP27</b>	Un Climate Change Conference
<b>COVID-19</b>	Coronavirus Disease
<b>CRVS</b>	Civil Registration And Vital Statistics
<b>CSOs</b>	Civil Society Organizations
<b>CSR</b>	Corporate Social Responsibility
<b>DHSC</b>	Digital Health Steering Committee
<b>DPG</b>	Development Partners' Group
<b>EDA</b>	Egyptian Drug Authority
<b>EDHS</b>	Egyptian Demographic And Health Survey
<b>EGAC</b>	Egyptian Accreditation Council
<b>EGP</b>	Egyptian Pound
<b>EHA</b>	Egypt Healthcare Authority
<b>EMR</b>	Eastern Mediterranean Region
<b>EPI</b>	Expanded Programme On Immunization
<b>FAO</b>	Food And Agriculture Organization Of The United Nations
<b>FHM</b>	Family Health Model
<b>FP</b>	Family Planning
<b>GAHAR</b>	General Authority For Healthcare Accreditation And Regulation
<b>GAP</b>	Government Action Programme
<b>GBV</b>	Gender-Based Violence
<b>GCHA</b>	Global Climate And Health Alliance

## ABBREVIATIONS continuation

<b>GDP</b>	Gross Domestic Product
<b>GGE</b>	General Government Expenditure
<b>GGHE</b>	General Government Health Expenditure
<b>GHG</b>	Greenhouse Gas
<b>GOTHI</b>	General Organization Of Teaching Hospitals And Institutes
<b>HBV</b>	Hepatitis B Virus
<b>HCC</b>	Hepatocellular Carcinoma
<b>HCV</b>	Hepatitis C Virus
<b>HIE</b>	Health Information Exchange
<b>HIO</b>	Health Insurance Organization
<b>HIS</b>	Health Information System
<b>HIV</b>	Human Immunodeficiency Virus
<b>HSRP</b>	Health Sector Reform Program
<b>I-CAN</b>	Initiative On Climate Action And Nutrition
<b>ICHI</b>	International Classifications Of Health Interventions
<b>IHR</b>	International Health Regulations
<b>IMF</b>	International Monetary Fund
<b>IOM</b>	International Organization For Migration
<b>IP</b>	Intellectual Property
<b>Mo</b>	Ministry Of
<b>MCH</b>	Maternal And Child Health
<b>MCHIP</b>	Maternal And Child Health Integrated Program
<b>MDGs</b>	Millennium Development Goals
<b>MMR</b>	Maternal Mortality Ratio
<b>MoF</b>	Ministry Of Finance
<b>MoHP</b>	Ministry Of Health And Population
<b>NAP</b>	National Action Plan
<b>NAPHS</b>	National Action Plan For Health Security
<b>NCDs</b>	Non-Communicable Diseases
<b>NFSA</b>	National Food Safety Authority
<b>NGOs</b>	Non-Governmental Organizations
<b>NHA</b>	National Health Accounts
<b>NODCAR</b>	National Organization for Drug Control & Research

<b>NORCB</b>	National Organization for Research and Control of Biologicals
<b>NSCP</b>	National Schistosomiasis Control Programme
<b>OOP</b>	Out Of Pocket
<b>OPD</b>	Out-Patient Department
<b>PHC</b>	Primary Healthcare
<b>PHIF</b>	Unified Public and Health Insurance Fund
<b>PPP</b>	Public-Private Partnership
<b>SDGs</b>	Sustainable Development Goals
<b>SDI</b>	Socio-Demographic Index
<b>SDS</b>	Sustainable Development Strategy
<b>SHS</b>	Second-Hand Smoke
<b>TFR</b>	Total Fertility Rate
<b>UHC</b>	Universal Health Coverage
<b>UHC-P</b>	UHC Partnership
<b>UHI</b>	Universal Health Insurance
<b>UHIA</b>	Universal Health Insurance Authority
<b>UHS</b>	Universal Health Insurance System
<b>UN</b>	United Nations
<b>HIV/AIDS</b>	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UNDAF</b>	United Nations Development Assistance Framework
<b>UNDP</b>	United Nations Development Programme
<b>UNFPA</b>	United Nations Population Fund
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNICEF</b>	United Nations Children's Fund
<b>UNODC</b>	United Nations Office On Drugs And Crime
<b>UPA</b>	The Egyptian Authority for Unified Procurement Medical Supply and Technology Management
<b>USAID</b>	United State Agency for International Development
<b>VACSERA</b>	Egyptian Holding Company For Biological Products And Vaccines
<b>VNR</b>	Voluntary National Review
<b>WEO</b>	World Economic Outlook
<b>WHO</b>	World Health Organization



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# EXECUTIVE SUMMARY

Building upon the unwavering commitment to health enshrined in both Egypt's constitution and the spirit of the United Nations Sustainable Development Goals (SDGs), the National Health Strategic Plan for Egypt 2024-2030 reflects the heart of Egypt's vision for a thriving future. Aligned with the national aspirations defined in the sustainable development strategy (SDS) and Egypt Vision 2030, this comprehensive strategy serves as a guiding light towards a healthier tomorrow, a testament to our collective effort to safeguard the well-being of all Egyptians.

This mission is guided by unwavering principles of equity, transparency, dignity, confidentiality, ownership, partnership, inclusivity, engagement and accountability. It is a commitment we embrace collectively, ensuring no one is left behind on this journey towards a healthier future.

## The pillars of a healthier Egypt

The National Health Strategic Plan for Egypt 2024-2030 lays out seven pivotal priorities, acting as the pillars upon which this vision will be built:

### 1. Strengthening health systems towards universal health coverage and strengthening access and expanding coverage to quality essential health services:

This cornerstone initiative focuses on expanding access to essential healthcare services through comprehensive UHI coverage, optimizing the healthcare workforce, and establishing robust primary healthcare models.

Moreover, enhancing quality across all healthcare levels and fostering effective leadership and governance within the health system are critical components of this endeavor.

### 2. Promoting health and well being throughout the life course:

This priority ensures equitable care for all age groups, champions healthy aging, and tackles critical issues like malnutrition, disability and health inequalities.

It also underlines the importance of protecting environmental determinants of health for all citizens.

### 3. Prevention and control of diseases and health-related issues of public health importance:

The strategic plan targets the reduction and monitoring of non-communicable disease (NCDs) through evidence based interventions and the development of robust evidence for effective NCDs management.

Strengthening mental health services and national disease elimination initiatives are also key component of this priority.

Support national initiatives or programmes seeking elimination of endemic, emerging and reemerging infectious diseases, and strengthening of immunization coverage

### 4. Enhancing prevention, preparedness, detection and response for health security:

Preparedness, prevention and response capabilities are paramount to safeguard public health. This priority focuses on fostering national and global collaborations, strengthening surveillance systems, and implementing the One Health Strategy. Ensuring healthcare access for refugees and migrants is also an integral aspect of this priority.

### 5. Enhance health equity, governance, leadership and accountability:

Defining clear roles and responsibilities of the Ministry of Health and Population (MoHP) and other health related agencies and organizations is crucial for effective leadership and governance.

This priority also emphasizes community engagement, data transparency, maintenance of quality and safety standards, and the establishment of robust monitoring and evaluation systems. Additionally, it highlights the importance of evolving public health institutions and enhancing research and development capacity.

### 6. Promote digital health innovation for universal health coverage and well being of all:

Embracing the transformative power of technology, this priority focuses on creating sustainable governance structures for digital health. Secure data sharing infrastructure, utilization of AI and telehealth, optimized digital platforms, and fostering digital literacy among citizens are all critical elements of this initiative. Ensuring a secure and sustainable digital transformation within the healthcare system is key to unlocking its full potential.

### 7. Community engagement for improving health and promoting sociobehavioural change communication:

Empowering individuals and communities is central to achieving and sustaining health improvements. This priority emphasizes targeted health communication campaigns, collaboration with diverse sectors, and improved access to services. Building capacity within the healthcare system for effective community engagement is crucial for ensuring long term success.

## A collaborative journey:

The National Health Strategic Plan for Egypt 2024-2030 is not just a directive; it is a powerful manifesto that has been meticulously shaped through comprehensive workshops and online engagement initiatives, its cornerstone is found in a clearly defined National Health Framework, guaranteeing every action aligns with the shared vision and mission for a healthier nation.

Through distinct roles and responsibilities assigned to government agencies, non-governmental organizations, and the private sector, alongside a robust monitoring and evaluation framework, unwavering accountability will guide the pursuit of a thriving Egypt.



# METHODOLOGY

Egypt's health trajectory underwent a transformative shift in September 2023, illuminated during the Global Congress on Population Health and Development. During this event, the MoHP introduced the ambitious National Health Strategic Framework (2024-2030), a meticulously formulated roadmap heralding a journey of unity and advancement toward a healthier future.

The development of this comprehensive strategic initiative was not an instantaneous process; it evolved over time, establishing the vision, mission and priorities that would govern every strategic move.

To ensure a comprehensive and inclusive perspective, the MoHP engaged the public through an online questionnaire, assessing perceived priorities and health needs. In addition, a sequence of workshops convened a diverse array of stakeholders, ranging from healthcare professionals to community leaders, fostering dynamic discussions and the exchange of ideas.

All these activities have led to development of a national health strategy that is harmonized with Egypt's collective aspirations. Community inputs and stakeholder insights were carefully considered and interwoven into the fabric of the strategic plan.

This cohesive, integrated approach pledges to confront identified priorities and health needs proactively. However, this ambitious roadmap transcends mere vision; it serves as a meticulously detailed blueprint for action. Comprehensive plans for implementation, robust partnerships, and a clear monitoring framework guarantee accountability and progress.

Government agencies, non-governmental organizations (NGOs) and private sector entities will collaborate, mobilizing resources and expertise to bring the plan to fruition. Each advancement will be meticulously assessed, and every milestone celebrated, propelling Egypt steadily towards a future where health flourishes for all.



## VISION

All people living in Egypt enjoy a healthy, safe and secure life, fostering prosperous and productive communities



## MISSION

Our mission is to enhance the health and well being of all people living in Egypt by promoting a healthy lifestyle, addressing their key health determinants and strengthening health systems.



# KEY VALUES AND GUIDING PRINCIPLES

## EQUITY

Ensuring equal access to high quality healthcare services and resources for every individual, regardless of background, socioeconomic status, sex, religion, or any other identity factors.

## TRANSPARENCY

Operating openly and honestly and providing clear information about healthcare policies, processes, challenges and outcomes, to build trust and accountability.

## DIGNITY

Treating all individuals with respect and consideration, preserving their dignity throughout their healthcare journey.

## CONFIDENTIALITY

Safeguarding personal and medical information with the utmost care, respecting individuals' privacy and protecting sensitive data.

## OWNERSHIP

Fostering a sense of collective responsibility among people living in Egypt and among institutions to actively engage in implementing and sustaining the national health strategy.

## PARTNERSHIP

Fostering strong collaborations between healthcare providers, government agencies, UN agencies, the private sector, NGOs, and communities to ensure a unified approach to advancing the goals of the national health strategy.

## INCLUSIVENESS

Embracing diversity and involving all members of society in shaping healthcare policies and initiatives, with an emphasis on equal representation.

## ENGAGEMENT

Actively and meaningfully involving and engaging people living in Egypt, healthcare professionals, and stakeholders in collaborative efforts to design and implement effective healthcare strategies, emphasizing participation and interaction to create effective and relevant healthcare solutions.

## ACCOUNTABILITY

Holding all stakeholders, including policy makers, healthcare professionals, and organizations, answerable for their ethical roles and contributions toward the successful execution and positive impact of the national health strategy.

# STRATEGIC PRIORITIES

Each of the seven strategic priority areas has strategic interventions that articulate specific activities for stakeholders to guide its contribution towards achieving the vision of the country.

## PRIORITY 1:

**Strengthening health systems towards universal health coverage, and strengthening access and expanding coverage to quality essential health services.**

1. Expand and strengthen Egypt's new UHI system to achieve comprehensive and high quality, coverage reduce high out of pocket expenses, harmonize insurance systems, and create a unified, efficient and equitable system after the roll out of the new UHI system.

2. Ensure that the healthcare workforce is fit for purpose by strategically deploying health graduates to match national needs and labour market requirements through an integrated health workforce management system encompassing recruitment, retention, accreditation/ relicensing, equitable distribution, training, shared competencies, task shifting, performance assessment, incentives, safety, and health information.

3. Strengthen and expand comprehensive and inclusive primary health care (PHC) models of care (promotive, preventive, curative and rehabilitative) encompassing primary, secondary and tertiary services, with effective referral within the framework of family health and as part of UHC.

4. Enhance the quality of healthcare services across all levels in both the public and private healthcare sectors.

5. Increase reliance on public financing for health to reduce out of pocket and catastrophic health expenditures and promote financial risk protection for all.

6. Strengthen health systems leadership and governance through reviewing healthrelated laws, bylaws and regulations to identify gaps and inconsistencies that hinder the achievement of national health goals.

7. Promote private sector engagement in the health sector with the aim of improving healthcare accessibility, quality and efficiency.

8. Enhance the production and ensure the quality, safety and efficacy of health products, including medicines, vaccines, blood products, family planning methods, medical devices and diagnostics.

## PRIORITY 2:

**Promoting health and well being throughout the life course.**

1. Strengthen health systems to ensure universal access for all age groups to quality health services.

2. Promote healthy aging and enhance quality of life through the life course.

3. Reduce all forms of malnutrition through the life course with a particular focus on people in vulnerable situations and at risk groups, including social and behavioural change communications.

4. Prevent and control disability impact by implementing comprehensive services for early detection, effective rehabilitation, and holistic support for persons with disabilities.

5. Mitigate health inequalities by proactively addressing the social and economic determinants of health and collecting data disaggregated by such determinants, in addition to age and sex, to monitor progress towards equity.

6. Protect and promote the health and well being of the population by addressing environmental determinants of health.



### PRIORITY 3:

#### Prevention and control of diseases and health related issues of public health importance

1. Reduce and monitor the escalating burden of NCDs by implementing evidence based, cost effective interventions and best buys targeting key risk factors, and by managing prevalent NCDs, including cardiovascular disease, diabetes, cancer, and chronic respiratory diseases.
2. Support building the evidence for the business or investment rationale of addressing NCDs and other emerging health concerns with public significance, targeted at non-health stakeholders.
3. Strengthen mental health and well being across the life course through improving access to mental health services, reducing stigma surrounding mental health issues, promoting mental health awareness and education, and enhancing integration of mental health services at PHC level.
4. Support national initiatives or programmes seeking elimination of endemic, emerging and reemerging infectious diseases that threaten the population and people in vulnerable situations, and ensure their sustained effectiveness, including increasing vaccination coverage.

### PRIORITY 4:

#### Enhancing prevention, preparedness, detection and response for health security

1. Enhance health system resilience by strengthening emergency preparedness, prevention, detection and response at all levels and improving integration to prevent, detect, respond to, and recover from public health emergencies and disasters, all while maintaining essential health services and aligning with global agendas such as the political declaration on pandemic prevention, preparedness and response, and the pandemic accord.
2. Foster national, regional and global health security by aligning with current efforts to strengthen and implement the International Health Regulations (IHR).
3. Strengthen and promote an integrated national surveillance system, including an antimicrobial surveillance system.
4. Strengthen public health laboratory services, testing capacities and networks.
5. Implement the One Health Strategy and its operational plan to address the interconnections between the health of humans, animals, plants and the environment.
6. Provide comprehensive healthcare and support services to refugees and migrants to ensure they receive timely and appropriate care and have access to essential health services.
7. Enhance the resilience and sustainability of healthcare facilities to the impacts of environmental risks, including but not limited to climate change and extreme weather events, while promoting sustainability and environmentally friendly practices.

### PRIORITY 5:

#### Enhance health equity, governance, leadership and accountability

1. Delineate the roles and responsibilities of the MoHP in relation to other pertinent national health entities and organizations.
2. Foster the development of leadership capacities, ensuring robust interconnections between the MoHP and diverse health related and non-health related governmental and non-governmental entities through a Health in All policies approach.
3. Promote and establish a culture of active participation, meaningful engagement, transparency in decision making, and open data sharing to facilitate strategic planning, stimulate innovation and encourage ongoing improvement.
4. Ensure adherence to quality care and safety standards. Establish and standardize guidelines for preventive and curative interventions and safety measures aligned with national and international norms. Enforce guidelines implementation and develop mechanisms to ensure accountability of the health workforce.
5. Reduce health inequities by promoting inclusiveness and protection of health for all individuals, without discrimination.
6. Establish robust digital monitoring and evaluation systems to track performance indicators for the systems, assess the impact on health priorities and value based services, and measure progress towards achieving health equity.
7. Support the development of fit for practice public health institutions, contributing to the well being of people.
8. Enhance institutional capacity for health and public health research and development with a specific focus on strengthening data management, advanced data analysis, and evidence interpretation, to support evidence based decision making and improve health system performance and health outcomes.

### PRIORITY 6:

#### Promote digital health innovation for universal health coverage and well being of all

1. Create sustainable and robust governance structures and capacity for digital health in Egypt among different relevant entities.
2. Establish an interoperable and resilient digital health infrastructure that enables secure data sharing, granting healthcare providers authorized access to patient information and health data. This strategy will foster care coordination, evidence based decision making, and attainment of broader health objectives.
3. Institutionalize and utilize technology advancements, including artificial intelligence, telehealth, mobile applications, and wearable devices, to revolutionize healthcare by enhancing diagnostic capabilities, empowering individuals to manage their health, and providing valuable health insights.
4. Optimize digital platforms, data analytics and emerging technologies to drive comprehensive healthcare solutions, including disseminating health information, detecting and managing disease outbreaks, and advancing research initiatives.
5. Provide training programmes for healthcare professionals to enhance their digital literacy and their competency in using digital health tools effectively, while promoting digital literacy among people living in Egypt, maximizing benefits from digital health services.
6. Drive a secure and sustainable digital transformation in healthcare by designing scalable and long term digital health interventions, prioritizing infrastructure development, resource allocation and continuous training, and ensuring regulatory compliance, while preserving privacy and security.

### PRIORITY 7:

#### Community engagement for improving health and promoting sociobehavioural change communication

1. Implement targeted health communication campaigns to raise awareness about key health issues and promote healthy behaviours among the community.
2. Provide education and resources to empower individuals to make informed health decisions and take control of their own well being.
3. Collaborate with the public sector, NGOs, and the private sector to develop and implement community engagement initiatives that address local health needs and priorities.
4. Improve access to quality healthcare services by promoting health service utilization and facilitating community involvement in healthcare planning and decision making.
5. Build capacity within the healthcare system to effectively engage with communities, tailor health messages, and address sociocultural factors influencing health behaviours.



# COUNTRY CONTEXT

Egypt has seen a dramatic increase in the size of its population during recent decades to reach currently 106 million in 2024<sup>(1)</sup>, up from 72 million in 2006. The country is considered the most populous in the Arab world.

The annual growth rate was 1.7% in 2021<sup>(2)</sup>. About 43% of the Egyptian population live in urban areas and 51% are males.<sup>(3)</sup>

About a third of the population (34%) is below 15 years old and 6% is aged 65 or older, as of 2023 (Figure 1).<sup>(4)</sup>

Egypt hosts over 9 million migrants from 133 countries, with the largest groups being Sudanese (4 million), Syrians

(1.5 million), Yemenis (1 million), and Libyans (1 million). These groups comprise 80% of the international migrant population in the country.<sup>(5)</sup>

The total number of migrants is equivalent to 8.7% of the Egyptian population, according to the International Organization for Migration (IOM) in its latest assessment<sup>(5)</sup>

The Ministry of Foreign Affairs collaborates with IOM to develop mechanisms and support to address the protection needs of migrants and leverage their development potential in Egypt.

The health situation in Egypt has improved considerably over the past few decades. Life expectancy at birth has increased steadily from 50 years 1970 to 71.6 years in 2024 (69.1 for males and 74.1 for females); Significant progress has been made in child health outcomes, largely attributed to high levels of vaccination, with coverage of BCG, DPT, Pol3, and measles above 95% in 2019. Moreover, Egypt has made significant strides in reducing maternal mortality, with a steady and notable decline from 174 deaths per 100,000 live births in 1992 to 49 deaths per 100,000 live births in 2020<sup>(6)</sup>.

In February 2016, Egypt launched its first ever sustainable development strategy, Egypt Vision 2030, and submitted three voluntary national reviews (VNR) in 2016, 2018 and 2021, illustrating strong commitment and political support for the Sustainable Development Goals (SDGs) and the 2030 Agenda, and to the progression of a national approach to sustainable development<sup>(7)</sup>.

Egypt's sustainable development strategy focuses on three main dimensions of development: economic, social and environmental. Health is included in the sustainable development strategy as part of the social dimension. In terms of overall performance on the SDGs, Egypt is ranked 83<sup>th</sup> of 167 countries, with an overall score of 69.1 (Figure 2).

While Egypt's SDGs score is below the regional average of 89.6 for the Middle East and North Africa, the country has demonstrated notable progress in certain areas and is actively working to close the gaps<sup>(8)</sup>.

The COVID-19 pandemic has had a severe impact on the SDGs in Egypt, with setbacks in several sectors. The health sector has been heavily affected, with resources redirected to manage COVID-19 cases, leading to a decline in essential health services such as immunization and maternal care.

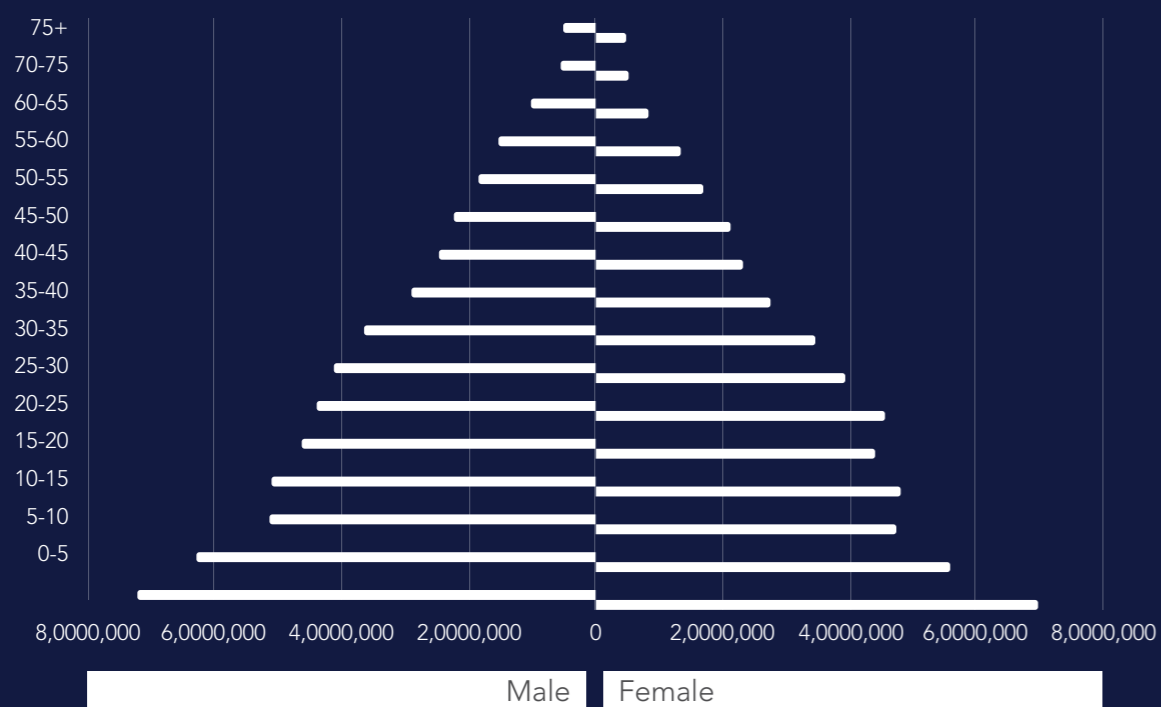


Figure 1: Egypt's population pyramid, 2023

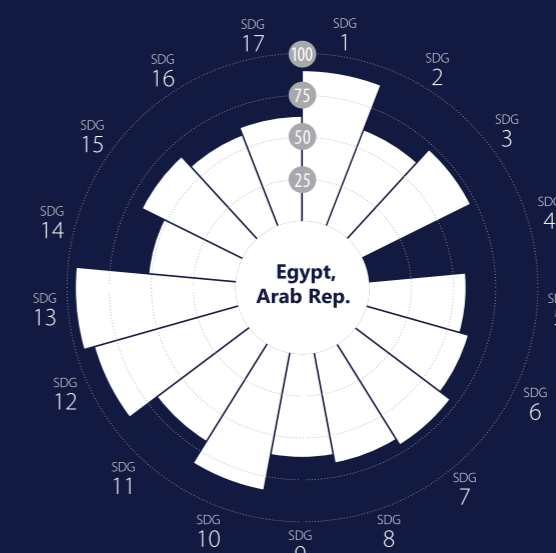


Figure 2: Average performance of SDGs in Egypt 2024

1. <https://www.capmas.gov.eg>  
 2. <https://data.worldbank.org/indicator/SP.POP.GROW?locations=EG>  
 3. Central Agency for Public Mobilization and Statistics (CAPMAS), EGYPT IN FIGURES - POPULATION 2022  
 4. <https://www.unfpa.org/data/world-population/EG>  
 5. <https://egypt.iom.int/news/iom-egypt-estimates-current-number-international-migrants-living-egypt-9-million-peopleoriginating-133-countries>.

6. Central Agency for Public Mobilization and Statistics (CAPMAS), EGYPT IN FIGURES - POPULATION 2024  
 7. <https://unsdg.un.org/un-in-action/egypt>  
 8. <https://dashboards.sdgindex.org/static/profiles/pdfs/SDR-2024-egypt-arab-rep.pdf>

The pandemic also resulted in a significant increase in poverty rates, affecting the country's progress towards achieving SDG 1 (No Poverty).

Education systems were also disrupted, with school closures affecting progress towards SDG 4 (Quality Education).

Furthermore, economic activity was heavily impacted, leading to job losses and economic contraction, affecting progress towards SDG 8 (Decent Work and Economic Growth).

Therefore, Egypt needs to urgently accelerate progress on most of the SDGs to ensure their achievement by 2030<sup>(9)</sup>.

## SOCIOECONOMIC SITUATION

Egypt is a lower middle income country, The gross domestic product (GDP) was worth 476.7 billion US dollars (US\$) in 2022. The GDP value of Egypt represents 0.18% of the world economy<sup>(10)</sup>.

In recent years, Egypt's macroeconomy has exhibited a degree of resilience, thanks in large part to the implementation of structural reforms since 2016.

The government has also passed new laws and launched initiatives aimed at addressing long standing structural challenges, particularly those related to the business environment.

Alongside these economic reforms, measures have been taken to provide social protection and support for the poor and vulnerable, while also attempting to address issues in health and education.

As a result of these initial economic reforms, Egypt was among a limited number of countries that maintained positive economic growth throughout the COVID-19 pandemic<sup>(11)</sup>.

Despite its relative resilience, Egypt is currently facing challenges, such as a surge in inflation and sudden large scale portfolio outflows, as well as international challenges,

including repercussions from the ongoing Russia-Ukraine conflict and Gaza crisis resulted in persistent supply chain disruptions, and a tightening of global financial conditions.

As a result, GDP growth remained just under 4% in FY 2022/23 year, but is projected to pick up to 4.8% in FY 2024 and 5.1% in FY 2025. The current headwinds may still induce hardship for households and lead to a growth in poverty<sup>(12)</sup>.

Although Egypt's economy is showing signs of recovery, and macroeconomic imbalances are beginning to decrease, the country still faces significant social challenges.

According to data from the World Bank, Egypt's poverty rate was 29.7% in 2019, with more than a quarter of the population living below the poverty line<sup>(13)</sup>. This poverty rate may increase due to the impact of inflation on real incomes<sup>(14)</sup>. Furthermore, the proportion of the population living below the international poverty line (the percentage living on less than US\$ 1.90 a day at 2011 international prices)<sup>(15)</sup> has remained the same since 2015<sup>(16)</sup>.

In addition, unemployment remains high, with a rate of 7% in 2022, despite a slight improvement from 8% in 2019<sup>(17)</sup>.

The COVID-19 pandemic has exacerbated these social challenges, with increased job losses and economic hardship for many Egyptians<sup>(18)</sup>.

Egypt's score on the Socio Demographic Index (SDI) has increased from 0.4 in 1990 to 0.66 in 2019, a value similar to those found in other North African and Middle Eastern countries. SDI is a composite average of per capita income, average educational attainment and fertility rates<sup>(19)</sup>.

In terms of education, Illiteracy rates (for individuals 10 years and over) decreased from 49.9% in 1986 to 25.8% in 2017, by 24.1%. More than half of illiterate are elder people, as the age group (60 years and over) recorded the highest percentage of illiterates with 63.4%, while the age group (15-24 years) recorded the lowest percentage among illiterates by about 7%<sup>(20)</sup>.

Access to pure drinking water services in Egypt Reached to 98.7% of the total population in 2021, versus 98.5% in 2020, benefitting from sanitation services reached to 66.7% of the total population in 2021, versus 61.5% in 2020<sup>(21)</sup>. One hundred percent of the population has access to electricity<sup>(22)</sup>.



9. [https://unsdg.un.org/sites/default/files/2020-08/EGY\\_Socioeconomic-Response-Plan\\_2020.pdf](https://unsdg.un.org/sites/default/files/2020-08/EGY_Socioeconomic-Response-Plan_2020.pdf)  
10. <https://data.worldbank.org/indicator/NY.GDP.MKTP.CD>  
11. <https://www.sis.gov.eg/Story/180316/Egypt-World-Bank-Country-Partnership-Framework-FY2023-2027?lang=en-us>

12. <https://www.worldbank.org/en/country/egypt/publication/egypt-economic-monitor-fall-2022-strengthening-resilience-through-fiscal-and-education-sectors-reforms>  
13. [https://sustainabledevelopment.un.org/content/documents/2795\\_12021\\_VN\\_R\\_Report\\_Egypt.pdf](https://sustainabledevelopment.un.org/content/documents/2795_12021_VN_R_Report_Egypt.pdf)  
14. <https://www.worldbank.org/en/country/egypt/publication/egypt-economic-monitor-fall-2022-strengthening-resilience-through-fiscal-and-education-sectors-reforms>  
15. <https://www.who.int/data/nutrition/nl/is/info/population-below-the-international-poverty-line>  
16. <https://rho.emro.who.int/Indicator/TermID/25>  
17. <https://data.worldbank.org/indicator/SL.UEM.TOTL.ZS?locations=EG>  
18. <https://data.worldbank.org/indicator/SI.POV.GINI>  
19. <https://ghdx.healthdata.org/record/ihme-data/gbd-2019-socio-demographic-index-sdi-1950-2019>  
20. CAPMAS, General Census of Population, Housing and Establishments 2017.  
21. [www.capmas.gov.eg/Admin/News/PressRelease/2022410131543\\_%D8%A7%D9%84%D9%8A%D9%88%D9%85%20%D8%A7%D9%84%D8%B9%D8%A7%D9%84%D9%85%D9%89%20%D9%84%D9%84%D9%85%D9%8A%D8%A7%D9%87\\_e.pdf](http://www.capmas.gov.eg/Admin/News/PressRelease/2022410131543_%D8%A7%D9%84%D9%8A%D9%88%D9%85%20%D8%A7%D9%84%D8%B9%D8%A7%D9%84%D9%85%D9%89%20%D9%84%D9%84%D9%85%D9%8A%D8%A7%D9%87_e.pdf)  
22. <https://data.worldbank.org/indicator/EG.ELC.ACCTS.ZS?locations=EG>





# CLIMATE AND ENVIRONMENT

The Egyptian people face considerable environmental challenges that affect their everyday lives through negative impacts on food and water security, in addition to other daily essential requirements.

These challenges are a result of climate change, biodiversity loss, pollution and other signs of environmental degradation. Historically, Egypt has depended on the ample flow of the Nile River from the south, given the limited rainfall in the country.

The consequences of climate change, including rising temperatures, more frequent droughts, and soil salinity from rising sea levels, are exacerbating a reduction in the already limited arable area. Currently, Egypt emits more greenhouse gases (GHGs) than it did in 1990. In 2018, it emitted 398.68 million tonnes (0.8% of the global figure)<sup>(23)</sup>.

Three sectors in Egypt (energy, transport and industry) account for around 80% of the country's greenhouse gas emissions<sup>(24)</sup>.

Dust and sandstorms, common in Egypt, are associated with an increase in infectious diseases, such as influenza and pneumonia, and the worsening of non-infectious diseases, such as respiratory health problems in children and chronic cardiopulmonary diseases in the elderly<sup>(25)</sup>.

Recognizing the need to address the health impacts of climate change and extreme weather, Egypt hosted the UN Climate Change Conference (COP27) in November 2022. During the conference, the WHO country office of Egypt launched the world's first global Initiative on Climate Action and Nutrition (I-CAN). The initiative is supported by the Food and Agriculture Organization of the United Nations (FAO), other UN agencies, and partners such as the Global Alliance for Improved Nutrition. I-CAN is a multisectoral, flagship initiative designed to accelerate progress in both climate and nutrition by providing technical and high-level support, promoting integrated action, and serving as a hub for capacity-building, data transfer, and knowledge sharing<sup>(26)</sup>.

23. [https://www.unep.org/explore-topics/climate-action/what-we-do/climate-action-note/state-of-climate.html?gclid=Cj0KCQiAyMKbBhD1ARisANs7rEGIKjEu\\_GUdlrDhctQDxiZn7NerK6biZ\\_B8LeDSP2CyhKJDViDtJe0aAIOSEALw\\_wcB](https://www.unep.org/explore-topics/climate-action/what-we-do/climate-action-note/state-of-climate.html?gclid=Cj0KCQiAyMKbBhD1ARisANs7rEGIKjEu_GUdlrDhctQDxiZn7NerK6biZ_B8LeDSP2CyhKJDViDtJe0aAIOSEALw_wcB)  
24. <https://reliefweb.int/report/egypt/egypt-country-climate-and-development-report-november-8-2022-english>  
25. Egypt: Country Climate and Development Report (November 8, 2022)  
26. Initiative on climate action and nutrition (I-CAN), World Health Organization (WHO), 2022.

# HEALTH POLICY ON POLITICAL AGENDA

Egypt has shown unprecedented political will to reform its social and economic development agenda through various significant milestones, such as the adoption of the 2014 constitution and the sustainable development strategy Egypt Vision 2030.

Egypt has set ambitious development goals through national and sectoral level strategic policy frameworks aligned with the SDGs, including Egypt Vision 2030.

The implementation of Egypt Vision 2030 is carried out through five year Government Action Programmes (GAPs).

The latest programme, entitled "Egypt Takes Off," covers the period 2023-2027. It prioritizes the promotion of small businesses as the country's primary source of employment, while enhancing the capacities of local governments to deliver services and guide local development.

The sustainable development strategy features the UHI law, which seeks to transform the health sector and provide comprehensive health coverage to all Egyptians.

To support the implementation of the UHI law and ensure effective healthcare service delivery.

The government has established key institutions such as the Egyptian Drug Authority (EDA), the Unified Procurement Authority (UPA), the Egyptia Health Council (EHC), and National Food Safety Authority (NFSA)

These initiatives reflect the government's commitment to advancing the social and economic well being of people living in Egypt and achieving sustainable development in the country.

To support Egypt's long term development goals, the government has launched several flagship initiatives. Among these initiatives is

Takaful and Karama, a social welfare programme that provides financial assistance to low income families and individuals who are unable to work due to illness or disability.

Haya Karima "Decent Life" initiative is another notable initiative that aims to improve living conditions in rural areas by ensuring access to basic services like healthcare, education and sanitation.

In addition to these initiatives, the National Project for the Development of the Egyptian Family is focused on improving the quality of life for Egyptian families. This

government led project aims to promote family planning, economic empowerment, social protection, education, and community engagement to enhance social, economic and health conditions for families across the country.

Tahya Misr Fund is another initiative, established in 2014, that supports a range of social initiatives, including healthcare, education, and infrastructure development projects.

Finally, the National Women's Empowerment Strategy, launched in 2017, aims to promote gender equality and empower women in various areas of life, including education, employment and political participation.

The government's National Structural Reform Programme is another step to achieving Egypt Vision 2030. Launched in April 2021, this comprehensive reform package aims to diversify the productive structure of the Egyptian economy, especially in three leading sectors: manufacturing, agriculture, and information and communications technology.

In 2021, Egypt released its third voluntary national review report which highlighted notable progress made across various sectors of sustainable development, including social, economic and environmental areas.

However, the report also acknowledged that the COVID-19 pandemic and geopolitical changes have hindered efforts to achieve the SDGs. The report emphasized the need for Egypt to accelerate progress on most of these goals in order to achieve them by 2030.



# HEALTH SYSTEM LANDSCAPE IN EGYPT

The Egyptian health system provides healthcare services through multiple entities in charge of service regulation, financing and provision, including the government, parastatal and private sectors.

The government sector represents the activities of ministries that receive funding from the Ministry of Finance (MoF).

The government is the major provider of preventive care, PHC, curative care, specialist care and inpatient care through its central programmes and affiliated health facilities.

The parastatal sector is composed of quasi governmental organizations in which government ministries have a controlling share of decision-making, including the Health Insurance Organization (HIO), the Curative Care Organization (CCO), the Specialized Medical Centers, the General Organization for Teaching hospitals and Institutes (GOTHI), the Egyptian Ambulance Organization (EAO), and the General Secretariat of Mental Health and Addiction

Treatment (GSMHAT).

The private sector includes for-profit and nonprofit organizations and covers private pharmacies, private doctors and private hospitals of all sizes, as well as private insurance and pharmaceutical and medical supply manufacturers (Figure 3).

In the government sector, the MoHP manages PHC centres, general hospitals, district hospitals, integrated and specialized hospitals.

Additional health facilities are also run by other ministries, including the ministries of higher education, Interior, defence, transportation, ...etc .

The total number of hospitals and hospital beds in the government sector in 2022 was 662 and 88,597, respectively. <sup>(27)</sup>

This health system structure is still functioning in non UHI

governorates and is described as highly fragmented in terms of health service provision and management.

Multiple entities, including the MoHP, other ministries, corporate services, private institutions, universities, military, police, and others, provide healthcare services.

This results in a highly fragmented system for providing public health services, with no central mechanism for coordination. In addition, separate management of the budget, human resources, and facility operations further exacerbates this fragmentation. High quality of care is increasingly recognized as a vital component of achieving effective universal health coverage.

Since the adoption of the SDGs, much greater emphasis has been placed on the importance of effective coverage, i.e. ensuring that populations not only have access to services but also receive high quality care. <sup>(28,29)</sup>

The Egyptian health system needed to be positioned to deliver high quality health services to meet the most pressing needs of its population.

In addition to service delivery statistics struggling to meet international standards, the quality of care at these facilities often does not meet the required standards, leading to low utilization and reduced health benefits.

## Box 1: Key service delivery statistics in Egypt <sup>(30)</sup>

1.As of 2023, there are 0.5 primary healthcare facilities per 10,000 population.

2.For the secondary level of care, there are 12 hospital beds per 10,000 population, compared to 14 in 2014. This is far below the 2030 national target of 30 beds and the world average of 29.

3.All governorates fall well below the global average of 29 beds per 10,000 population, while several governorates fall below the national average of 12 beds per 10,000 population (Figure 4).

4.The proportion of hospital beds and hospitals in the public sector compared to the private sector has declined. The proportion of beds in the public sector declined from 79% in 2011 to 70.7% in 2022. Similarly, the proportion of public hospitals has dropped from 41 % of the total in 2011 to 36.7% in 2022.



Figure 3: Structure of Egypt's health system

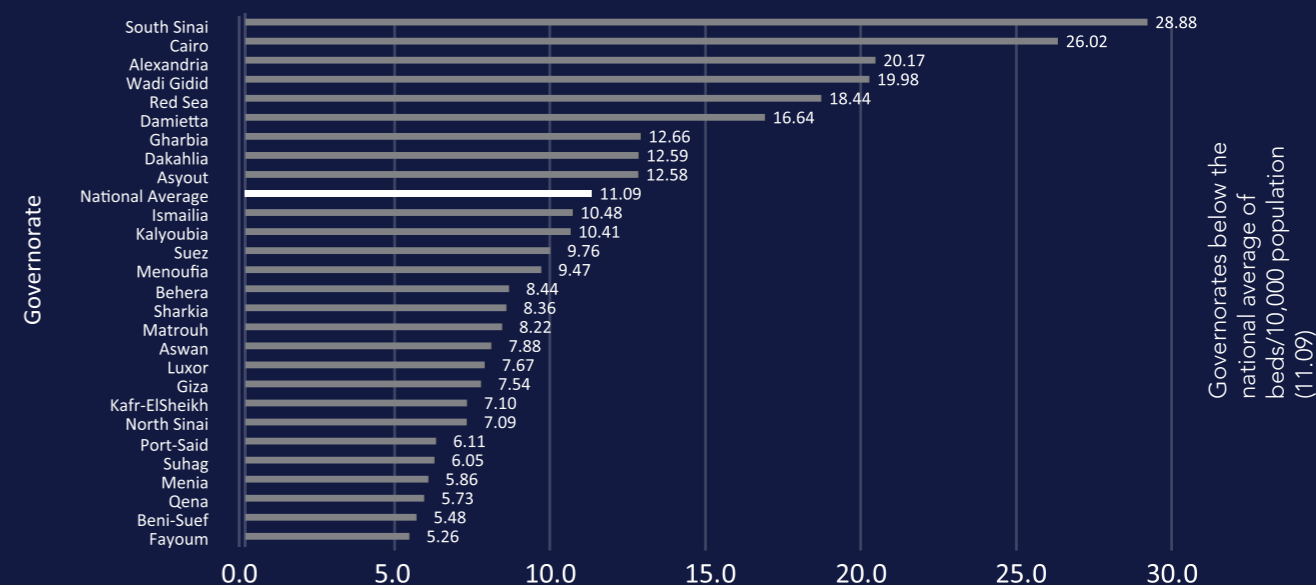


Figure 4: Number of hospital beds per 10,000 population, by governorate, 2022

27. [https://www.capmas.gov.eg/Pages/StaticPages.aspx?page\\_id=5035](https://www.capmas.gov.eg/Pages/StaticPages.aspx?page_id=5035)

28. Akachi, Y and M. Kruk, 2017. Quality of Care: measuring a neglected driver of improved health, Bulletin of World Health Organization, 95:465-72.

29. Leslie, H et al, 2017. Effective coverage of primary care services in eight high-mortality countries, BMJ Global Health, 2:e000424.

30. [https://www.capmas.gov.eg/Pages/Publications.aspx?page\\_id=5104&Year=23607](https://www.capmas.gov.eg/Pages/Publications.aspx?page_id=5104&Year=23607)





# UNIVERSAL HEALTH INSURANCE: THE EGYPTIAN RECIPE FOR ACHIEVING UNIVERSAL HEALTH COVERAGE

In response to health system fragmentation and health related challenges, Egypt initiated the Health Sector Reform Program (HSRP) in 1997 with the aim of improving the quality of health services and equality of access, and establishing sustainable health financing mechanisms, while focusing on primary healthcare.

It started in five pilot governorates and was based on the Family Health Model (FHM). Each family was registered with a physician or a health facility and was provided with essential medical services called a Basic Benefits Package (BBP). The FHM has been rolled out across Egypt, with more than 3800 PHC facilities implementing it out of 5500 nationwide. Over time, this model has become central to the country's goal to achieve universal coverage of basic health services for all Egyptians, in line with the tenets of the original Declaration of Almaata<sup>(31)</sup>.

In 2018, another milestone to reform the health sector was reached with the development of the landmark universal health insurance law. The new law, which is considered a "health act" entails a fundamental transformation of the health system in Egypt, marking serious action towards achieving UHC<sup>(32)</sup>.

The law considers the family as the unit of enrolment, and the family health units and centres as the first level of services provided for the insured.

The Egyptian UHC reform is fully aligned with the key driver of the SDGs of leaving no one behind. The main goal of the reform is to provide quality healthcare services that are accessible to all in Egypt, as the cornerstone to addressing health priorities and health equity. The UHC reform has a wider objective of breaking the vicious circle of poor health outcomes and poverty, both at the individual and national levels.

By ensuring that everyone has access to quality healthcare services; the reform aims to improve the health outcomes of the population and reduce the financial burden of healthcare expenditures on households. This, in turn, can help reduce poverty and promote economic growth. The UHI system sets out to ensure adequate and sustainable funding for health and to reduce out of pocket expenditures. It entails major transformation of the health financing system. The implementation process takes place over six phases, each phase will involve a cluster of governorates, with the aim of covering all Egyptian governorates with a benefit package of quality health services, and financial protection by 2032, with various plans to accelerate the roll out process to be shortened over 10 years<sup>(33)</sup>.

With proper implementation, UHI provides the means to ensure that everyone has access to needed quality health services without suffering financial hardship.

The UHI law introduces a purchaser provider split. In this regard, three autonomous organizations were created in mid-2019: Universal Health Insurance Authority (UHIA), which procures health services; Egypt Healthcare Authority (EHA), which provides services; and General Authority for Healthcare Accreditation and Regulation (GAHAR), which oversees accreditation and regulation.

In addition, there are a number of supporting authorities including (UPA), (EDA) and (EHC).

The UHC reform in Egypt also includes various presidential initiatives such as Haya Karima (Decent Life) initiative, which has a wider scope to address social determinants of health.

The reform is not only linked to SDGs Target 3.8 on UHC and the overall improvements in health (SDGs 3), but also contributes to poverty reduction (SDGs 1), reduction of all types of inequalities (SDGs 5 on gender equality and SDGs 10 on inequalities), ensuring availability of water and sanitation for all (SDGs 6), making cities and human settlements inclusive, safe, resilient and sustainable (SDGs 11), and promoting peace, justice and strong institutions (SDGs 16).

Haya Karima initiative, also known as the National Project for the Development of the Egyptian Countryside, is a multipronged and integrated initiative that was launched in 2019.

It's main objective is to improve the living conditions and daily lives of people living in Egypt. The initiative promotes cooperation and unity of efforts among state institutions, private sector entities, civil society, and development partners in Egypt. The initiative offers healthcare services, medical treatments, surgeries, and prosthetic devices to underprivileged groups. Additionally, it seeks to develop Egypt's poorest villages according to the poverty map, provide job opportunities, and support orphaned girls in getting married.

31. <https://apps.who.int/iris/rest/bitstreams/1239786/retrieve>

32. <http://extranet.who.int/uhcpartnership/country-profile/egypt>

33. Khalifa AY, et al. Purchasing health services under the Egypt's new Universal Health Insurance law: What are the implications for universal health coverage?. Int J Health Plann Manage. 2022;37(2):619-631.



# TAKAFUL & KARAMA

## PRESIDENTIAL PUBLIC HEALTH INITIATIVES

### 100 MILLION HEALTHY LIVES INITIATIVE



These initiatives were launched in the last quarter of 2018, starting with a historic initiative to eliminate Hepatitis C virus (HCV), which was one of the most significant health challenges facing The Egyptian society for decades. His Excellency the President of the Republic has placed this initiative as a top priority on the government's agenda. This initiative has enabled Egypt to transition from being one of the countries with the highest rates of HCV prevalence in the world to becoming the first country in the world to receive a the golden tier from WHO for being on the path to elimination of HCV <sup>(34)</sup>.

The success of this historic initiative was followed by the launch of several other initiatives that aimed to reduce the morbidity and mortality rates due to certain diseases, and improve health indicators for citizens. These initiatives included the initiative to eliminate waiting lists for surgical and non-surgical interventions, as well as a group of initiatives that focused on early detection of various communicable and non-communicable diseases across all age groups from newborns to the elderly

Takaful and Karama cash transfer programme is one of the largest investments in human capital development in Egypt.

Launched in 2015 by the Ministry of Social Solidarity in collaboration with other ministries and partners, the programme aims to provide financial support to the poorest communities in Upper Egypt, Cairo and Giza.

The implementation of these two programmes is an integral part of Egypt's social protection network and support management system.

"Takaful," or "solidarity," provides conditional family

income support aimed at increasing food consumption and reducing poverty, while encouraging families to keep children in school and providing them with needed healthcare. The programme is conditional, meaning that households receive a monthly monetary transfer, provided they comply with certain clearly defined requirements.

The "Karama," or "dignity," part of the programme aims to protect impoverished elderly people above 65 years of age, people with severe disabilities and diseases, and orphaned children. These vulnerable people receive a monthly pension with no conditions.

34. Hassany M, et al. WHO awards Egypt with gold tier status on the path to eliminate hepatitis C. *Lancet Gastroenterol Hepatol.* 2023;8(12):1073-1074.



# HEALTH SYSTEM FINANCING

In the fiscal year 2019/2020, current health expenditure (CHE) in Egypt amounted to 255.6 billion Egyptian pounds (EGP). This corresponds to EGP 2,560 per person and constitutes 4.6% of GDP. The trend in CHE has remained relatively constant recently, failing to keep pace with economic expansion. The proportion of CHE relative to GDP has diminished since 2017, when it stood at approximately 5.6%.

Egypt has historically experienced higher out of pocket healthcare costs compared to peer countries in the region and other lower middle income nations. Nevertheless, there was a reduction in out of pocket expenses in the fiscal year 2019/2020, with these payments accounting for about 59.3% of the total CHE (Figure 5).

In the same fiscal year, general government health expenditure from domestic sources amounted to EGP 81.5 billion, or EGP 817 per capita, growing by 8% year on year in real terms and 13% in nominal terms for the last two reported years. General government health expenditure from domestic sources represents 33% of CHE. As a share of GDP, it represents 1.5%, which is lower than the average in lower-middle income countries (2.3%) or in countries of WHO's Eastern Mediterranean Region (EMR) (2.6%). As a share of general government expenditure (GGE), general government health expenditure from domestic sources represents 5.2%.

Egypt's latest national health accounts (NHA) (2019/2020) revealed that NCDs accounted for the largest portion of healthcare expenditure (55.1 %), followed by infectious and parasitic diseases (6.9%). However, since 30% of healthcare expenditure cannot be allocated to specific diseases, these figures may underestimate the actual spending on these diseases.

Among NCDs, diseases of the genitourinary system and cardiovascular diseases each received the largest shares of healthcare expenditure (17%), followed by diseases of the digestive system (11 %) and mental and behavioural disorders and neurological conditions (10%). In terms of specific diseases, spending on diabetes accounted for 8% of healthcare expenditure, which is lower than spending on sense organ disorders (9%) and neoplasms (9%).

Furthermore, curative care accounted for the largest portion of healthcare spending, representing 45% of CHE. Medical goods followed closely behind with 33%. In contrast, preventive care, as categorized by the NHA classification, made up only 1.5% of the CHE<sup>(35)</sup>.

The new UHI law in Egypt is a significant achievement that brings hope for addressing long-standing health system financing challenges.

The law includes institutional transformation that is highly conducive to achieving UHC if effectively implemented. All Egyptians will have mandatory coverage through family membership, with the state subsidizing the 30% to 35% of the population who are poor and vulnerable, based on the Prime Minister's decree defining exemption controls.

The UHI law provides a large and comprehensive benefit package with low cost sharing rates and relatively low ceilings. Cost-sharing exemptions are provided for the poor and vulnerable, and those with chronic conditions. The law also separates funding from the provision of service, which will improve transparency and accountability.

The new system merges various funding sources into a single pool for UHI, thus leading to considerable defragmentation and allowing for better risk diversity, redistributive capacity, purchasing power and efficiency.<sup>(36-37)</sup>

Citizen-paid premiums, the state budget, government subsidization of the poor, general taxation, an earmarked tobacco tax, copayments (service fees), a contribution of 0.25% of total annual revenues, and subscription fees by health facilities, pharmacies and pharmaceutical

companies are the main funding sources for the UHI.<sup>(36)</sup>

Under a Unified Public and Health Insurance Fund (PHIF) and employing incentive based and other provider payment methods, the provision of the comprehensive basic package will be based on competition and choice among the various public and private service providers.<sup>(38)</sup>

Moving along the phased implementation process will entail major institutional transformation and coordination between the old and new system to avoid further fragmentation and complexity during this period.

The MoHP, the HIO, the MoF and others will have to closely coordinate and interact, and there will be even greater demand for a strong stewardship role for the MoHP, while at the same time considering that the MoHP's overall role and stewardship function will be modified within the UHI context.<sup>(37)</sup>

WHO is working with the government to find options to improve the health financing system. This entails technical support for developing a financial coverage system, based on the social health insurance model and other mechanisms, that will ensure adequate funding for health and lead to reduce out of pocket expenditure<sup>(39)</sup>.

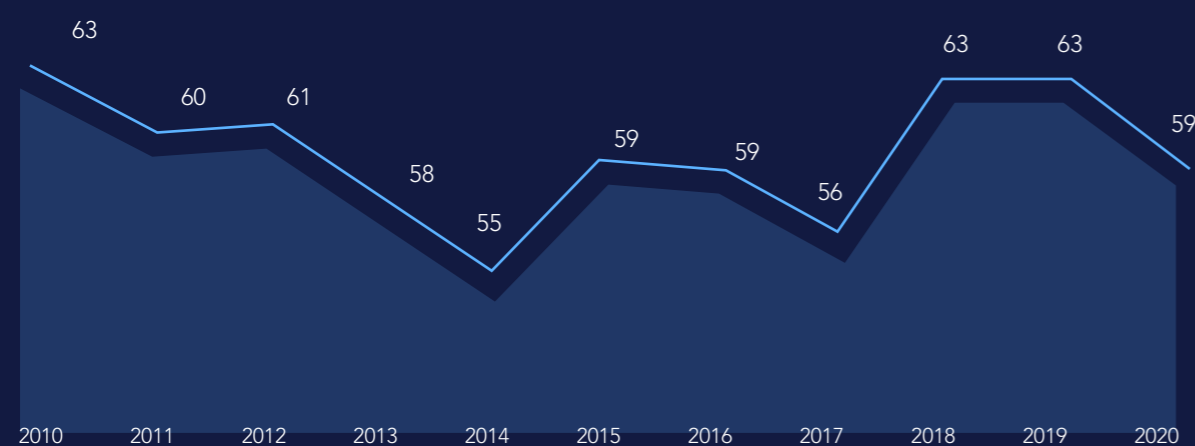
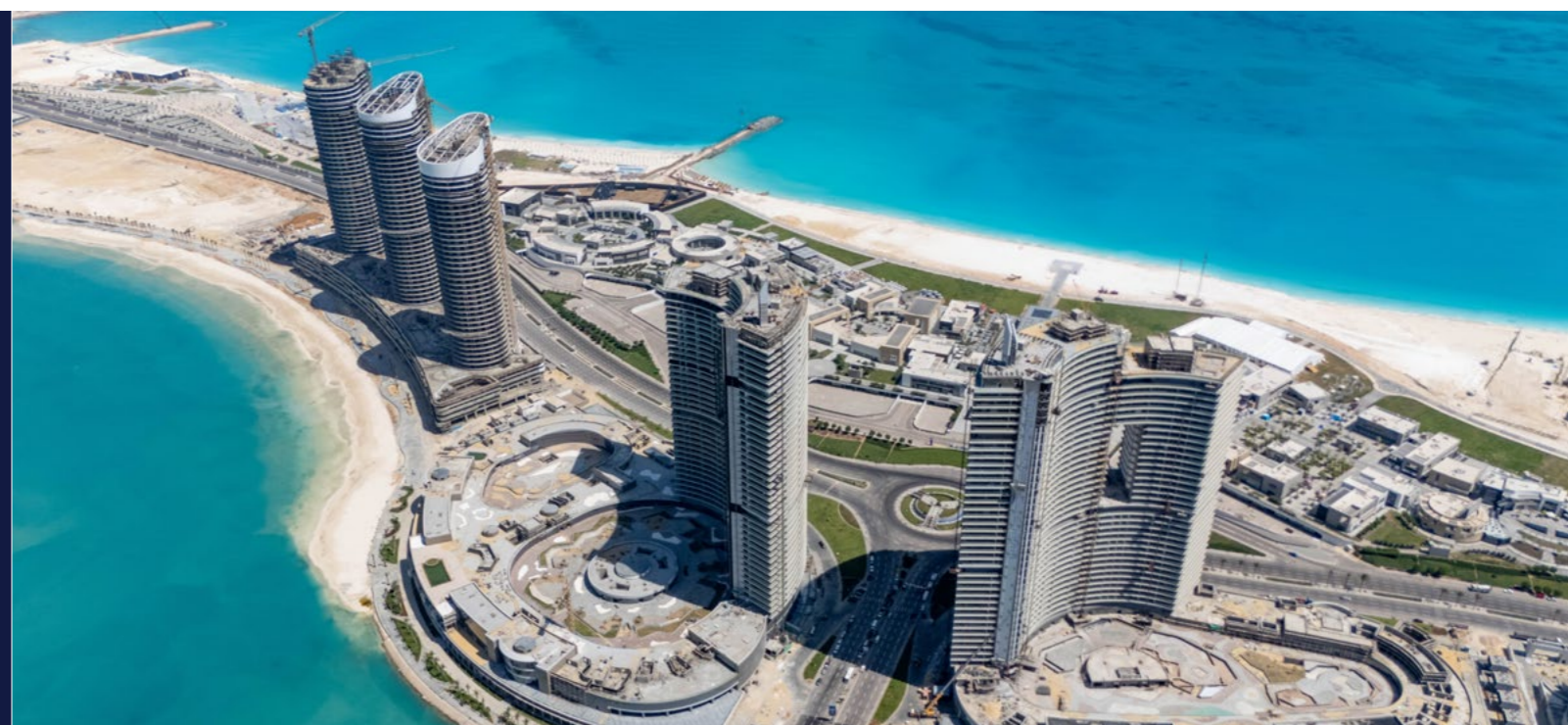


Figure 5: Out-of-pocket spending as a percentage of CHE



35. Egypt National Health Accounts. Establishing an expenditure baseline to support Egypt's health care reform 2019/2020. Cairo: WHO Regional Office for the Eastern Mediterranean; 2023. [https://vlibrary.emro.who.int/idr\\_records/egypt-national-health-accounts-establishing-an-expenditure-baseline-to-support-egypts-health-care-reform-2019-2020/](https://vlibrary.emro.who.int/idr_records/egypt-national-health-accounts-establishing-an-expenditure-baseline-to-support-egypts-health-care-reform-2019-2020/)

36. Khalifa AY, et al. Purchasing health services under the Egypt's new Universal Health Insurance law: What are the implications for universal health coverage?. Int J Health Plann Manage. 2022;37(2):619-631.

37. <https://apps.who.int/iris/rest/bitstreams/1214456/retrieve>

38. Fasseeh A, et al. Healthcare financing in Egypt: a systematic literature review. J Egypt Public Health Assoc. 2022 Jan 7;97(1):1.

39. <https://www.emro.who.int/egy/programmes/health-systems-strengthening.html#health-financing>

# HEALTH WORKFORCE

WHO has set a minimum threshold of 4.45 doctors, nurses and midwives per 1000 population as an indicative density required to achieve the SDGs. However, in Egypt, data from 2022 revealed that there are only 9 physicians and 20 nursing and midwifery professionals per 10,000 population (Figure 6). This indicates that the current health workforce density in Egypt is insufficient to make progress towards achieving the SDGs. The proportion of nurses and physicians in the public sector also declined from 92% to 89% and from 83% to 75%, respectively, between 2011 and 2020.<sup>40</sup> Moreover, there has been no increase in the number of physicians, nurses, pharmacists and dentist graduates per 100,000 population between 2016 and 2022, and graduates from medical schools constituted only 1.6% of total higher education graduates. These statistics indicate that Egypt faces significant challenges in addressing the shortage of healthcare professionals required to achieve the SDGs. Further analysis also reveals that there is poor health workforce retention<sup>40</sup>.

Although there were 229,033 registered physicians in MoHP in 2020, the actual number of working physicians in the public health sector was only around 108,000.

This means that more than half of the health workforce in Egypt does not actively provide health services in the public health sector. To address some of the challenges facing the health workforce, the parliament approved a law setting up Egyptian Health Council in February 2022.

EHC replaced the Higher Committee for Medical Specialties established by Prime Minister's Decree No. 3 of 1998, as well as the Egyptian Authority for Compulsory

Training for Doctors, established by Prime Minister's Decree No. 210 of 2016.

EHC seeks to organize the fields of health in Egypt in the areas of post university education and specialized training, rehabilitation, and scientific and clinical development of all health workers<sup>41</sup>.

On the other hand, several initiatives were implemented to promote the retention of the health workforce in the public sector. This included support for educational programs in partnership with various international institutions and universities, such as Harvard Medical School and Northwestern University. These programs offered scholarships, diplomas, and master's degrees, all of which were supported by the government to enhance educational levels and career skills. Additionally, several laws and regulations were enacted to increase salaries and incentives for healthcare workers. This includes the amendment of Law No. 14 from 2014, which focused on enhancing risk pay categories in medical professions, a presidential decree issued in February 2024 to increase the financial protection package for healthcare workers, and Decree No. 75 of 2024 aimed to improving both financial resources and incentives for healthcare personnel.

In addition to the above mentioned quantitative challenges, there is an urgent need for analysis and strengthening of the quality, competency and capacities of the health workforce in order to better serve their needs and the needs of the community.

Year	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Nursing Staff per 10,000 Population	21.3	21.8	21.7	21.9	22.3	22.2	22.3	22.6	23.0	22.4	18.8	19.9
Human Physicians per 10,000 Population	11.3	11.4	11.9	11.6	12.9	13.5	13.5	12.4	12.4	12.1	9.9	9.3
Pharmacists per 10,000 Population	2.8	3.2	3.7	4	4.6	4.9	5.3	5.4	5.7	5.4	5.6	6.6
Dentists per 10,000 Population	1.7	1.8	2	2	2.2	2.4	2.5	2.4	2.5	3	3.2	3

Figure 6 (continuation): Health workforce per 10,000 population (2011-2022)

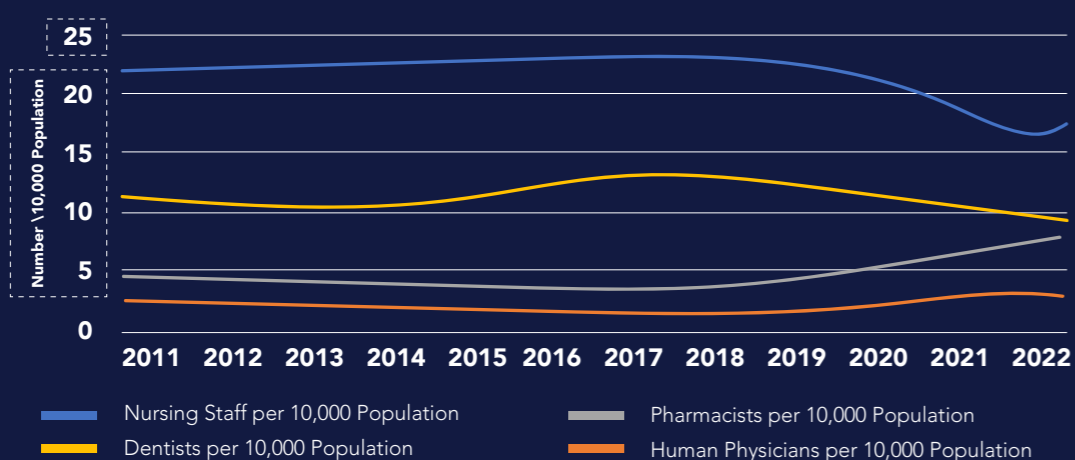


Figure 6: Health Workforce Per 10,000 population (2011-2022)

40. [https://www.capmas.gov.eg/Pages/StaticPages.aspx?page\\_id=5034](https://www.capmas.gov.eg/Pages/StaticPages.aspx?page_id=5034)

41. El-Mazary, A., Okaily, N. The Egyptian Health Council: A Step Forward in the Right Way. *Annals of Neonatology*, 2022; 4(2): 1-8.





# MEDICINES

Egypt is a member of the World Trade Organization. The pharmaceutical sector in Egypt is one of the largest in the Middle East and Africa region. The country has a well-established pharmaceutical industry that produces a wide range of generic and branded drugs, including both human and veterinary medicines.

Egypt's pharmaceutical industry continues to expand, with 170 working manufacturing sites in 2021. These sites are responsible for producing a wide range of pharmaceutical and biological products, with over 170,500 registered products on the market. In addition, there are currently 40 new manufacturing sites under construction, which will further increase the production capacity of the industry. These sites will add to the existing 700 production lines that are in operation and are responsible for producing a variety of products, including generic drugs, biopharmaceuticals and vaccines.<sup>(42)</sup>

The private sector is the dominant player in the pharmaceutical market in Egypt, accounting for around 82% of the total market share. In recent years, there has been a focus on increasing the local production of pharmaceuticals in Egypt.

The government is working to establish Egypt as a regional base for pharmaceutical manufacturing, which will encourage partnerships between the public and private sectors, attract multinational drug makers and encourage drug price control.<sup>(43)</sup>

The Egyptian pharmaceutical market is a significant contributor to the country's economy, with a market value of US\$ 4.8 billion in 2020. The market is projected to grow at a compound annual growth rate of 12.2% between 2020 and 2025. The Egyptian pharmaceutical market continues to grow rapidly and is now among the fastest growing markets in the Middle East and North Africa region, with an average growth rate of 17.9%.

In this vein, Law No. 151 of 2019 was issued, covering the establishment and regulation of two new public authorities in the pharmaceutical sector, namely, the Egyptian Drug Authority and the Unified Procurement Authority.

## The Egyptian Drug Authority (EDA)

Was established as a public service authority affiliated to the Prime Minister, responsible for all drug related matters. EDA is the regulatory authority responsible solely for the registration, licensing, inspection and supervision of all pharmaceutical and cosmetic products, medical equipment, and all raw materials used in their manufacturing.

## EDA has replaced the following entities:

1. National Organization for Drug Control and Research (NODCAR)
2. National Organization for Research and Control of Biological (NORCB)
3. Central Administration of Pharmaceutical Affairs (CAPA).

## Unified Procurement Authority (UPA)

was established as a public service authority affiliated to the Prime Minister, aims to ensure equitable access of medicinal and health technology products through conducting evidence based technology assessments, value driven procurement methods and establishing a robust and sustainable supply chain.

The market size has also increased, reaching US\$6.3 billion in 2021, making it the second-largest market in the region. This growth is driven by several factors, including a growing population, rising incomes, and an increased prevalence of chronic diseases. In addition, the government has continued to focus on improving healthcare infrastructure and services, including expanding access to essential medicines, which has further boosted the market. The market is expected to continue growing in the coming years, with forecasts indicating that it will move up in the global market ranking from 29<sup>th</sup> in 2020 to 24<sup>th</sup> in 2025. The pharmaceutical industry in Egypt is also diversifying, with an increasing focus on research and development and the production of biopharmaceuticals and vaccines, which will further contribute to the growth of the market.

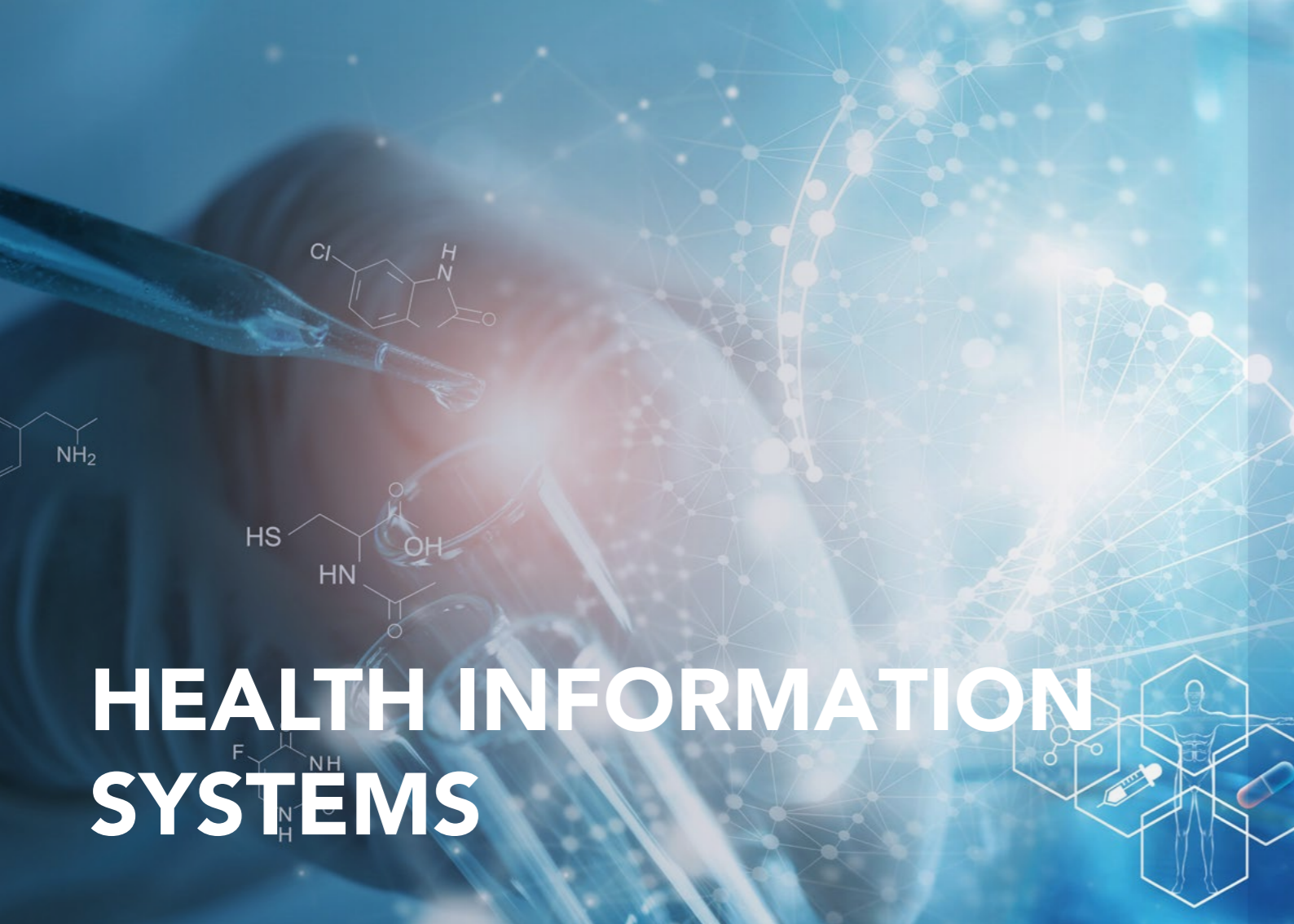
In addition to traditional pharmaceuticals, Egypt has taken a leading role in producing COVID-19 vaccines. In the summer of 2021, MoHP inaugurated the Egyptian Holding Company for Biological Products and Vaccines (VACSERA) factory complex to produce the VACSERA-Sinovac<sup>®</sup> vaccine, using materials from China. This vaccine received emergency licensing from EDA for both domestic use and export. In February 2022 WHO has selected Egypt to be one of six African countries to receive the technology required to produce mRNA vaccines. As of February 2022, Egypt had produced over 45 million doses of VACSERA-SINOVAC<sup>®</sup> vaccine. A proper supply of safe, quality and affordable medicines to the public is the basis for achieving UHC.



42. EDA & Egyptian Market Overview, 2022.

43. <https://oxfordbusinessgroup.com/online-reader?id=182816>





# HEALTH INFORMATION SYSTEMS

The health information system (HIS) handles a multitude of indicators, including via a robust civil registration and vital statistics (CRVS) system.<sup>(44)</sup>

While the CRVS is strong, with 100% of births and almost 99% of deaths registered in 2020<sup>(45)</sup>. MoHP has been upgrading its national HIS of coding morbidity and mortality in healthcare facilities, health offices, and in disease and mortality national reporting by updating its National HIS.

The Egyptian MoHP believes that harnessing the potential of digital technologies is vital to enhance the quality, accessibility, and efficiency of healthcare system.

As such WHO aims to support MoHP to serve a unified goal and revolutionize the healthcare sector by developing the National Digital Health Strategy aiming to strengthen the Egyptian health system through the application of digital health technologies for consumers, health professionals, health care providers and industry towards empowering patients and achieving the vision of health for all. The strategy is designed to be fit for purpose and for use in Egypt.

The digital health strategy aims to create an interoperable digital health ecosystem, with an information technology

infrastructure that is primarily used by the health care community across all care settings, by healthcare providers, health service providers and patients as well as by public health authorities, universities, and research institutions.

WHO is supporting the MoHP in assessing and reforming the HIS at micro and macro levels and is supporting implementation efforts in several ways, including the activation of automated health information management systems.

The MoHP has also launched several initiatives aimed at improving the quality and availability of health data, such as the publication of the national health accounts, and series of the Egyptian Demographic and Health Survey (EDHS). Furthermore, developing health information systems is a priority for Egypt in its efforts to achieve UHC. Implementation of the new UHI system in Egypt requires significant changes in the data and information flow needed to manage the functions of both healthcare providers and purchasers, especially with the organizational restructuring separating financing from healthcare provision. In support of the new UHI system, Egypt has further developed the systems outlined above, including electronic medical records, a master facility list, a master indicator list and the CRVS.

44. <https://rho.emro.who.int/sites/default/files/Profiles-briefs-files/EGY-Health-System-Profiles-2018.pdf>

45. <https://unstats.un.org/unsd/demographic-social/crvs/documents/Technical-report-CRVS-in-English-speaking-African-countries3.pdf>

One Example, the implementation of fully electronic medical records in PHC centres in UHI governorates. Automation has also been introduced in hospitals, with 70-80% of processes are now automated. Additionally, the health information system has been synchronized between UHIA and EHA, with automated claim management to streamline processes. To further enhance the efficiency of the healthcare system, a synchronized medicines and supplies coding system has been implemented using the GS1 coding system in various entities, including the UPA and the EDA.

## HEALTH & EQUITY SITUATION NONCOMMUNICABLE DISEASES

Egypt's health outcomes mirror the ongoing epidemiological transition; a diminished communicable disease burden and a large and rapidly growing NCDs and mental health burden. NCDs have grown significantly, with nearly 86% of all deaths in Egypt attributed to one or more of the NCDs (Figure 7).

The proportionate mortality rate of NCDs has increased from 83% in 2015 to 86% in 2019. Cardiovascular diseases alone are responsible for 44% of all deaths in Egypt.

The probability of dying between the age of 30 and 70 from cardiovascular disease, cancer, diabetes or chronic respiratory disease is 28%. the age standardized mortality rate from NCDs is 733.8 per 100,000 <sup>(46)</sup>.

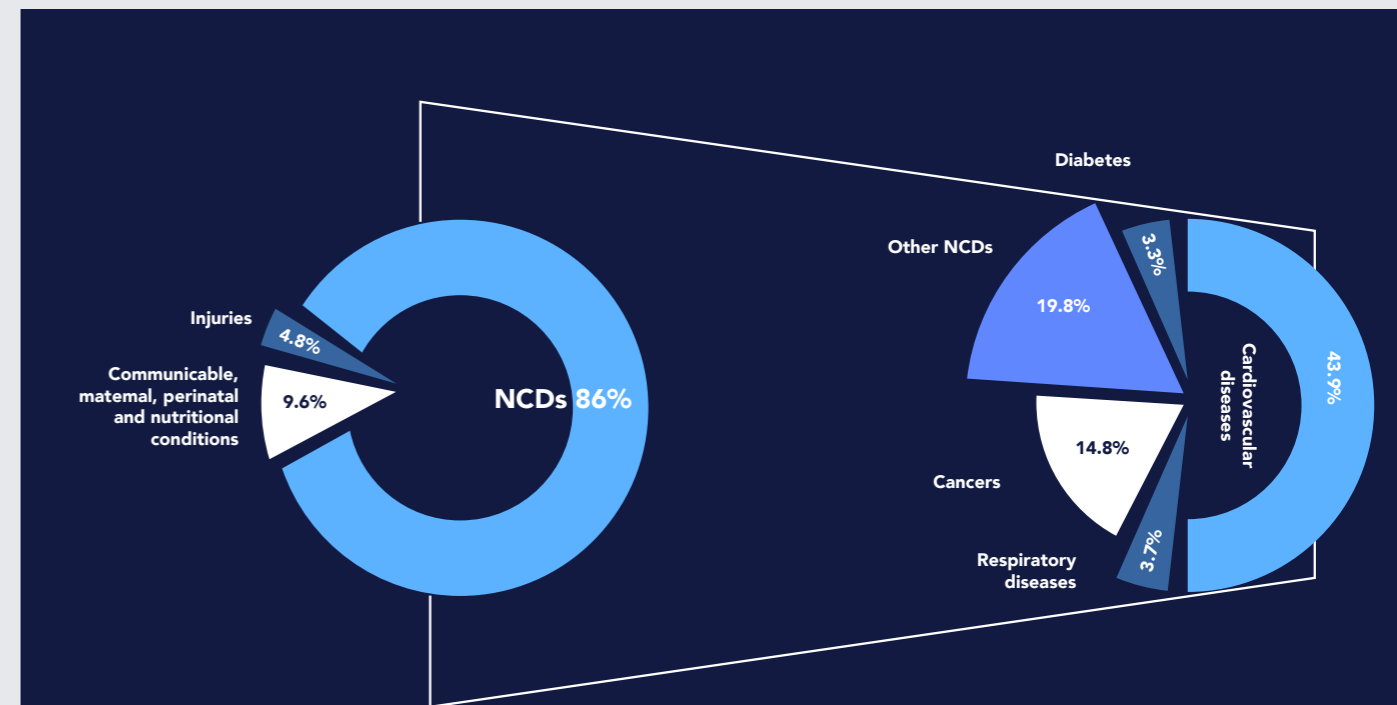


Figure 7: Proportionate mortality by cause of death in Egypt, 2019

46. <https://www.who.int/data/gho/data/themes/topics/topic-details/GHO/ncd-mortality>





# CANCERS

In Egypt, the risk attributable cancer burden estimate is 0.245, meaning that almost a quarter of cancer deaths are due to risk factors, with smoking, alcohol use, and high body mass index (BMI) are the greatest contributors (Figure 8)<sup>(48)</sup>. Projected trends for total annual cases of breast and lung cancer indicate a significant increase between 2018 and 2040, with both cancers nearly doubling, specifically, the number of breast cancer cases is projected to increase from 23,081 to 40,544, while the number of lung cancer cases is projected to increase from 6,045 to 11,945, this can be attributed to contributing factors such as population growth, ageing, and changes in lifestyle and environmental risk factors.

Liver cancer, especially hepatocellular carcinoma (HCC), is a significant health burden in Egypt, which ranks above the 90<sup>th</sup> percentile worldwide in liver cancer incidence. There is a strong male predominance, with liver cancers making up 45.9% of all cancer cases in men in comparison with 22.7% in women. Furthermore, the probability of premature death from cancer per year is expected to increase from 7.6% in 2015 to 8.03% in 2030.<sup>(49)</sup>

# RISK FACTORS

The stepwise survey, carried out in 2017, indicated that, despite governmental attempts to reverse the growing NCD epidemic, a significant risk factor burden remains. One in every five adult Egyptians currently smokes tobacco (22.7%); this figure is much higher for male population, at 43%. Exposure to second hand smoke (SHS) is common in Egyptian households. Household members are exposed to SHS on a daily basis in more than 4 in 10 households, with minor differences between urban and rural areas. There is also an increasing trend of uptake of tobacco by young women, and an overall rise in waterpipe (shisha) use. Tobacco is a driving force in the

rising epidemic of chronic diseases in the country, such as lung disease, lung cancer, ischaemic heart disease and stroke.

In regard to other risk factors, the stepwise survey showed that 0.8% of the population currently consume alcohol, 90.3% of the population eat less than five servings of fruit and/or vegetables per day, and 24.9% do insufficient physical activity.<sup>(47)</sup>

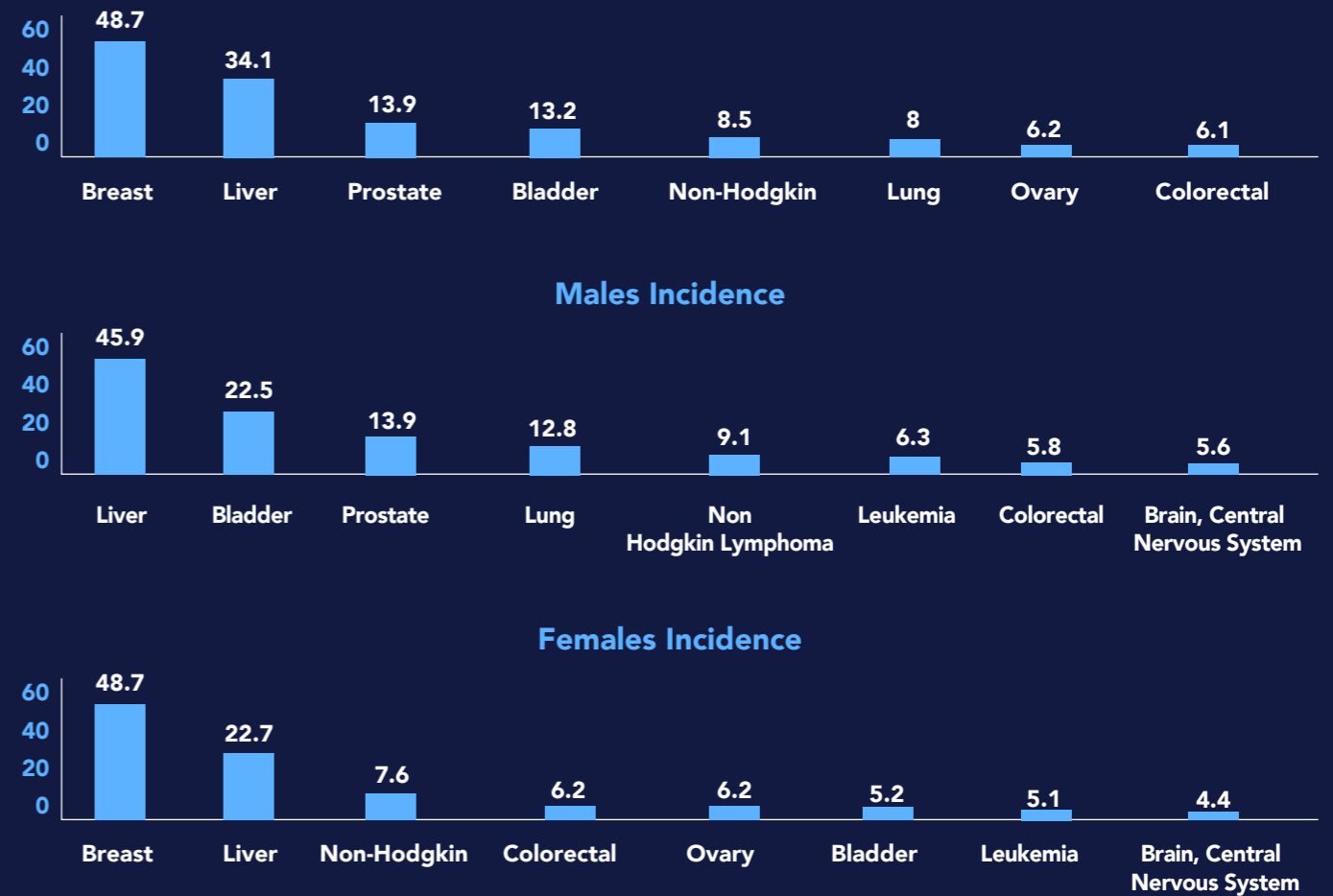


Figure 8: Estimated age-standardized cancer incidence rates per 100,000 population in 2020, Egypt, both sexes and all ages

47. [https://cdn.who.int/media/docs/default-source/ncds/ncd-surveillance/data-reporting/egypt/steps/egypt-steps-survey-2017-fact-sheet.pdf?sfvrsn=33c64cb7\\_2&download=true](https://cdn.who.int/media/docs/default-source/ncds/ncd-surveillance/data-reporting/egypt/steps/egypt-steps-survey-2017-fact-sheet.pdf?sfvrsn=33c64cb7_2&download=true)

48. <https://www.who.int/data/gho/data/themes/topics/topic-details/GHO/ncd-mortality>

49. <https://gco.iarc.who.int/media/globocan/factsheets/populations/818-egypt-fact-sheet.pdf>

# ACCIDENTS & DISABILITIES

Injuries are a significant public health issue in Egypt, with the country experiencing a high burden of both intentional and unintentional injuries. Road traffic injuries are a major contributor to the injury burden in Egypt, with traffic accidents being one of the top 20 causes of deaths and disability in the country, as shown in data from 2019<sup>(50)</sup>.

The age standardized mortality rate for injuries was 30.9 per 100,000 population in 2019<sup>(51)</sup>. The proportionate mortality rate from injuries was estimated to be 5%<sup>(52)</sup>.

To address the issue of injuries, the Egyptian government has implemented various measures, such

as strengthening road safety regulations and improving emergency care services. However, more efforts are needed to reduce the incidence of injuries and improve overall health outcomes in the country.

Regarding disabilities, the United Nations Development Programme (UNDP) has estimated that there are around 12 million people with disabilities in Egypt. However, there are a lack of specific data on the availability of assistive technology in the country. It is estimated that only 1 in 10 people in need of such devices have access to them worldwide<sup>(53)</sup>.

# MENTAL HEALTH

Mental health is an emerging concern in Egypt, impacting a significant portion of the adult population, with approximately 17% affected by mental health disorders. Moreover, about 25% of Egyptians grapple with varying levels of psychological distress, particularly evident among socioeconomic groups more susceptible to these challenges. These findings stem from the National Survey on Mental Disorders in Egypt, a collaborative effort between GSMHAT and WHO in 2017. Among these individuals, only 0.4% actually receive the necessary treatment for their condition. According to the same survey, the prevalence of mental disorders is higher in rural areas than in urban regions, despite the broader rural landscape geographically. This discrepancy is attributed to the scarcity of services in rural areas. The most prevalent disorders were mood-related, with depression ranking highest at 44% of the total patients, followed by substance abuse at 30%.<sup>(54)</sup>

Mental health services and resources are limited in Egypt due to a shortage of professionals, low public awareness, and social stigma. The service coverage for severe mental health disorders was at 20% in 2020, the same figure as in 2016. For example, the treatment coverage for opioid dependence was limited to between 11 % and 20% in 2020<sup>(55-58)</sup>.

While the government has taken some steps to address the issue, more efforts are needed to improve the mental health status of Egyptians and increase access to mental health services.

# NATIONAL EFFORTS AGAINST NCDs

Significant efforts have been made in recent years to address this growing burden of NCDs and their major risk factors.

This includes the establishment of an NCDs unit at the MoHP, the development of a Multisectoral Action Plan for NCDs Prevention and Control 2018-2022, the development of a National Health Information System and surveillance of NCDs, the production of national protocols and guidelines for diagnosis and management of hypertension, diabetes and cancer; the scaling up of the National Cancer Registry,

the development of National Action Plans for tobacco control and for cancer prevention and control, the adoption of the WHO stepwise approach to NCDs risk factor surveillance; and the implementation of the Presidential Initiatives " 100 million healthy lives", which works on the early detection of NCDs.

However, the surveillance system is still fragmented and several gaps exist with regard to the availability and quality of data related to morbidity, mortality and national system response.

# COMMUNICABLE DISEASES

The country has made considerable improvements in reducing the incidence of communicable diseases. Age standardized mortality rates per 100,000 population were 49.5, 733.8 and 30.9 for communicable diseases, NCDs and injuries, respectively, in 2019.<sup>(59)</sup>

The major burden of disease in Egypt has shifted from communicable to noncommunicable, and this picture is consistent with other Arab countries. A recent analysis of the burden of diseases in Arab countries revealed

that since 1990, premature death and disability caused by communicable, newborn, nutritional and maternal disorders have decreased, whereas the burden of NCDs and injuries has increased.

The changes in the burden of disease will challenge the already stretched human and financial resources, because many Arab countries are now dealing with both NCDs and infectious diseases.



59. <https://iris.who.int/handle/10665/346297>

50. <https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghe-leading-causes-of-death>  
51. <https://apps.who.int/iris/handle/10665/346297>  
52. <https://www.who.int/data/gho/data/themes/topics/topic-details/GHO/ncd-mortality>  
53. <https://www.emro.who.int/egy/egypt-news/who-meets-with-president-el-sisi-to-discuss-assistive-technology.html>  
54. <https://mentalhealth.mohp.gov.eg/mental/web/sites/default/files/files/National%20survey%20report.pdf>  
55. [https://cdn.who.int/media/docs/default-source/mental-health/who-aims-country-reports/who\\_aims\\_report\\_egypt.pdf?sfvrsn=a1f6c22b\\_3](https://cdn.who.int/media/docs/default-source/mental-health/who-aims-country-reports/who_aims_report_egypt.pdf?sfvrsn=a1f6c22b_3)  
56. Elshamy F, et al. Mental illness and help-seeking behaviours among Middle Eastern cultures: A systematic review and meta-synthesis of qualitative data. *PLoS One*. 2023;18(10):e029352  
57. <https://apps.who.int/iris/bitstream/handle/10665/272735/9789241514019-eng.pdf?ua=1>  
58. [https://www.unodc.org/documents/middleeastandnorthafrica/drug-prevention-health-publications/OST\\_Feasibility\\_Study\\_in\\_Egypt.pdf](https://www.unodc.org/documents/middleeastandnorthafrica/drug-prevention-health-publications/OST_Feasibility_Study_in_Egypt.pdf)



# INCIDENCE OF KEY COMMUNICABLE DISEASES

Diseases	Numbers	Incidence/100,000
Acute respiratory illness	384,642	376.8
COVID-19	174,922	171.3
Chicken pox*	33,863	33.1
Brucella	7,521	7.3
Typhoid	4,817	4.7
Schistosomiasis	3,615	3.5
Acute food poisoning	2,039	2.0
Hepatitis A	1,575	1.5
Hepatitis B	1,388	1.3
Encephalitis	935	0.9
Fasciolosis	750	0.7
Malaria**	675	0.6
Cutaneous leishmaniasis	435	0.4
Mumps*	337	0.3
Gastroenteritis	142	0.1
Pneumococcal meningitis	46	0.05
Measles	36	0.04
Rubella	14	0.01
Rabies	13	0.01
Staphylococcus meningitis	6	0.01
Dengue fever**	6	0.01
Botulism	4	0.00
Meningococcal meningitis	4	0.00
Mpox**	3	0.00
Neonatal tetanus	1	0.00

\*Some cases are diagnosed clinically without laboratory testing.

\*\*Imported cases.

Source: CAPMAS, 2022

**TABLE 1: Incidence of major communicable diseases, 2022**

According to data from 2014 on communicable diseases under the surveillance of the MoHP, the majority of these diseases had an incidence rate below one case per 100,000 population, with only two diseases having incidence rates above 10 cases per 100,000 population (urinary and intestinal bilharziasis, at 54 cases per 100,000 and 26 cases per 100,000, respectively).

In 2022, MoHP surveillance data revealed the incidence rates of various diseases per 100,000 population. Notable findings include a relatively high occurrence of acute respiratory illness (376.8 cases) and the significant impact of COVID-19 (171.3 cases).

Conversely, diseases like botulism, meningococcal meningitis, and neonatal tetanus had an incidence of 0.00 cases, indicating effective control measures or low prevalence (Table 1).

## HEALTH EMERGENCY & INTERNATIONAL HEALTH REGULATIONS

Health emergencies are a critical area; preparedness, prevention and response are usually guided by the IHR, which provide an overarching legal framework to manage public health events and emergencies that have the potential to cross borders.

These regulations are made up of core capacities required to detect, assess, notify, report and respond to different public health risks and emergencies.

Egypt has a total of 19 designated points of entry, consisting of 8 airports, 8 seaports, and 3 ground crossings.

The progress Egypt has made in the technical areas of the IHR was particularly crucial during the COVID-19 pandemic.

By making notable advancements, Egypt has demonstrated its commitment to strengthening its public health infrastructure and preparedness for disease outbreaks.

The MoHP is currently drafting the National Action Plan for Health Security to accelerate the implementation of IHR core capacities and bring different stakeholders and sectors together to lay down the national priorities for health security. According to the National Profile 2022, Egypt's Global Health Security Index score is 28, ranking 153<sup>rd</sup> out of 195 countries. <sup>(60)</sup>

60. <https://ghsindex.org/country/egypt/>



# ONE HEALTH APPROACH

Globally, zoonoses are responsible for approximately a billion cases of illness and millions of deaths each year.

Zoonoses also account for 60% of emerging infectious diseases reported worldwide, with over 30 new human pathogens detected in the last three decades, 75% of which have originated in animals. The increasing prevalence of zoonoses poses a significant public health threat in the Eastern Mediterranean Region<sup>(61)</sup>.

In April 2023, Egypt launched the One Health National Strategic Framework 2023-2027, an approach that acknowledges the close relationship between human, animal and environmental health. The strategy presents a

joint road map for One Health involving the ministries of health, agriculture, and environment, in cooperation with WHO and FAO in Egypt. It supports Egypt in preventing, detecting, predicting, and responding to infectious health threats of animal origin, such as COVID-19, flu, rabies and Rift Valley fever<sup>(62)</sup>.

Currently, the government is working on finalizing the operational plan that provides guidance for partners and stakeholders to effectively adopt the One Health approach across different levels.

# VACCINATION

Egypt has made significant strides in its vaccination efforts, to ensure national health security, The Egyptian government commits to offer the entire portfolio of vaccinations to Egyptians, non-Egyptians residents, migrants, and refugees free of charge, with vaccination rates above 90% for most types of vaccines.

The Expanded Programme on Immunization (EPI) holds particular significance within Egypt as it offers an efficient and life-saving solution that is also cost effective.

The EPI has garnered substantial achievements in Egypt by proficiently managing diseases that can be prevented through vaccination.

This triumph can be primarily attributed to the extensive national vaccination coverage that has surpassed the 90% mark.

This accomplishment has been made attainable through improved vaccine distribution and continuous monitoring, leading to a noteworthy decline in the incidence of illnesses, disabilities and fatalities attributed to diseases such as diphtheria, tetanus, pertussis, measles and polio.

Notably, childhood immunization rates are robust, with 95% of children considered immunized against vaccine preventable diseases.

In 2021, vaccination coverage was high, with BCG, DPT3, Pol3, and HepB3 reaching coverages of 97%, 96%, 96% and 96%, respectively.<sup>(63)</sup>

In 2022, vaccine coverage among children under 24 months surpassed 95%.

Over the past decades, Egypt's EPI has introduced various vaccines to enhance coverage, including the hepatitis B, haemophilus influenzae, and polio IPV vaccines.

Through dedicated EPI efforts, Egypt has earned the status of being polio free since 2006.

Furthermore, in November 2022, the WHO Regional Verification Committee officially declared Egypt's successful achievement in eliminating measles and rubella.

# ANTIMICROBIAL RESISTANCE

Antimicrobial resistance (AMR) is a global public health crisis and a real challenge in Egypt. The misuse and overuse of antibiotics play a huge role in the spread of antimicrobial resistance. Patients can purchase antibiotics without a prescription. Furthermore, physicians frequently prescribe antibiotics for conditions that do not warrant them. Inappropriate use in animal health and food production is also widespread.

Egypt developed a national strategy to combat antimicrobial resistance in 2018, which was a collaborative effort involving the human, veterinary and environmental

health sectors. Egypt faced challenges in implementation due to the COVID-19 pandemic. However, with the pandemic's conclusion, Egypt is currently focusing on advancing its national strategy.

This initiative runs concurrently with coordination efforts involving the ministries of agriculture and environment to execute the national One Health Strategy, which was introduced in April 2023.

61. <https://www.emro.who.int/about-who/rc61/zoonotic-diseases.html>

62. <https://www.dailynewsegypt.com/2023/04/10/egypt-launches-one-health-national-strategic-framework-2023-2027>

63. <https://data.unicef.org/wp-content/uploads/2022/07/egy.pdf>





# REPRODUCTIVE, MATERNAL AND CHILD HEALTH MATERNAL MORTALITY

Egypt has made remarkable progress in reducing maternal mortality and has successfully achieved Target 5A of the Millennium Development Goals (MDGs), namely reducing maternal mortality.

Over the years, there has been a consistent and substantial decrease in maternal mortality rates in the country, declining from 174 deaths per 100,000 live births in 1992 to 52 deaths per 100,000 live births in 2014<sup>(64)</sup>. In 2021, Egypt's maternal mortality rate stands at 49 per 100,000 live births, marking noteworthy progress<sup>(65)</sup>.

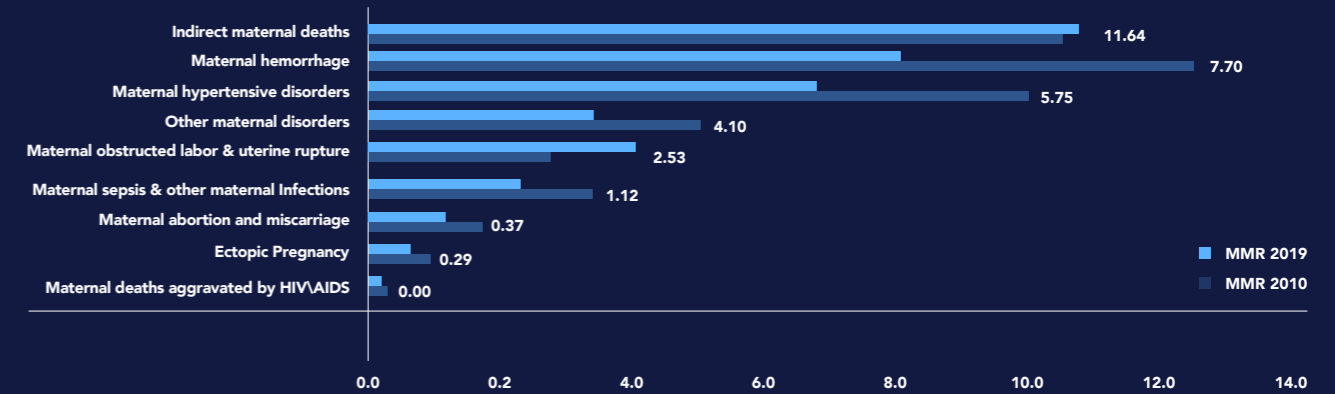
The decline is likely associated with improved antenatal care coverage in Egypt over the past decade, and efforts to address the major causes of maternal deaths, such as haemorrhage (Figure 9).

Consequently, there has been a notable increase in most maternal health indicators. A similar improvement can be observed in antenatal care checks, reaching 97% in 2021 compared to 90% in 2014.

Similarly, greater numbers of expectant mothers are receiving antenatal care on a regular basis, up to 90% in 2021 from 83% in 2014.

Additionally, there has been an increase in the percentage of births attended by a skilled birth attendant, reaching 97% in 2021, up from 92% in the 2014 survey.

Moreover, there has been a rise in caesarean deliveries overall across all regions compared to the 2014 survey. This increase is more pronounced in urban areas, with the caesarean delivery rate rising to 72% in 2021 from 52% in 2014<sup>(66),(67)</sup>.



	Maternal deaths aggravated by HIV/AIDS	Ectopic Pregnancy	Maternal abortion and miscarriage	Maternal sepsis & other maternal infections	Late maternal deaths	Maternal obstructed labor & uterine rupture	Other maternal disorders	Maternal hypertensive disorders	Maternal hemorrhage	Indirect maternal deaths
MMR 2019	0.00	0.29	0.37	1.12	1.86	2.53	4.10	5.75	7.70	11.64
MMR 2010	0.00	0.35	0.79	2.03	1.79	1.86	4.73	8.69	12.88	11.59

Figure 9: Maternal mortality ratio (MMR) for females aged 15-49 by cause 2010 and 2019

64. <https://www.emro.who.int/emhj-volume-25-2019/volume-25-issue-5/the-egyptian-health-map-a-guide-for-evidence-based-decisionmaking.html>

65. Central Agency for Public Mobilization and Statistics (CAPMAS), EGYPT IN FIGURES - POPULATION 2024

66. Egyptian Family Health Survey 2021: [https://www.cap.mas.gov.eg/Pages/Publications.aspx?page\\_id=5109&Year=23639](https://www.cap.mas.gov.eg/Pages/Publications.aspx?page_id=5109&Year=23639)

67. Egypt Demographic and Health Survey 2014.

# CHILDHOOD MORBIDITY & MORTALITY

Despite the notable decline in child mortality in Egypt, including achieving Millennium Development Goal 4 of reducing the under five mortality rate by two thirds before 2015, the issue remains challenging.

The neonatal mortality rate, infant mortality rate and the under five mortality rate (U5MR) per 1000 live births were 10.2, 18.9, and 22.7 in 2022<sup>(68)</sup>.

Urban, rural variations are found in most mortality indicators, suggesting that there is a higher incidence of infectious diseases in rural areas, which might be due to poor hygienic environments, socioeconomic factors and higher malnutrition rates.

Malnutrition is a serious problem in Egypt, particularly among children under five. This issue, combined with the country's large population, has made Egypt one of the 36 high burden countries globally where 90% of malnourished children live. Despite this, Egypt has made commendable strides in curbing child malnutrition. The rates of stunting, wasting and underweight cases in children under five have all declined between 2014 and 2021. Over this period, stunting decreased from 21% to 13%, regional disparities are evident in stunting prevalence, ranging from 10% in urban Lower Egypt to 16% in rural Upper Egypt. Wasting rates reduced from 8% to 3% between 2014 and 2021. Furthermore, the prevalence of underweight cases, indicating low weight-for-age, dropped from 6% in 2014 to 4% in 2021. Another concerning trend is the emergence of the double burden of malnutrition, where undernutrition coincides with the escalating obesity rates. Iron deficiency anaemia and folic acid deficiency are also ongoing challenges. The data reveals a rise in the prevalence of anaemia between 2014 and 2021 among children aged 6 to 59 months, increasing from 27.2% to 43%. Additionally, the rate of mild anaemia has reached 21%, compared to approximately 18% in 2014<sup>(69-72)</sup>.

The government has demonstrated a firm political dedication to evaluating and tackling malnutrition. In 2011, the MoHP and UNICEF conducted a "nutrition landscape analysis" which was the first of its kind in the Arab world.

Moreover, two policy reports, the Nutrition Agenda for Action (2017) and the Nutrition Stakeholder and Action Mapping Report (2017), have been developed to improve nutrition governance, enhance coordination and accountability mechanisms, mobilize resources, and address challenges while supporting priority nutrition interventions<sup>(73-74)</sup>. These reports aim to strengthen the country's efforts to combat malnutrition and promote better health outcomes.

Egypt has made significant strides in improving child nutrition. The National Nutrition Strategy (2022-2030) outlines comprehensive measures to address malnutrition and ensure the well being of children. To enhance early detection and intervention, Egypt launched initiatives in 2019 to screen school children for malnutrition disorders. These efforts have yielded impressive results, reflected in the significant improvement in child nutrition outcomes. This initiative revealed a remarkable decline in anemia rates from 42.3% in 2019 to 9.4% in 2024. Additionally, obesity rates have decreased from 12.7% to 8.7%, and stunting rates have fallen from 6.9% to 3.8% during the same period. These positive trends demonstrate the effectiveness of Egypt's interventions in addressing child malnutrition and promoting healthier lifestyles.

68. Central Agency for Public Mobilization and Statistics (CAPMAS), EGYPT IN FIGURES - POPULATION 2024  
 69. <https://data.unicef.org/country/egy/>  
 70. National Food and Nutrition Strategy 2023 - 2030: Egypt Family Health Survey 2021.  
 71. Egyptian Family Health Survey 2021: [https://www.capmas.gov.eg/Pages/Publications.aspx?page\\_id=5109&Year=23639](https://www.capmas.gov.eg/Pages/Publications.aspx?page_id=5109&Year=23639)  
 72. <https://documents1.worldbank.org/curated/pt/791181574839517438/pdf/Scaling-Up-Nutrition-in-the-Arab-Republic-of-Egypt-Investing-in-a-Healthy-Future.pdf>  
 73. <https://www.unicef.org/egypt/reports/nutrition-agenda-action-cairo-2017>  
 74. <https://www.unicef.org/egypt/reports/nutrition-stakeholder-and-action-mapping-report-cairo-2017>

# FERTILITY

Access to safe, voluntary family planning is a human right. Family planning is central to gender equality and women's empowerment, and it is a key factor in reducing poverty<sup>(75)</sup>.

Egypt's government driven national family planning initiative has effectively elevated the contraceptive prevalence rate, progressing from 48% in 1991 to 59% in 2014, and ultimately reaching 66.4% in 2021<sup>(76)</sup>.

However, the demand for family planning with modern methods stood at 81% between 2017 and 2020.

In 2014, the total fertility rate (TFR) in Egypt was reported to be 3.5 births per woman, which was higher than the rate of 3.0 reported in 2008. This increase was attributed to the societal unrest that followed the country's revolution in January 2011<sup>(77)</sup>.

By 2020, the TFR saw a slight decrease to 3.2 births per woman, and in 2021, it dropped further to 2.8, according to the Egyptian Family Health Survey 2021<sup>(78)</sup>.

In 2014, the TFR was higher in governorates in Upper Egypt than in others. It is worth noting that not all the TFR represents wanted fertility, with 80% of the TFR being wanted (2.8 births) and 20% being unwanted (0.7 births). Unwanted fertility is more prevalent in rural areas.

Since 2016, the adolescent fertility rate (15-19 years) is 56 per 1000 girls (Figure 10)<sup>(79)</sup>.

In September 2023, Egypt launched its Population and Development Strategy 2023-2030 represents a significant commitment to the nation's future. By focusing on seven core pillars, it addresses the multifaceted nature of development and population growth. Safeguarding reproductive rights and investing in human capital are fundamental to ensuring that every individual can contribute to society's progress. Empowering women and enhancing educational opportunities not only promote gender equality but also drive economic growth. Utilizing communication and media strategically can foster a more informed and engaged citizenry. Addressing the interconnection between climate change and population dynamics is crucial for sustainable development. Finally, effective population governance can ensure that the strategy's implementation is responsive and accountable. This holistic approach is designed to build a resilient society capable of thriving amidst the challenges of the 21st century.

As outlined in the strategic plan for the family health sector, the objective is to achieve a reduction in the TFR from 2.85 in 2021 to 2.1 by 2030. This will be accomplished through the enhancement of the contraceptive prevalence rate, aiming to elevate it from 66.4% in 2021 to 71.6% by 2030.

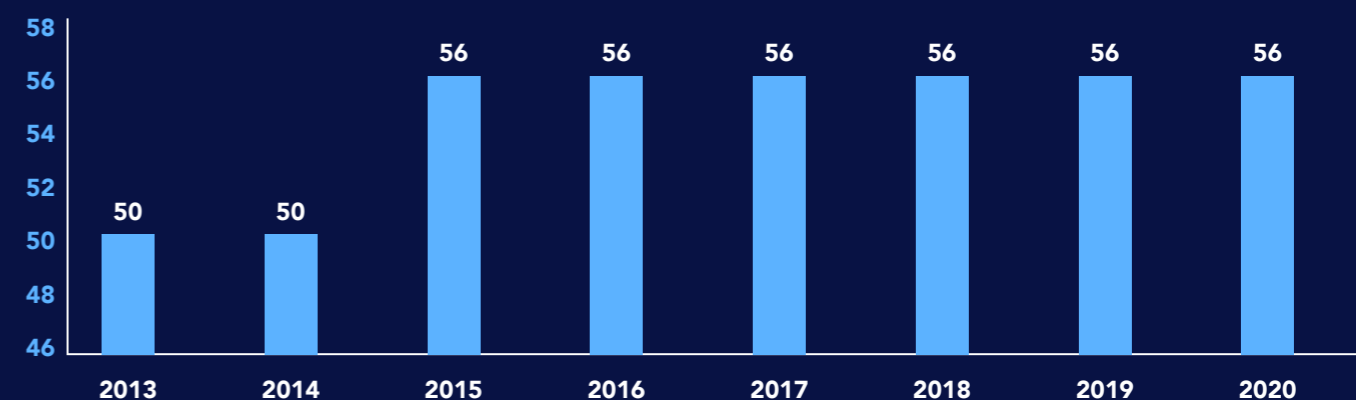


Figure 10: Adolescent fertility rate (per 1000 girls aged 15-19 years)

75. <https://egypt.unfpa.org/en/node/22543#:~:text=The%20government%20has%20attributed%20the,in%20the%20in%20Egypt%20is%2012.6%20percent.>  
 76. Egyptian Family Health Survey 2021: [https://www.capmas.gov.eg/Pages/Publications.aspx?page\\_id=5109&Year=23639](https://www.capmas.gov.eg/Pages/Publications.aspx?page_id=5109&Year=23639)  
 77. Radovich E, El-Shitany A, Sholkamy H, Benova L. Rising up: Fertility trends in Egypt before and after the revolution. PLoS One. 2018;13(1):e0190148. doi: 10.1371/journal.pone.0190148. PMID: 29346389; PMCID: PMC5773010  
 78. [https://www.capmas.gov.eg/Pages/Publications.aspx?page\\_id=5109&Year=23639](https://www.capmas.gov.eg/Pages/Publications.aspx?page_id=5109&Year=23639)  
 79. <https://data.worldbank.org/indicator/SP.DYN.TFRT.IN?locations=EG>





# EGYPT GENOME PROJECT

This prominent initiative was established in early 2021 as a remarkable project with immense potential and significance in genetics, advancing medical research, understanding Egyptian history, preserving cultural heritage, and promoting medical science.

The Project represents an unprecedented mix, including assessing the genetic makeup of the general population, certain diseases, and the Egyptian mummies.

This ambitious project fostered scientific collaboration and knowledge sharing by bringing together geneticists, bioinformatics experts, and scientists from across Egypt. This initiative created a strong network of experts and resources. It nurtures local talent and encourages collaborations, empowering the Egyptian scientific community to lead the way in genomics research and related fields.

The value of this project goes beyond just the idea of genomic analysis. It opens the opportunities for two significant milestones:

1- The transformation into precision medicine, which is crucial in guiding the management of certain cancers and preventing some genetic diseases. It helps ensure the optimal treatment of patients and the maximum prevention of these diseases occurring.

2- The shift in health systems from prevention to prediction; with sophisticated and complex data available, scientists can now predict future health threats. This enables better preparedness and resilience in the healthcare system to face these challenges and threats.



# ADVANCING HEALTH & DEVELOPMENT IN EGYPT:

# KEY ACHIEVEMENTS & PROGRESS MADE

The government's commitment to healthcare investment is enshrined in Egypt's constitution, which mandates an increase in health spending to 3% of GDP. This commitment underscores Egypt's dedication to fostering economic development and bolstering global security by prioritizing the healthcare sector.

Egypt is proactively engaging with development partners to forge collaborative pathways that will mobilize additional resources and fortify the healthcare system, while ensuring better quality and accessibility.

Egypt aims to enhance the nation's healthcare infrastructure, ensuring that it plays a central role in both domestic prosperity and international stability. Egypt has undertaken significant efforts to strengthen its healthcare system and enhance access to essential health services, including expanding health insurance coverage, introducing the UHI law in 2018, and focusing on improving primary healthcare, with an emphasis on preventive care. Financial support and subsidies were provided to vulnerable populations as part of these broader healthcare initiatives. Health awareness campaigns promoted healthy lifestyles, telemedicine and e-health initiatives were implemented to reach underserved areas.

Infectious disease control, was prioritized through screening, vaccination and treatment programmes.

Notably, Egypt showcased its commitment to healthcare preparedness during the COVID-19 pandemic by advancing technical areas of the IHR, implementing a National COVID-19 Response Plan, and administering a large-scale vaccination campaign. To address the global challenge of antimicrobial resistance, Egypt adopted a national action plan and embraced a One Health approach, acknowledging the interconnectedness between human, animal and environmental health. These achievements reflect Egypt's dedication to enhancing public health outcomes through comprehensive and collaborative initiatives.

Under the 100 Million Healthy Lives initiative, the country focused on detecting and treating communicable diseases and NCDS, while also addressing women's health, premarital, maternal and child health, genetic disorders in newborns and elderly care. The government also tackled health issues in school children and implemented measures to end waiting lists for medical interventions, ensuring high-quality medical services for all people living in Egypt. Social welfare initiatives, such as the Takaful and Karama programme, supported vulnerable populations. These comprehensive and integrated efforts demonstrate Egypt's dedication to improving public health, preventing diseases through early detection, and ensuring equal access to healthcare for people living in Egypt.

## EGYPT'S CONTRIBUTION TO THE REGIONAL & GLOBAL HEALTH AGENDA

Egypt's commitment to the regional and global health agenda is evident through its various initiatives and engagements.

In 2016, Egypt launched its sustainable development strategy, Egypt Vision 2030, aligning it with the 17 SDGs and the African Union's Agenda 2063.

This strategy serves as the guiding framework for all development programmes and projects until 2030,

reflecting the government's dedication to ensuring a quality life for people living in Egypt.

Furthermore, Egypt played a significant role at the COP27 event, held in November 2022. During the conference, a breakthrough agreement was reached to provide loss and damage funding for vulnerable countries affected by climate disasters.

Egypt's active participation in COP27 highlights its commitment to addressing the pressing challenges of climate change and supporting vulnerable nations.

In October 2023, the international community witnessed the fruits of Egypt's relentless commitment to better health for all, as WHO awarded Egypt the prestigious "gold tier" for being on the path to HCV elimination. This bold step cemented Egypt's leadership in regional health efforts, proving its unwavering commitment to support several African and Asian countries suffering from viral hepatitis.

Moreover, Egypt hosted the headquarters of The Arab League and WHO Regional Office for the Eastern Mediterranean (EMRO), this gathering brought together regional health authorities to discuss and coordinate efforts to address health challenges in the region. By hosting this committee, Egypt demonstrated its commitment to regional collaboration and cooperation in advancing public health goals.

These actions collectively reflect Egypt's active engagement in addressing regional and global health priorities, from sustainable development to climate change resilience and disease elimination, showcasing the country's dedication to promoting health and well being both domestically and internationally.



# STRATEGIES GOVERNING THE HEALTH SECTOR IN EGYPT

## \*AVAILABLE STRATEGIES\*

**Egypt Vision 2030**

**National Human Rights Strategy 2021-2026**

**National Health Research Strategy 2023-2027**

**National Food and Nutrition Strategy 2023-2030**

**Population and Development Strategy 2023-2030**

**National Midwifery Strategy 2023-2030**

**Egypt National HIV Strategy 2021-2025**

**National Digital Health Strategy 2025-2030**

**One Health Strategic Framework 2023-2027**

## \*UPCOMING STRATEGIES\*

**Multisectoral Action Plan for NCDs Prevention and Control 2025-2030**

**National Viral Hepatitis Elimination Sustainability Plan 2025-2030**

**National Health Care Workforce Strategy**

**National Patient Safety Strategy**

**Care and Protection of the Elderly Strategy**

**National Cyber Security Strategy**







# BACKGROUND & RATIONALE

This note proposes projections for yearly general government health expenditure (GGHE) in Egypt for the period 2024–2029, based on a set of scenarios. The objective is to give an estimation of the overall level of GGHE to inform national health plans and strategies.

The model used for the projection calculations in this note draws from International Monetary Fund (IMF) projections of gross domestic product (GDP) growth and the share of general government expenditure from GDP for the period 2024–2029. The underlying assumption is that these macroeconomic and fiscal projections, which are determined outside of the health sector, set the overall boundaries for government health expenditure for 2024–2029. The GGHE projections are developed on this macro-fiscal boundary through different assumptions, based on policy targets, of what the share of GGHE over general government expenditure will be.

The results presented in this note are not based on an accounting exercise, as they rely on assumptions which are bound to have uncertainties and which should be updated as new data emerge (e.g. the GDP projections is regularly adjusted as a result of changes in the macroeconomic context).

For national planning purposes, the scenarios presented here can offer an overall direction of the resource envelope for the health sector from government funds. The projections do not give indications of what these projected resources should be used for but rather should be matched with more detailed programme costing within the national planning process.

This note aims also to demonstrate possible gaps between what would be available in terms of GGHE and what would be needed to support the health sector reforms, notably the Universal Health Insurance System (UHS) rollout during the period 2024–2029. As such, the results of these projections also provide evidence for strategic thinking on the adequacy and sustainability of health sector funding.







# DATA AND METHODS

The projections for GGHE in this note are based on three variables. Two of these variables are exogenous to the model:

- 1) Macroeconomic growth, capturing the overall output and income within a country. This is measured through **GDP** and, when considering population growth, **GDP per capita**. The GDP figures included in the calculations are expressed in current terms.
- 2) The changes in the level of **general government expenditure (GGE)** as a share of the whole economy (GDP). This is measured through the percentage of GDP that makes up government expenditure, or **GGE/GDP**.

Both variables are derived from the IMF projections for Egypt, as published in the IMF's World Economic Outlook Database (WEO).<sup>(80)</sup> <sup>(81)</sup> The IMF makes these projections through country-specific models which take into account assumptions on inflation, analysis of the macroeconomic context and of the country's fiscal policy, and other elements of contextual analysis.<sup>(82)</sup> The IMF does not publish the full model behind the projections.

The model used in this note then translates the GDP and the share of GGE/GDP projections into general government health expenditure (GGHE) through assumptions around the share of **general government expenditure going to health**, or the share of **GGHE/GGE**. The different scenarios presented in this note are based on different assumptions of the GGHE/GGE shares, which are derived from targets and assumptions around how those targets might be met.

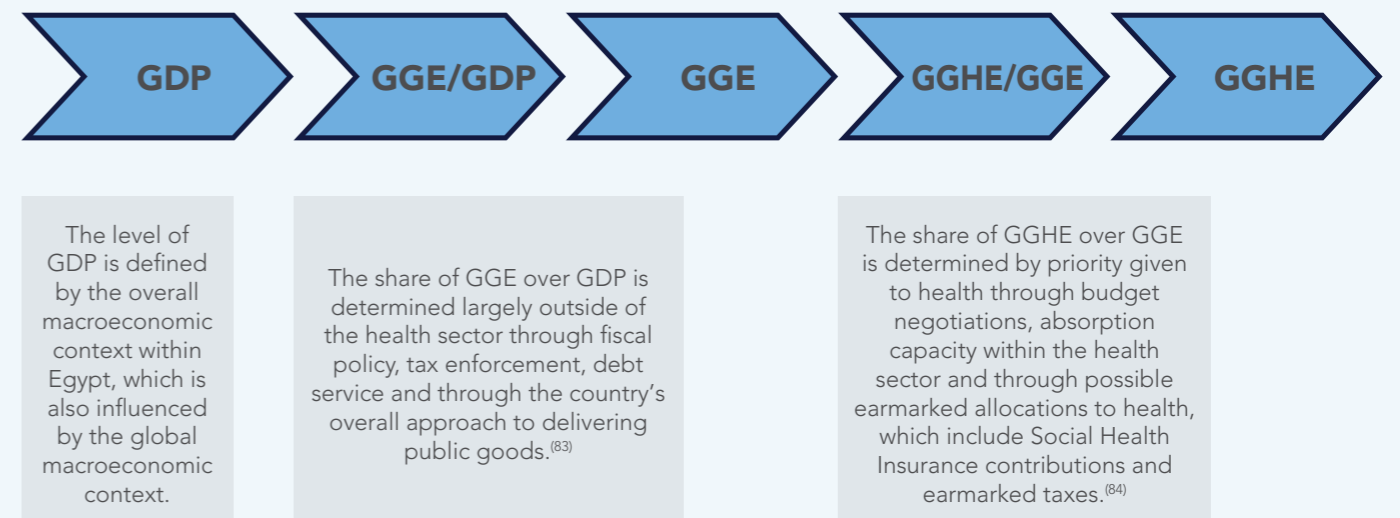


Figure 11. Pathway from GDP to GGHE

Regarding the GGHE projections, it should be noted that the only variable that changes (the endogenous variable to the model) between the three different scenarios outlined below is the share of GGHE/GGE. The level of GDP and GGE/GDP are constant for all the scenarios presented in this note (i.e. these are exogenous variables to the model). The analytical method in this note combines elements of scenario analysis which have been used in many fields to provide evidence for policy-making,<sup>(85)</sup> and analysis of health expenditure dynamics which have been used for projections, for example in a recent series published by the World Bank.<sup>(86)</sup>

80. <https://www.imf.org/en/Publications/WEO/weo-database/2024/April>  
 81. Key GDP projections are derived and adjusted according to the IMF World Economic Outlook report July 2024 update.  
 82. World Economic Outlook - Frequently Asked Questions (imf.org)  
 83. General government - General government spending - OECD Data  
 84. <https://www.who.int/data/gho/indicator-metadata-registry/imr-details/93>  
 85. See, for example, Axel Volker, Teresa Ribeiro, Scenario planning in public policy: Understanding use, impacts and the role of institutional context factors, Technological Forecasting and Social Change, Vol. 76, issue 9, 2009, pp. 1198-1207, ISSN 0040-1625, <https://doi.org/10.1016/j.techfore.2009.07.009>.  
 86. From Double Shock to Double Recovery: Health Financing in a Time of Global Shocks (worldbank.org).



# THREE SCENARIOS ON GENERAL GOVERNMENT HEALTH EXPENDITURE

For this note we have developed three scenarios, as outlined below.

## Scenario 1:

### Business as usual

In this scenario there is no change in the level of GGHE/GGE between 2024 and 2029, i.e. there is no reprioritization (or de-prioritization) of health in terms of government funding.

The level of GGHE/GGE used for 2024, and which is forecast to remain constant for all other years in this scenario, is the level in Egypt on average over the five year period from 2017 to 2021<sup>(87)</sup>, namely 5.38%.

In this scenario, growth of GGHE is driven only by the external variables of GDP and GGE/GDP.

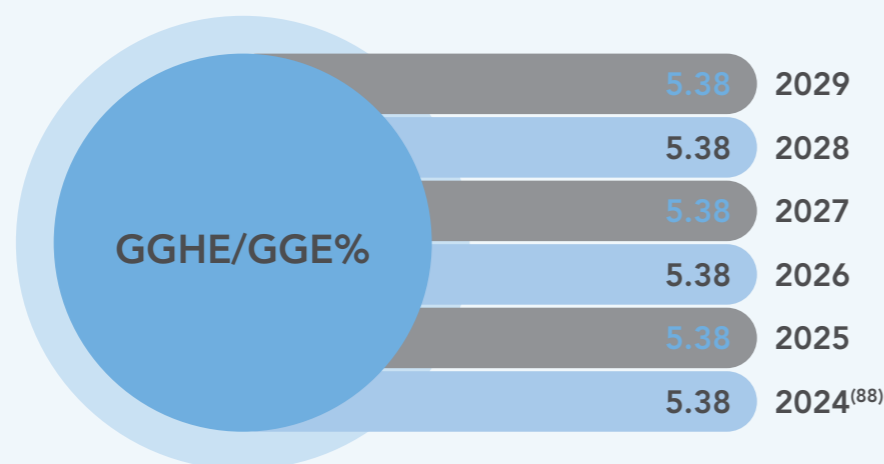


Table 2. GGHE/GGE% in Scenario 1 for 2024–2029

## Scenario 2: Optimistic scenario based on peer countries' average target of GGHE/GGE

In this scenario, the share of GGHE/GGE catches up to a benchmark set by other lower-middle and upper-middle income countries within the WHO Eastern Mediterranean Region\*. This benchmark is constructed as the unweighted annual average, between 2017–2021, of GGHE/GGE of these countries, which stands at 10.44%.

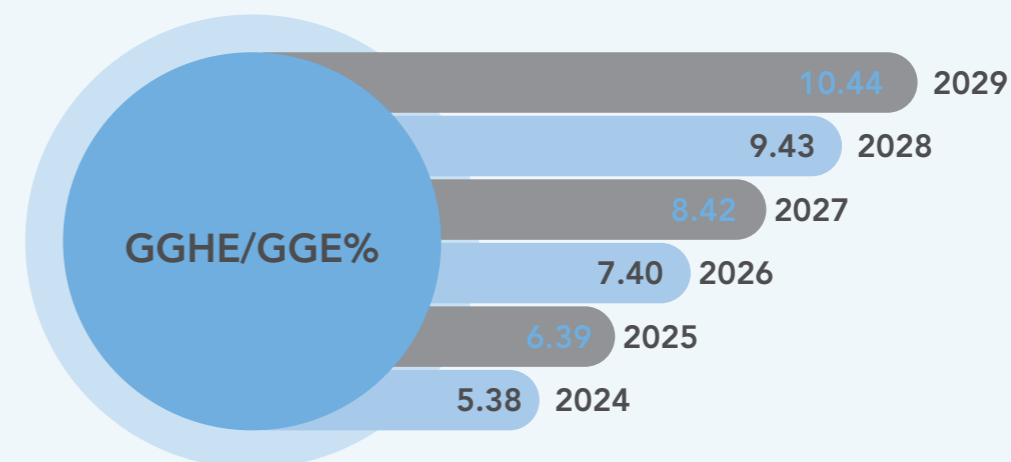


Table 3. GGHE/GGE% in Scenario 2 for 2024–2029, assuming linear catch-up to the five-year (2017–2021) average for lower-middle and upper-middle income countries in the WHO Eastern Mediterranean Region

## Scenario 3: Optimistic scenario based on the constitutional target of GGHE/GDP

In this scenario, the share of GGHE/GGE reflects Egypt's constitutional ambition of reaching a GGHE/GDP of 3%. In this scenario, the GGHE/GGE ratio is calculated from the ratio of GGHE/GDP, which is set for 3% for 2029 and which is then assumed to be reached by linear increases between 2024 and 2029.

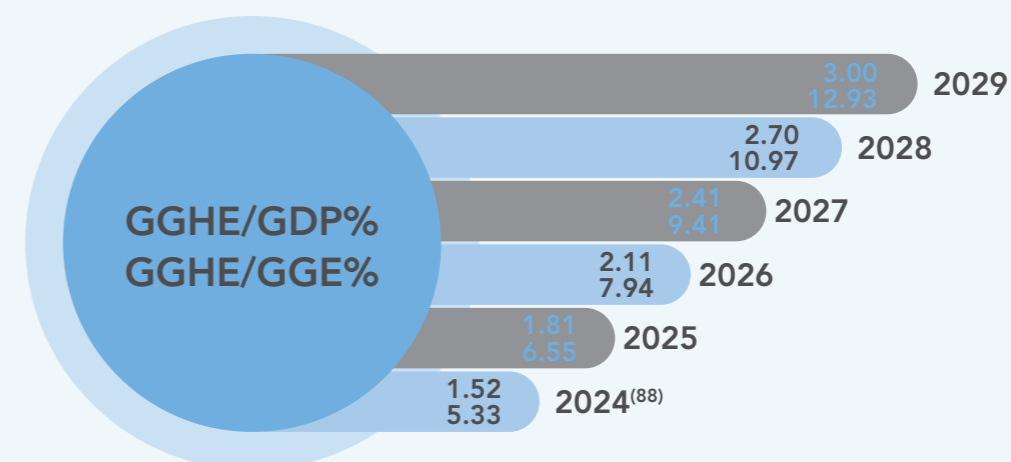


Table 4. GGHE/GGE% in Scenario 3 for 2024–2029, assuming the GGHE/GDP 3% target is reached through linear increases from the 2024 level

87. 2021: Year of latest available data on Health Expenditure according to the WHO global health expenditure database, at the time of writing the report.

88. The 2023 GGHE/GGE% is the five-year (2017–2021) average for GGHE/GGE in Egypt.

\* Countries in this group: Iran (Islamic Republic of), Iraq, Jordan, Lebanon, Morocco, Pakistan, Sudan and Tunisia.

# WHAT IS INCLUDED IN GENERAL GOVERNMENT HEALTH EXPENDITURE?

All three scenarios project either stagnation or growth in the level of GGHE/GGE. The scenarios do not include a decrease in GGHE/GGE. This approach is based on several assumptions:

- 1) It is projected that Egypt will continue its current policy push moving towards universal health coverage (UHC) during the five-year period of the National Health Plan. This gives an overall impetus to protect government allocations for health, and possibly to increase them.
- 2) The level of GGHE/GDP of around 1.7% (as per the latest available data in 2021) is very low in comparison with peer countries, global averages and in light of the constitutional target of 3%. There are strong arguments that Egypt should therefore keep increasing investment in health.
- 3) The UHIS rollout is a structural reform which can increase revenue collection for GGHE<sup>(89)</sup> and absorption capacity in the health sector.

Egypt currently faces several macroeconomic challenges. As explained earlier, this note relies fully on IMF projections on GDP and GGE which, in principle, have modelled-in the macroeconomic and fiscal horizon until 2029. However, the latest IMF projections are from April 2024 and adjusted in July 2024 and they are therefore subject to regular revisions when more recent data projections are issued.



In the projections for this note, we use the definition of GGHE from A System of Health Accounts 2011<sup>(90)</sup>. In the Egyptian context it includes both funding from taxes and non-tax revenues collected by the Treasury, which are channelled through the Ministry of Health and Population (MoHP) and other ministries (e.g. the Ministry of Higher Education channels funds for university hospitals), as well as compulsory contributions to the UHIS system. It also covers funds raised through taxes by the Treasury and which are channelled to the UHIS to cover the enrolment of the poor.

The revenues for GGHE are thus from taxes, non-tax government revenue (e.g. Suez Canal revenues for Egypt), specifically earmarked taxes (for UHIS or any other purpose) and UHIS contributions. As the UHIS is rolled out in Egypt, it is expected that a bigger share of revenues for GGHE will come from UHIS contributions which flow through the Universal Health Insurance Authority (UHIA), and which will cover personal health services for those covered by UHIS. However, there are still other health services, notably population-based preventive services (e.g. immunization) and public health functions (e.g. environmental health, pandemic preparedness) which will flow from the Treasury (from tax and non-tax revenues) and through MoHP and other ministries.

As personal medical services, e.g. primary health care (PHC) consultations and surgical operations in hospitals, gradually move from tax-based coverage to UHIS coverage, there will be a shift in the funding so that the funds previously ensuring access to services through the "tax system" (e.g. MoHP service provision in facilities it owns) move to the UHIS system. However, given the low level of GGHE to start with in Egypt, there are strong arguments that this funding shift should not be proportional to the services shifted – i.e. that the "tax-based" funding should not be cut in the same measure as the cost of services shifting to the UHIS. This would mean that the "tax-based" system has increased funding for the tasks it still holds after the UHIS transfer, which in concrete terms would mean better funding for activities and services such as pandemic preparedness, health promotion, health workforce training, and public health campaigns, among others.



89. Yazbeck AS, et al . The Case Against Labor-Tax-Financed Social Health Insurance For Low- And Low-Middle-Income Countries. Health Aff (Millwood). 2020 May;39(5):892-897.

90. <https://www.who.int/publications/i/item/9789240042551>



# RESULTS OF THE SCENARIOS FOR PROJECTED GENERAL GOVERNMENT HEALTH EXPENDITURE, 2024–2029

## Scenario 1: Business as usual

In this scenario, in which the allocation for health from government expenditure stays the same as the average for years 2017–2021, the total GGHE per year in 2029 is projected to increase to approximately EGP 400 billion, equivalent to EGP 3,359 per capita. The projected increase GGHE per capita for 2029 is fully driven by the growth of GDP and GGE, as projected in the IMF scenario.

	Source	2024	2025	2026	2027	2028	2029
GDP, billion EGP current	IMF, WEO	13,819	18,393	21,726	25,208	28,633	32,013
GGE/GDP %	IMF, WEO	28.5	27.7	26.6	25.6	24.6	23.2
GGE billion EGP, current	IMF, WEO	3,935	5,094	5,773	6,451	7,055	7,430
GGHE/GGE %	Assumption	5.38	5.38	5.38	5.38	5.38	5.38
GGHE, billion EGP current	Calculated	212	274	311	347	380	400
Population, million	IMF, WEO	108	110	112	114	117	119
GGHE, per capita, EGP current	Calculated	1,964	2,493	2,769	3,034	3,253	3,359
GGHE/GDP %	Calculated	1.5	1.5	1.4	1.4	1.3	1.2

Table 5. Projections assuming GGHE/GGE is kept constant through 2024 to 2029, using Egypt GGHE/GGE five-year average for 2017–2021 as baseline

Scenario 1 demonstrates that without any reprioritization of government health expenditure, the level of GGHE will stay at a very low level. According to the projections in this scenario, the share of GGHE/GDP will even decrease from current levels to be at 1.2% in 2029 – still far from the constitutional target of 3%.

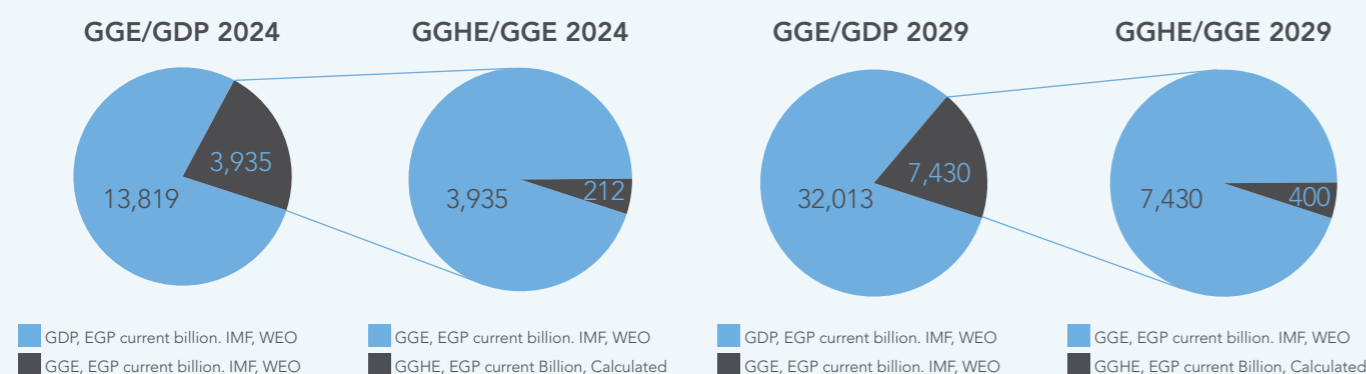


Figure 12. Development of shares of GGE/GDP and GGHE/GGE from 2024 to 2029 in Scenario 1

It should be noted that when projections in scenario 1 compared with the actuarial estimates of the UHIS by the year 2029, and given that the most populous governorates (e.g. Cairo, Giza, Qalyoubia, Sharqia) will not be included under UHIS according to the original UHIS roll out plan by that time, there will be little resources remaining to cover for public expenditure in any of the non-UHIS governorates, nor on any non-UHIS health services (e.g. preventive services). It would therefore seem that, if the current macro-fiscal projections are taken into account, and if the assumption is made that there will be no further prioritization of health expenditure in general government expenditure (either through increased earmarked revenues and/or through increased budget allocation for health), there will be a considerable constraint between what is available in terms of GGHE and what is needed to fund (i) UHIS-covered benefit packages in the implementation governorates, (ii) health service access in non-UHIS governorates (i.e. funding of public health facilities), (iii) and all public health services not in the UHIS package in all governorates (e.g. environmental health, pandemic preparedness).

## Scenario 2: Optimistic scenario based on peer countries' average target of GGHE/GGE

In Scenario 2, the share of GGHE over GGE for Egypt is assumed to catch up with peer countries\*, resulting in GGHE reaching **EGP 776 billion**, or **EGP 6,518 per capita**. This scenario relies on a steep rise in GGHE/GGE over a five-year period, from 5.4% to 10.4%. This will push **GGHE over GDP to 2.4%**, yet still not achieving the 3% constitutional target.

	Source	2024	2025	2026	2027	2028	2029
GDP, billion EGP current	IMF, WEO	13,819	18,393	21,726	25,208	28,633	32,013
GGE% GDP	IMF, WEO	28.5	27.7	26.6	25.6	24.6	23.2
GGE billion EGP, current	IMF, WEO	3,935	5,094	5,773	6,451	7,055	7,430
GGHE/GGE %	Assumption	5.4	6.4	7.4	8.4	9.4	10.4
GGHE, billion EGP current	Calculated	212	325	427	543	665	776
Population, million	IMF, WEO	108	110	112	114	117	119
GGHE, p/c, EGP current	Calculated	1,964	2,961	3,809	4,748	5,702	6,518
GGHE/GDP %	Calculated	1.5	1.8	2.0	2.2	2.3	2.4

Table 6. Projections assuming linear catch-up to the five-year (2017–2021) average of GGHE/GGE of other lower-middle and upper-middle income countries in the WHO Eastern Mediterranean Region

Scenario 2 demonstrates that, with the macroeconomic situation and the overall fiscal and expenditure position of the government constant, there is room to increase funding for health substantively by giving higher priority to health in government expenditure.

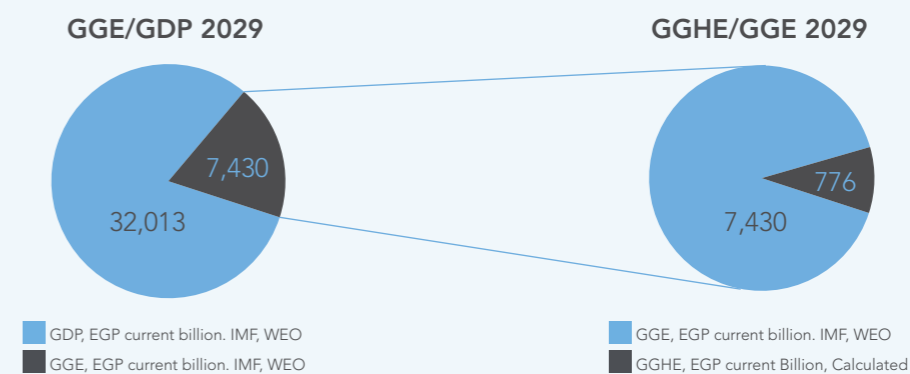


Figure 13. Shares of GGE/GDP and GGHE/GGE in 2029 in Scenario 2

More detailed analysis would be needed to determine how well the projections in this scenario would match the needed funding for the non-UHIS services and non-UHIS governorates.

\* Countries in this peer group: Iran (Islamic Republic of), Iraq, Jordan, Lebanon, Morocco, Pakistan, Sudan and Tunisia.

# WHAT DOES THIS MEAN FOR THE NATIONAL HEALTH STRATEGY AND PLAN

## Scenario 3: Optimistic scenario based on the constitutional target of GGHE/GDP

In Scenario 3, the starting point is the assumption that by 2029 Egypt would reach its constitutional target of GGHE over GDP at 3%. The calculations assume a linear increase of GGHE over GDP from 2024 to 2029.

With this assumption, by 2029 GGHE will reach EGP 960 billion, or EGP 8,070 per capita. In this scenario, the share of GGHE/GGE is at 12.9% for 2029, representing a higher level than in Scenario 2 and more than doubling of the GGHE/GGE level from the five-year average of 2017–2021.

	Source	2024	2025	2026	2027	2028	2029
GDP, billion EGP current	IMF, WEO	13,819	18,393	21,726	25,208	28,633	32,013
GGE% GDP	IMF, WEO	28.5	27.7	26.6	25.6	24.6	23.2
GGE billion EGP, current	IMF, WEO	3,935	5,094	5,773	6,451	7,055	7,430
GGHE/GGE %	Assumption	5.3	6.5	7.9	9.4	11.0	12.9
GGHE, billion EGP current	Calculated	210	334	458	607	774	960
Population, million	IMF, WEO	108	110	112	114	117	119
GGHE, p/c, EGP current	Calculated	1,944	3,034	4,088	5,304	6,634	8,070
GGHE/GDP %	Calculated	1.5	1.8	2.1	2.4	2.7	3.0

Table 7. Projections assuming a linear increase of GGHE/GDP to the target of 3% by 2029

As in scenario 2, more detailed analysis would be needed to determine how well the projections in this scenario would match the needed funding for the non-UHIS services and non-UHIS governorates.

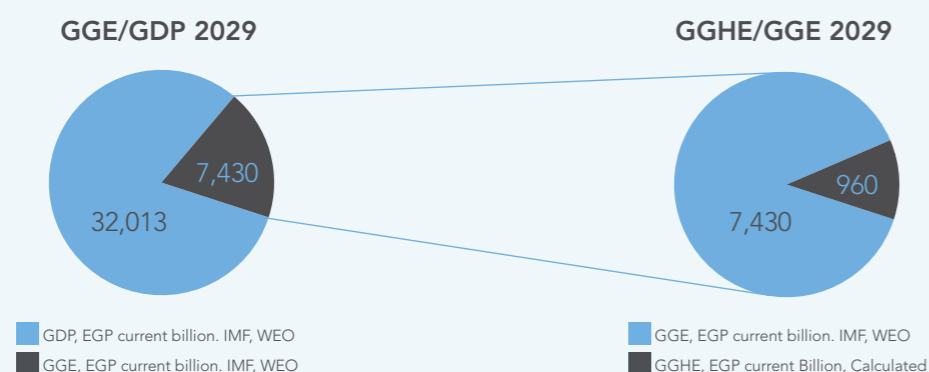


Figure 14. Shares of GGE/GDP and GGHE/GGE in 2029 in Scenario 3

The different scenarios project that the available total government expenditure for health in 2029 will be between EGP 400 billion and EGP 960 billion, or between EGP 3,359 and EGP 8,070 per capita.

The spread between the two extremes is approximately 2.5 times the lower value. The cumulative amount of the GGHE over the period is projected to be EGP 1,923 billion for Scenario 1, EGP 2,948 billion for Scenario 2, and EGP 3,343 billion for Scenario 3.

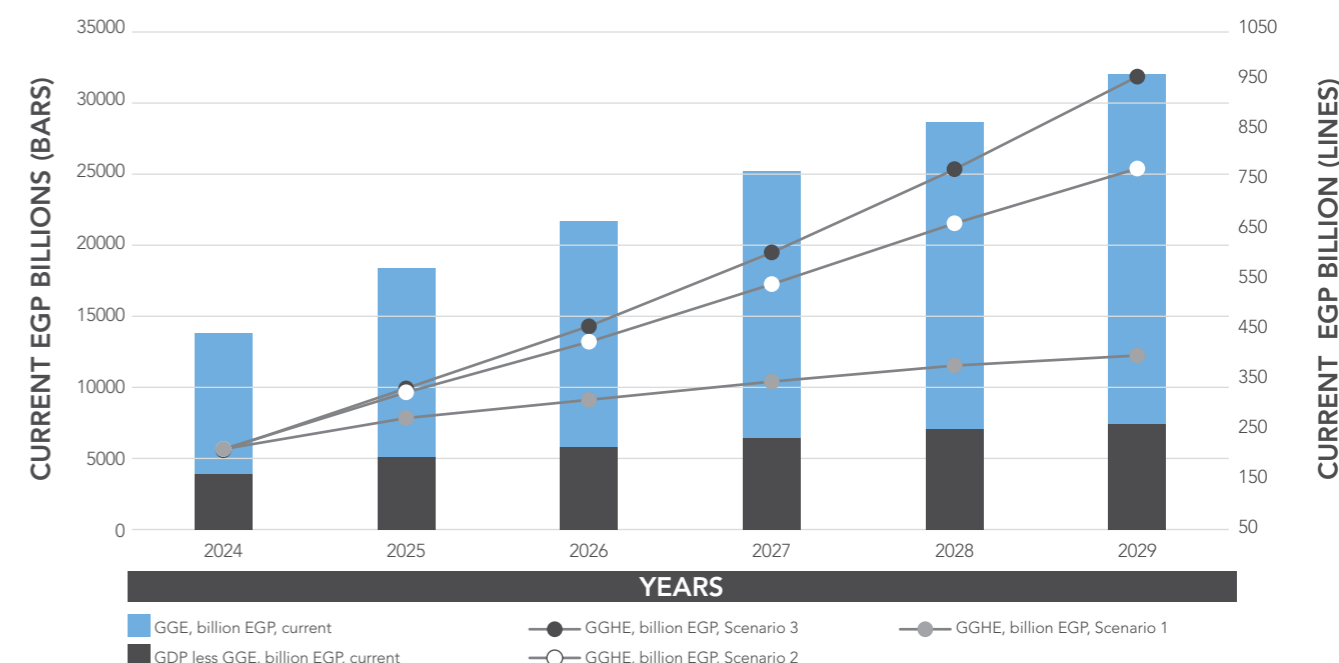


Figure 15. Three scenarios' forecasts of total GGHE over 2024–2029 period

These projections integrate, through the IMF projections for GDP and GGE/GDP, the current macroeconomic and fiscal outlook (based on the situation analysis published by the IMF in April 2024 and adjusted in July 2024). The differences between the scenarios presented in this note are based on differences in allocation of government funds for health. This includes allocations to health from taxes and non-tax revenues and through budgetary processes, and it includes revenues collected and directly allocated to the health sector, i.e. UHIS contributions and earmarked taxes (e.g. a part of the tobacco tax). It is the net effect of these two sides of GGHE which will determine if and how the different increases in GGHE/GGE take place.

For the National Health Strategy and Plan, there are two entry points for integrating the projections from this note.

First, taken at face value, the projections presented in this note provide a global idea of the possible envelope available for government health expenditure during the period 2024 to 2029. As National Health Strategy and Plan activities are costed and all is added up, it will be useful to compare the full plan's costs to the projections of available GGHE, as presented here in the scenarios. This

comparison will provide a guiding framework, allowing the identification of possible funding gaps. However, there are many uncertainties in the projections presented here. The IMF projections on GDP growth and capacities for governments to spend would change in the near future. Also, the assumptions made in the scenarios are based on targets, not actual models of revenue raising. In other words, there needs to be clear policy action on raising revenue for GGHE to reach the targets in Scenarios 2 and 3. This means that, for the National Health Strategy and Plan process, there needs to be a further analysis of how likely some of the scenarios presented here are in terms of mobilization of GGHE.

Second, the National Health Strategy and Plan should also be an instrument for realizing increases in GGHE. For example, the plan will need to demonstrate policy options on how the UHIS system rollout will need to be managed, so that health sector can absorb more funding and can use funds more efficiently than in the past. The National Health Strategy and Plan can therefore also be an active element in pushing the envelope for health higher. The projections presented in this note may be useful evidence points for these policy discussions.



# DETERMINING FUNDING FOR PREVENTIVE SERVICES

While this note looks at the overall envelope of GGHE, it is also important to look at some elements of how that GGHE is distributed. One key issue is the allocation of GGHE to prevention or curative functions. As Egypt is rolling out the UHIS, there is the risk that funding will skew further towards curative care and away from prevention.<sup>(91)</sup>

In the national health accounts (NHA) study for 2019/2020<sup>(92)</sup>, the share of current health expenditure (CHE) allocated to prevention stood at 1.5%. Prevention in the Egyptian health expenditure context refers to population-based health prevention and promotion activities, including, for example, immunization programmes, environmental health, and pandemic preparedness. As there is no individual demand for these services and operations, funding for them relies solely on the government, and therefore all expenditures for preventive services are derived from GGHE. According to Egypt NHA the share of preventive services out of GGHE stands at 4.4%.

While there are country-to-country differences in what is included under prevention expenditure, it can be useful to compare Egypt with a group of peer countries. In the other lower-middle and upper-middle income countries in the WHO Eastern Mediterranean Region, the average annual share of GGHE spent on prevention over the last five years with available data (2017–2021) was 11.1%, which is substantially higher than the figure of 4.4% in Egypt. In the section below, we outline three possible scenarios for prevention expenditure in the 2024–2029 period.



## THREE SCENARIOS ON PREVENTIVE CARE EXPENDITURE

### Preventive Scenario 1: Business as usual

We start with the GGHE development in the full Scenario 1 outlined above (which is based on GGHE/GGE stagnation at 5.8%). We then make the assumption that prevention will continue to receive 4.4% of GGHE. This would result in the projections outlined in Table 8.

	2024	2025	2026	2027	2028	2029
GGHE, billion current EGP	212	274	311	347	380	400
Prevention % GGHE	4.4	4.4	4.4	4.4	4.4	4.4
Prevention, billion current EGP	9	12	14	15	17	18

Table 8. Preventive Scenario 1, assuming stagnation in GGHE/GGE and in proportion of spending on prevention services

In this scenario, by 2029 there would be around **EGP 18 billion** available for prevention services from GGHE.

### Preventive Scenario 2: Medium optimistic scenario with no prioritization of health in government expenditure, but prioritization of prevention within government health expenditure

In this scenario, GGHE is still the same as in overall Scenario 1, but there is a linear increase in the share of GGHE allocated to prevention, towards the 11.1% target from the WHO Eastern Mediterranean Region average of lower-middle and upper-middle income countries. This would result in the projections outlined in Table 9.

	2024	2025	2026	2027	2028	2029
GGHE, billion current EGP	212	274	311	347	380	400
Prevention % GGHE	4.4	5.7	7.1	8.4	9.8	11.1
Prevention, billion current EGP	9	16	22	29	37	44

Table 9. Preventive Scenario 2, assuming stagnation in GGHE/GGE and growth in proportion of spending on prevention services

In this scenario, by 2029 there would be around **EGP 44 billion** available for prevention from GGHE.

91. Akihito Watabe, et al. Analysis of health promotion and prevention financing mechanisms in Thailand, Health Promotion International, Volume 32, Issue 4, August 2017, Pages 702–710.

92. Egypt National Health Accounts. Establishing an expenditure baseline to support Egypt's health care reform 2019/2020. Cairo: WHO Regional Office for the Eastern Mediterranean; 2023. Licence: CC BY-NC-SA 3.0 IGO.

### Preventive Scenario 3: Highly optimistic scenario with increase in share of health in government expenditure and prioritization of prevention within government health expenditure

In this scenario, GGHE grows per overall Scenario 3, while at the same time the allocation for prevention grows, as in preventive Scenario 2 above. This would result in the projections outlined in Table 10.

	2024	2025	2026	2027	2028	2029
GGHE, billion current EGP	210	334	458	607	774	960
Prevention % GGHE	4.4	5.7	7.1	8.4	9.8	11.1
Prevention, billion current EGP	9	19	32	51	76	107

Table 10. Preventive Scenario 3, assuming growth in GGHE/GGE and growth in proportion of spending on prevention services

In this scenario, by 2029 there would be EGP 107 billion available from GGHE for prevention.

As the UHIS is rolled out and given the low level of funding going to prevention, there is very little reallocation possible from prevention to UHIS within GGHE. Rather, the situation is to the contrary, as can be seen from the gap between the current level of prevention funding in Egypt and peer countries. In other words, there is a clear case for increasing funding for prevention in Egypt. But there is also an important policy drive for UHIS implementation. Hence, in order to secure adequate funding for both prevention and UHIS, there is a clear need for an overall increase in GGHE. This imperative is in line with overall Scenarios 2 and 3, as it would rely on substantial increases in funding allocations for health from GGE.



Projections for Government Health Expenditure on Preventive care 2024-2029

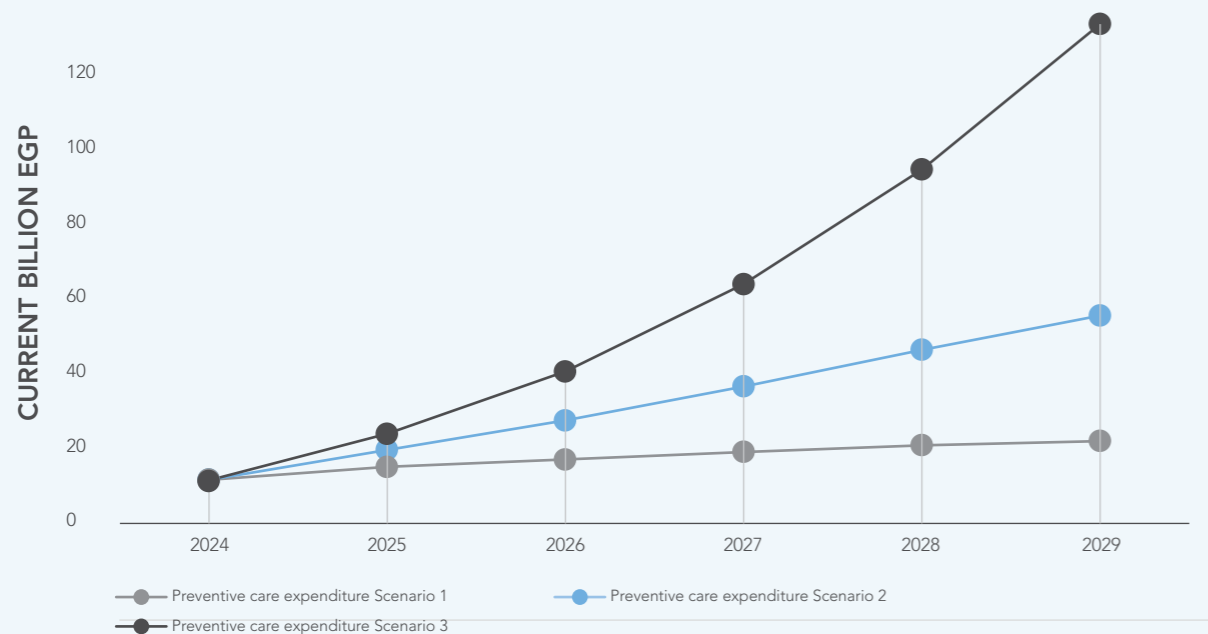


Figure 16. Three scenarios' forecasts of prevention expenditure, 2024-2029





**PRIORITIES AND  
OBJECTIVES, KEY  
IMPLEMENTING  
ACTIONS, KEY  
IMPLEMENTERS  
AND KEY  
INDICATORS**

**PRIORITIES AND OBJECTIVES**

**PRIORITY 1: STRENGTHENING HEALTH SYSTEMS TOWARDS UNIVERSAL HEALTH COVERAGE, AND STRENGTHENING ACCESS & EXPANDING COVERAGE KEY INDICATORS TO QUALITY ESSENTIAL HEALTH SERVICES**

1. Expand and strengthen Egypt's new UHI system to achieve comprehensive and high-quality coverage, reduce the high out-of-pocket expenses and harmonize insurance systems, and create a unified, efficient, and equitable system after the roll-out of the new UHI system.

Implement a thorough review process for the accomplished stages of implementation of the new health insurance system to facilitate early course corrections and effective law implementation

Expand geographical coverage based on the predefined timeline

Strengthen the health infrastructure and human resources to accommodate the increased demand for services resulting from the expanded UHI coverage

UHI organizations (UHIA, GAHAR and EHA)

MoHP  
Mo Finance  
UHI organizations (UHIA, GAHAR and EHA)

MoHP  
Mo Higher Education  
UHI organizations (UHIA, GAHAR and EHA)

International/development partners

International/development partners  
Private Sector

International/development partners

- Number of identified actionable recommendations for policy and implementation improvement based on the review of completed stages.
- Percentage of recommendations implemented within a set timeframe, demonstrating responsiveness to feedback.

- Number of additional governorates covered by the UHI system per quarter/fiscal year, tracking adherence to the predefined timeline.
- Percentage of the population covered by the UHI system nationwide.

- Number of new or upgraded health-care facilities established/equipped to meet the demand of the expanded UHI coverage.
- Number of qualified healthcare professionals (doctors, nurses, etc.) recruited and deployed to serve the growing patient population.

**KEY ACTIONS**

**KEY IMPLEMENTERS**

**KEY PARTNERS**

**KEY INDICATORS**

**PRIORITIES AND OBJECTIVES**

Ensure the availability of adequate financial resources to support the successful and sustained implementation of the new UHI system

Conduct comprehensive facility assessments according to GAHAR

Mo Finance  
UHIA

GAHAR

International/development partners

- Percentage of the UHI budget allocated to service provision directly impacting patients (compared to administrative costs).
- Development and implementation of sustainable financing mechanisms to ensure long-term funding stability for the UHI system.

- Percentage of healthcare facilities achieving accreditation based on GAHAR standards, indicating quality assurance.
- Number and nature of identified compliance gaps addressed through targeted interventions in non-accredited facilities.

Launch focused interventions to tackle specific identified deficiencies, including infrastructure upgrades, equipment procurement, and tailored staff training programmes

MoHP  
Mo Finance  
Egyptian Health Council  
UHI organizations (UHIA, GAHAR and EHA)

International/development partners

- Reduction in the identified deficiencies (infrastructure upgrades, equipment procurement, staff training) within a set timeframe.
- Improvement in key performance indicators linked to addressed deficiencies, demonstrating the effectiveness of targeted interventions

**Key Terms**

- Other Public Providers : Medical Institutions Affiliated To Some Ministers
- International/development partners : UN Organisations, International Organisations/ Institutes, ...etc



PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Develop and implement standardized performance dashboards to monitor key metrics like operational efficiency, patient satisfaction, and adherence to quality standards	MoHP UHI organizations (UHIA, GAHAR and EHA)	International/development partners	<ul style="list-style-type: none"> <li>Development and regular dissemination of standardized dashboards tracking key metrics (operational efficiency, patient satisfaction, etc.) across all UHI providers.</li> <li>Demonstrable improvement in key performance indicators tracked on the dashboards, showcasing the positive impact of monitoring and management.</li> </ul>
	Review the policy and legal framework for the 2018 UHI system	MoHP Mo Justice UHI organizations (UHIA, GAHAR and EHA)	International/development partners	<ul style="list-style-type: none"> <li>Number of policy and legal amendments implemented to address identified gaps and strengthen the UHI system.</li> <li>Improved clarity, coherence and effectiveness of the UHI regulatory framework as assessed by legal and healthcare experts.</li> </ul>
	Enhance the role of the MoHP as a competent regulator and supervisor as well as responsible for overseeing public health functions within the new UHI system	MoHP	Parliament and Senate UHI organizations (UHIA, GAHAR and EHA) Private sector	<ul style="list-style-type: none"> <li>Number of new regulatory and oversight mechanisms implemented by the MoHP to effectively supervise UHI providers.</li> <li>Increased public awareness and satisfaction with the MoHP's performance as regulator and supervisor of the UHI system.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
2. Ensure that the healthcare workforce is fit for purpose by strategically deploying health graduates to match national needs and labour market requirements through an integrated health workforce management system encompassing recruitment, retention, accreditation/relicensing, equitable distribution, training, shared competencies, task shifting, performance assessment, incentives, safety and health information	Develop a strategic deployment plan for health graduates to meet national health-care needs and market requirements/optimizing the number of graduates	Mo Higher Education	MoHP CAPMAS Egyptian Health Council UHI organizations (UHIA, GAHAR and EHA)	Percentage of graduates placed in positions aligned with national needs and market requirements within a set timeframe
	Create a comprehensive health workforce management plan covering recruitment, workforce forecasting, education and training, distribution, retention and motivation strategies, performance assessment, regulation and governance and safety	MoHP	Parliament and Senate Mo Higher Education Mo Finance Egyptian Health Council UHI organizations (UHIA, GAHAR and EHA) Private Sector	<ul style="list-style-type: none"> <li>Percentage of vacant positions filled within target timeframes.</li> <li>Degree of alignment between projected workforce needs and actual demand.</li> <li>Completion rates and competency scores for training programmes.</li> <li>Reduction in geographical disparities in health professional distribution.</li> <li>Improvement in employee satisfaction and retention rates.</li> <li>Achievement of workforce-related KPIs, such as clinical outcomes and cost-effectiveness.</li> <li>Compliance with regulatory standards and reduction in safety incidents.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Develop task-shifting strategies supported by stringent laws/regulations to optimize health-care personnel utilization	MoHP	Egyptian Health Council Health related syndicates CAPMAS	Increase in the percentage of tasks safely shifted from physicians to other healthcare professionals (e.g. pharmacists and nurses) over a specific period.
	Implement rigorous accreditation and relicensing processes to maintain workforce competency	Egyptian Health Council	MoHP Mo Higher Education GAHAR EHA Other Public providers/NGOs Private sector Health related syndicates	Percentage of healthcare professionals completing mandatory relicensing and accreditation requirements on time.
	Develop strategies to ensure equitable distribution of the health workforce with an appropriate mix of skills across different geographic areas and healthcare facilities	MoHP	Mo Higher Education Mo Local Development Mo Finance UHI organizations (UHIA, GAHAR and EHA) CAPMAS	Ratio of healthcare professionals per capita across different geographic areas and healthcare facilities (e.g. rural vs. urban).

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Drive healthcare workforce equity via innovative solutions like establishing specialty-focused Centers of Excellence. These centres will attract fresh graduates to underserved, remote governorates in Egypt, addressing healthcare workforce distribution disparities	MoHP	Mo Higher Education Mo Local Development Mo Finance Egyptian Health Council UHI organizations (UHIA, GAHAR and EHA) CAPMAS	Number of graduates recruited and retained in underserved areas through Centers of Excellence programmes within a predefined timeframe.

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Cultivate a culture of continuous learning and innovation within the healthcare workforce by fostering ongoing training, knowledge exchange, and professional development initiatives	Egyptian Health Council	MoHP Mo Higher Education UHI organizations (UHIA, GAHAR and EHA) Other Public providers/NGOs Private sector International / development partners	<ul style="list-style-type: none"> <li>Completion rates for specific training modules or courses.</li> <li>The average number of continuing education credits or training hours completed per year.</li> <li>Knowledge and skills acquisition assessed through pre- and post-training tests or evaluations.</li> <li>Utilization rates of internal knowledge-sharing platforms (e.g. online forums, wikis).</li> <li>Number of published articles or research collaborations among healthcare professionals.</li> <li>Percentage of healthcare professionals completing recognized professional development programmes.</li> <li>Increase in employee satisfaction with career development opportunities.</li> </ul>



PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
				<ul style="list-style-type: none"> <li>• Number of innovative ideas or projects implemented by healthcare professionals.</li> <li>• Number of patent applications or innovative solutions developed by the healthcare workforce.</li> <li>• Improved patient outcomes or service delivery efficiencies attributed to innovation</li> </ul>
	<p>Strengthen medical education and unleash continuous professional development by forging robust scholarship partnerships, exploring innovative funding like grants and loan repayments, expanding learning through Collaborations and elearning</p>	<p>Mo Higher Education Egyptian Health Council</p>	<p>MoHP UHI organizations (UHIA, GAHAR and EHA) Other Public providers / NGOs Private Sector International /development partners</p>	<ul style="list-style-type: none"> <li>• Percentage of specialized training programmes supported by scholarships or alternative funding mechanisms.</li> <li>• Number of healthcare professionals participating in e-learning courses, partnerships, or funded training programmes per year.</li> </ul>
	<p>Introduce professional, technical and specialized fellowships and diplomas in clinical skills, bridging gaps in academic programmes</p>	<p>Egyptian Health Council</p>	<p>MoHP Mo Higher Education Mo Defence Health related Syndicates</p>	<p>Number of professionals enrolled and completing new diploma programmes within a set timeframe</p>
PRIORITIES AND OBJECTIVES				
	<p>Seek international accreditation for training programme</p>	<p>Egyptian Health Council</p>	<p>Mo Higher Education MoHP Mo Defence Health related Syndicates</p>	<p>Percentage of training programmes achieving international accreditation within a specific timeframe</p>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
3. Strengthen and expand comprehensive and inclusive PHC models of care (promotive, preventive, curative and rehabilitative), encompassing primary, secondary, and tertiary services with effective referral within the framework of family health, and as part of UHC	Conduct a comprehensive needs assessment of the population to identify gaps in primary healthcare services and family health needs	MoHP	UHI organizations (UHIA, GAHAR and EHA) National Population Council National Council for Childhood and Motherhood International/development partners	Percentage of identified gaps in PHC services and family health needs addressed within a set timeframe.

Implement measures to enhance and expand the delivery of family health services at the PHC level. This includes establishing and equipping family health centres or clinics, providing training to healthcare providers on family-focused care, and ensuring the availability of essential medical equipment and medications	MoHP EHA	Egyptian Health Council International/development partners UPA	<ul style="list-style-type: none"> <li>• Increase in the utilization rate of family health services per capita within a specific timeframe.</li> <li>• Percentage increase in coverage of essential family health services (e.g. antenatal care, immunization, child health checkups) at PHC level within a specific timeframe.</li> </ul>
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PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
Prioritize accessible healthcare by optimizing service boundaries: Family Health Units for 20,000 population within 5km, Family Health Centres for 40,000 within 10km	MoHP EHA	Mo Planning Mo Finance Mo Local Development UHI organizations (UHIA and GAHAR)	<ul style="list-style-type: none"> <li>• Percentage of population residing within 5km of a Family Health Unit and 10km of a family health centre within a specific timeframe of implementing optimized service boundaries.</li> <li>• Reduction in the average travel time to the nearest Family Health Unit/Centre within a predefined timeframe.</li> </ul>	

Promote universal access to family health services by adopting outreach strategies and community engagement initiatives	MoHP EHA	Mo Social Solidarity NGOs/CSOs	Percentage increase in utilization rates of family health services of implementing outreach strategies and community engagement initiatives within a specific timeframe.
Enhance the accessibility of essential medicines and technologies in PHC settings and across all levels of healthcare facilities	MoHP EHA	UPA Mo Communications Mo Planning Mo Local Development	Percentage of PHC facilities with consistent stock of 80% of essential medicines specified in the national essential drug list within a specific timeframe of enhancing accessibility.



PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Establish a robust governance framework to ensure the rational and optimal utilization of pharmaceuticals, promoting effective and equitable healthcare outcomes	MoHP EHA	EDA UPA Egyptian health Council GAHAR International/development partners	Percentage reduction in wastage of pharmaceuticals within a specific timeframe of establishing a robust governance framework.
	Extend the coverage of the geriatric health assessment programme to encompass 100% of healthcare facilities	MoHP Mo Higher Education EHA	Other Public Providers /NGOs Private sector International/development partners	Percentage of healthcare facilities implementing the geriatric health assessment programme within a specific timeframe.
	Expand coverage and enhance the quality of early genetic disease detection services in 100% of facilities	MoHP EHA	UPA International/development partners	Percentage increase in coverage of early genetic disease detection services within a specific timeframe.

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Drive equitable coverage of preventive and vaccination services, leveraging automation across the care continuum	MoHP	Mo Planning Mo Communication UPA International/development partners	Percentage increase in vaccination coverage for routine childhood and adult vaccines within a specific timeframe of leveraging automation across the care continuum
	Modernize nationwide vaccine cold chain for optimal potency and efficiency	MoHP	International/development partners	Percentage reduction in vaccine wastage rate in a specific timeframe of modernizing the nationwide vaccine cold chain.
	Upgrade existing health offices and strategically establish new ones in underserved areas, coupled with optimized mobile units using a hotline booking system, delivering care directly to those who need it most	MoHP	Mo Planning Mo Finance	<ul style="list-style-type: none"> <li>Reduction in the distance between health offices and underserved areas, measured by the average travel time or distance between an underserved area and the nearest health office.</li> <li>Increase in the number of underserved areas served by health offices, measured by the percentage of underserved areas with access to a health office within a specified radius.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
				<ul style="list-style-type: none"> <li>Increased compliance with immunization schedules for children, measured by the percentage of children who have received all required immunizations.</li> <li>Reduced rates of preventable diseases in underserved areas, measured by the incidence of specific diseases such as childhood infectious diseases or foodborne illness.</li> </ul>
	<p>Launch a single digital platform for real-time birth and death registration, unified with MoHP</p> <p>Expand Egypt's health-care infrastructure with 20,000 hospital beds through a network of 100 public standardized, high-quality, sustainable hospitals</p>	MoHP	<p>Mo Planning</p> <p>Mo Communication</p> <p>Mo Environment</p> <p>Mo Planning</p> <p>Mo Finance</p> <p>UHI organizations (UHIA, GAHAR and EHA)</p> <p>International/development partners</p>	<ul style="list-style-type: none"> <li>Percentage of births and deaths registered within 24 hours through the unified digital platform within a specific timeframe of its launch.</li> <li>Number of operational standardized, high-quality, sustainable hospitals.</li> <li>Percentage increase in the number of patients served by the healthcare system within a specific timeframe.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
4. Enhance the quality of healthcare services across all levels in both the public and private healthcare sectors	Develop and implement standardized quality guidelines and protocols for healthcare service delivery for public and private sectors	Egyptian Health Council	<p>MoHP</p> <p>Mo Higher Education</p> <p>UHI organizations (UHIA, GAHAR and EHA)</p> <p>Other Public Providers/NGOs</p> <p>Private Sector</p> <p>International/development partners</p>	<ul style="list-style-type: none"> <li>Percentage of healthcare facilities adhering to key quality metrics defined in the guidelines.</li> <li>Reduction in variances in healthcare delivery practices across providers and sectors.</li> <li>Percentage change in specific health indicators related to targeted areas covered by the guidelines (e.g. reduced infection rates, improved patient satisfaction).</li> <li>Change trends in mortality and morbidity rates for priority healthcare issues</li> </ul>
	Establish mechanisms for ongoing quality improvement, including regular performance evaluations, feedback systems, and benchmarking against best practices	GAHAR	<p>MoHP</p> <p>Mo Higher Education</p> <p>UHI organizations (UHIA and EHA)</p> <p>Other Public Providers/NGOs</p> <p>Private Sector</p> <p>International/development partners</p>	<p>Percentage increase in average score on performance evaluations of healthcare facilities within a specific timeframe of establishing mechanisms for ongoing quality improvement.</p>



PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Invest in training and professional development programmes in healthcare quality for healthcare providers	GAHAR	MoHP Mo Higher Education Egyptian Health Council UHI organizations (UHIA and EHA) Other Public Providers / NGOs Private Sector International/development partner	<ul style="list-style-type: none"> <li>Number of providers completing targeted training programmes within a specified timeframe.</li> <li>Percentage reduction in specific quality metrics post training (e.g. percentage decrease in hospital-acquired infections).</li> <li>Increase in the percentage of patients receiving evidence-based care practices aligned with training content.</li> <li>Average patient satisfaction scores on relevant dimensions (e.g. communication, shared decision making) before and after training implementation.</li> <li>Percentage change in resource utilization rates for specific services or medications post-training.</li> </ul>
	Promote a patient-centered approach, involving patients in decision-making and tailoring care to meet their individual needs	MoHP UHI organizations (UHIA, GAHAR and EHA)	Mo Higher Education Egyptian Health Council Other Public Providers / NGOs Private Sector International/development partners	<ul style="list-style-type: none"> <li>Percentage increase in patient satisfaction scores within a specific timeframe of promoting a patient-centered approach, involving patients in decision-making and tailoring care to their needs.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Implement health information technology systems to improve the efficiency, accuracy, and accessibility of patient records, facilitating better coordination of care	MoHP UHI organizations (UHIA, GAHAR and EHA)	Mo Higher Education Mo Communication Mo Planning Mo Finance Other Public Providers / NGOs Private Sector International/development partners	Reduction in medical record errors and increase in access to patient records within a specific timeframe of implementing health information technology systems.
	Strengthen infection control and safety measures to reduce the risk of healthcare-associated infections and enhance patient safety	MoHP EHA Mo Higher Education Other Public Providers/NGOs Private Sector	GAHAR International/development partners	Percentage reduction in healthcare-associated infection rates within a specific timeframe of strengthening infection control and safety measures.
	Establish mechanisms for patients to provide feedback on their healthcare experiences	MoHP Mo Higher Education UHI organizations (UHIA, GAHAR and EHA) Other Public Providers/NGOs Private Sector	Mo Communication International/development partners	Increase in participation rate in patient satisfaction surveys and implementation of patient feedback suggestions within a specific timeframe of establishing patient feedback mechanisms.

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
5. Increase reliance on public financing for health to reduce out-of-pocket and catastrophic health expenditures and promote financial risk protection for all	<p>Conduct a comprehensive review of the national health budget to identify areas where increased public financing can be allocated. Ensure that the budget is in alignment with the objective of reducing out-of-pocket expenditures and expanding UHC</p>	<p>MoHP Mo Finance UHI organizations (UHIA, GAHAR and EHA)</p>	Mo Higher Education	Number of high-impact areas identified for increased public financing within the national health budget, aligned with reducing out-of-pocket expenditures, within a specific timeframe of completing the review.

<p>Lobby and build public support for a larger health share in the state budget, highlighting the return on investment and positive impact on public health</p>	<p>MoHP UHI organizations (UHIA, GAHAR and EHA)</p>	NGOs/CSOs	<ul style="list-style-type: none"> <li>Percentage of surveyed citizens who support increased healthcare budget.</li> <li>Number of individuals signed up to organizations supporting increased healthcare funding.</li> <li>Frequency and positivity of media coverage regarding the campaign for a larger health share.</li> </ul>
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PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	<p>Conduct a comprehensive training programme for dedicated staff, transitioning them from line-item budgeting to program-based budgeting, including hands-on workshops on programme cost analysis, resource allocation, and performance monitoring</p>	<p>Mo Finance International/development partners</p>	<p>MoHP Mo Higher Education Egyptian Health Council UHI organizations (UHIA, GAHAR and EHA)</p>	<ul style="list-style-type: none"> <li>Percentage of the staff trained in programme-based budgeting concepts.</li> <li>Percentage improvement in programme cost analysis competency through pre- and posttraining evaluations.</li> <li>Percentage increase in the utilization rates of programme-based budgeting tools in resource allocation decisions.</li> <li>Developed and implemented performance monitoring framework for key programme indicators.</li> <li>Percentage reduction in budget variances between planned and actual expenditures for pilot programmes using programme-based budgeting.</li> </ul>

<p>Expand and improve health insurance schemes to cover a broader range of healthcare services and beneficiaries</p>	<p>UHI organizations (UHIA, GAHAR and EHA)</p>	<p>MoHP Mo Higher Education Other Public Providers/NGOs Private Sector International/development partners</p>	<p>Increase in percentage of population covered by UHI within a specific timeframe.</p>
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PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Invest in health promotion and prevention programmes to reduce the burden of diseases, which can lead to a decrease in healthcare expenditures. This includes promoting a healthy lifestyle and early disease detection	MoHP	Mo Higher Education Mo Youth Mo Agriculture Mo Social Solidarity UHI organizations (UHIA, GAHAR and EHA) Other Public Providers/NGOs Private Sector International/development partners	Percentage reduction in prevalence of leading diseases within a specific timeframe of investing in health promotion and early disease detection programmes.

Expand/establish targeted assistance programmes that provide financial support to individuals or families facing catastrophic health expenditures, ensuring they do not face financial hardship due to medical costs	Mo Social Solidarity	Mo Finance		Decrease in percentage of households incurring catastrophic health expenditures within a specific timeframe of establishing/expanding targeted assistance programmes.
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PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
Ensure effective and equitable access to healthcare for individuals with rare and genetic diseases as well as other medical emergencies	MoHP Mo Higher Education EHA Other Public providers/NGOs	Mo Finance Mo Social Solidarity Egyptian Health Council UHIA Medical Emergency Response and Rare Disease Fund		<ul style="list-style-type: none"> <li>Percentage increase in registry registrations for rare and genetic diseases per year.</li> <li>Percentage of applications for Medical Emergency Response Fund coverage approved for rare and genetic diseases.</li> <li>Percentage access to specialized treatment centres for targeted rare and genetic diseases.</li> <li>Percentage of healthcare professionals trained in diagnosis and management.</li> <li>Patient satisfaction rate with received care (survey-based).</li> <li>Percentage diversification of funding sources (government, private, etc.).</li> </ul>

Formulate and incorporate cost-effective policies to tackle the significant share of out-of-pocket healthcare expenses linked to pharmacy-related costs	EDA	MoHP Mo Finance UHIA EHA		Percentage reduction in share of overall healthcare expenses attributed to pharmacy-related costs within a specific timeframe of formulating and implementing cost-effective policies.
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PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Explore partnerships between public health-care institutions and private sector entities to leverage resources and expertise for expanding healthcare access while maintaining affordability	MoHP UHIA EHA	Mo Higher Education Mo Finance Mo planning Mo International Cooperation Private Sector	Number of successful partnerships established between public healthcare institutions and private sector entities, with measurable improvements in healthcare access and affordability within a specific timeframe.
	Secure commitments from multilateral and bilateral donors, leveraging existing investments and showcasing sustainable healthcare programmes	MoHP UHI organizations (UHIA, GAHAR and EHA)	International/development partners Donors	Increase in committed funding from multilateral and bilateral donors for sustainable healthcare programmes, aligned with existing investments and showcasing measurable impact, within a specific timeframe of proactive donor engagement activities.
6. Strengthen health systems leadership and governance through reviewing health laws and health-related regulations to identify gaps and inconsistencies that hinder the achievement of national health goals.	Employ a data-driven approach to review health and health-related laws and regulations, prioritizing areas needing improvement and integration to effectively attain national health goals and advance towards UHC	MoHP Mo Justice Mo Higher Education UHI organizations (UHIA, GAHAR and EHA) Other Public Providers/NGOs Private Sector	International/development partners	Number of prioritized areas for improvement and integration in health laws and regulations identified through the data-driven review, aligned with national health goals and UHC advancement, within a specific timeframe of completing the review.

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Prepare legislative proposals and policy changes to address the gaps and promote effective health systems leadership and governance	MoHP Mo Justice Mo Higher Education UHI organizations (UHIA, GAHAR and EHA) Other Public Providers/NGOs Private Sector	International/development partners	Number of legislative proposals and policy changes developed to address identified gaps and promote effective health systems leadership and governance, with clear linkages to the data-driven review, within a specific timeframe of initiating legislative processes.
	Drive progress towards national health and development objectives by enacting and operationalizing the updated legislation	MoHP Mo Justice Mo Higher Education UHI organizations (UHIA, GAHAR and EHA) Other Public Providers/NGOs Private Sector	International/development partners	<ul style="list-style-type: none"> <li>Increased compliance with updated legislation by relevant stakeholders (e.g. healthcare providers, institutions) within a specific timeframe of enactment.</li> <li>Measurable progress towards specific national health and development objectives linked to the updated legislation within a specific timeframe of implementation.</li> <li>Improved stakeholder engagement and feedback mechanisms related to the implementation of updated legislation within a specific timeframe of enactment.</li> </ul>



PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
7. Promote private sector engagement in the health sector with the aim of improving healthcare accessibility, quality and efficiency	<p>Conduct a stakeholder analysis to identify potential partners in the health sector</p> <p>Develop a framework for private sector partnerships, outlining roles, responsibilities, and objectives</p> <p>Implement pilot projects to assess the effectiveness of PPPs in improving healthcare accessibility, quality and efficiency</p>	<p>MoHP UHI organizations (UHIA, GAHAR and EHA)</p> <p>MoHP UHI organizations (UHIA, GAHAR and EHA)</p> <p>MoHP UHI organizations (UHIA, GAHAR and EHA)</p>	<p>Mo International Cooperation Mo Higher Education Mo Social Solidarity International/development partners General Authority for Investment Private Sector</p>	<p>Number of key partners identified from the health sector and other relevant fields (e.g. technology, private, NGOs) with potential for successful public sector collaborations, categorized by their expertise and value proposition, within a specific timeframe of completing the stakeholder analysis.</p> <p>Completion and adoption of a comprehensive private sector partnership framework outlining clear roles, responsibilities, and objectives for all stakeholders involved in healthcare PPPs, with specific focus on areas like risk allocation, financing mechanisms, and performance monitoring, within a specific timeframe of initiating framework development.</p> <p>Successful implementation of pilot PPP projects targeting specific healthcare challenges (e.g. infrastructure development, HIS, service delivery models), demonstrating measurable improvements in accessibility, quality, and efficiency of healthcare services compared to non-PPP approaches, within a specific timeframe of project initiation.</p>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	<p>Strengthening private sector partnerships through seeking corporate social responsibility from the private sector entities</p> <p>Facilitate collaborations between governmental bodies, private sector entities, and NGOs to jointly invest in healthcare infrastructure, technology and service delivery</p>	<p>MoHP UHI organizations (UHIA, GAHAR and EHA)</p> <p>MoHP UHI organizations (UHIA, GAHAR and EHA)</p>		<p>Increase in participation and contributions from private sector entities through corporate social responsibility initiatives aligned with healthcare PPP goals, demonstrated by:</p> <ul style="list-style-type: none"> <li>Increased number of CSR partnerships formed with private companies for healthcare projects</li> <li>Higher financial or in-kind contributions from private entities towards PPP initiatives.</li> <li>Improved visibility and brand reputation of private companies engaged in healthcare PPPs.</li> </ul> <p>Increased number and scope of collaborative projects between governmental bodies, private sector entities, and NGOs for joint investment in healthcare infrastructure, technology and service delivery.</p>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
8. Enhance the production and ensure the quality, safety, and efficacy of health products, including medicines, vaccines, blood products, family planning methods, medical devices and diagnostics	Enhance regulatory frameworks and standards for health product manufacturing to ensure safety and quality	Mo Industry Mo Public Business Sector EDA UPA Private Sector	MoHP Mo International Cooperation Mo Higher Education Mo Social Solidarity UHI organizations (UHIA, GAHAR and EHA) International/development partners General Authority for Investment	<ul style="list-style-type: none"> <li>Increased number of production lines for all healthcare related products within a specific time frame.</li> <li>Increases percentage of domestic satisfaction of the healthcare related products within a specific time frame.</li> <li>Increases percentage of exportation of the healthcare related products within a specific time frame.</li> <li>Increased compliance rates with revised/newly established regulatory frameworks and standards for health product manufacturing by pharmaceutical companies within a specific timeframe of implementation, documented through inspections and self-reporting mechanisms.</li> </ul>

Enhance staff capacity in biosafety and bio-risk management, laboratory quality management systems, and laboratory management information systems	MoHP EGAC (Egyptian Accreditation Council) EDA	Mo Defence Mo Higher Education Mo Communications Egyptian Health Council UHI organizations (UHIA, GAHAR and EHA)	Increase in the number of healthcare personnel trained in biosafety and bio-risk management, laboratory quality management systems, and laboratory management information systems, leading to improved proficiency and adherence to protocols within a specific timeframe of capacity-building programmes.
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PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
Streamline supply chains for efficient product distribution while managing production costs effectively	EDA UPA	MoHP Mo Higher Education UHI organizations (UHIA, GAHAR and EHA) Other Public Providers/NGOs Private Sector	Reduction in lead time for health product distribution and decrease in inventory holding costs within a specific timeframe of implementing supply chain optimization strategies, without compromising product quality or availability.	
Establish robust monitoring systems for health product safety and promptly address safety concerns	EDA UPA NFSA	MoHP Mo Higher Education UHI organizations (UHIA, GAHAR and EHA) Other Public Providers/NGOs Private Sector	Decrease in time to respond to and address safety concerns related to health products, evidenced by faster investigation and corrective action implementation within a specific timeframe of establishing a robust monitoring system.	

Improve accessibility to essential health products across the country, ensuring equitable distribution to all populations	MoHP Mo Higher Education UHI organizations (UHIA, GAHAR and EHA) Other Public Providers/NGOs Private Sector	EDA UPA	Increase in percentage of the population with access to essential health products in public and private sectors through improved distribution networks and equitable policies, with a focus on underserved areas, within a specific timeframe of implementing accessibility initiatives.
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PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
<p><b>PRIORITY II: PROMOTING HEALTH AND WELL-BEING THROUGHOUT THE LIFE COURSE</b></p>				
<p>1. Strengthen health systems to ensure universal access to quality health service to all age groups.</p>	<p>Conduct comprehensive needs assessment to identify gaps in reproductive, maternal, newborn, child, adolescent and elderly healthcare services</p> <p>MoHP</p>	<p>National Population Council National Council for Childhood and Motherhood International/development partners</p>	<ul style="list-style-type: none"> <li>Number of identified gaps in reproductive, maternal, newborn, child, adolescent and elderly healthcare services across geographic regions and demographic groups.</li> <li>Prioritization of identified gaps based on severity, prevalence and impact on health outcomes.</li> </ul>	
	<p>Enhance geriatric health services quality and accessibility and expand coverage in underserved regions</p> <p>MoHP Mo Higher Education UHIA EHA Other Public Providers/NGOs Private Sector</p>	<p>NGOs/CSOs</p>	<ul style="list-style-type: none"> <li>Utilization rates of geriatric services in underserved regions.</li> <li>Increased number of health care facilities /programs that offers geriatric services</li> <li>Improved quality of care indicators within healthcare facilities (e.g. patient satisfaction, clinical outcomes).</li> <li>Increased access to essential equipment, medicines and qualified healthcare personnel in underserved areas.</li> </ul>	
<p><b>PRIORITIES AND OBJECTIVES</b></p>				
	<p>Effective implementation of the National Population and Development Strategy 2023-2030</p> <p>National Population Council</p> <p>Fast-track the National Midwifery Strategy's action plan and launch strategic interventions to combat health workforce shortages and elevate maternal and newborn health outcomes</p> <p>MoHP</p> <p>Expand and strengthen the role of community health workers to address gaps in the health workforce, increase outreach and enhance equity</p>	<p>MoHP Mo Higher Education Mo Planning Mo Finance Mo Local Development Mo Justice Mo Housing Mo Youth Mo Foreign Affairs Mo Social Solidarity Mo Education Mo Awqaf Mo Culture International/development partners</p> <p>Health Related Syndicates Egyptian Health Council National Council for Childhood and Motherhood International/development partners</p> <p>Mo Social Solidarity National Population Council National Council for Childhood and Motherhood</p> <p>MoHP</p>	<ul style="list-style-type: none"> <li>Achieve a targeted reduction in the total fertility rate from 2.85 in 2021 to 2.1 by 2030.</li> <li>Increase contraceptive prevalence rate from 66.4% in 2021 to 75% in 2030.</li> <li>Reduce the unmet need for family planning from 13.8% in 2021 to 6% in 2030.</li> </ul> <p>Refer to the strategy for more details.</p> <p>Reduction in maternal and neonatal mortality rates within a specified timeframe after implementing the strategic interventions.</p> <ul style="list-style-type: none"> <li>Reduction in maternal and neonatal mortality rates within a specified timeframe after implementing the strategic interventions.</li> <li>Increased outreach services and utilization rates of FP services</li> </ul>	

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
<p>2. Promote healthy ageing and enhance quality of life through the life course</p>	<p>Conduct a comprehensive health needs assessment for the elderly population</p>	<p>MoHP</p>	<p>National Population Council Mo Higher Education International/development partners</p>	<ul style="list-style-type: none"> <li>Number of identified priority health issues for older adults.</li> <li>Availability of a comprehensive report with data-driven recommendations.</li> </ul>
	<p>Develop targeted interventions on identified health priorities and challenges</p>	<p>MoHP</p>	<p>National Population Council Mo Higher Education International/development partners</p>	<ul style="list-style-type: none"> <li>Number and type of interventions developed for priority health issues.</li> <li>Increased utilization rates of targeted interventions by older adults.</li> <li>Measurable improvement in key health indicators related to intervention focus</li> </ul>
	<p>Expand access to quality healthcare services, including preventive, curative, rehabilitative and long-term care, ensuring affordability for older adults</p>	<p>MoHP Mo Higher Education EHA Other Public Providers/NGOs Private Sector</p>	<p>Mo Finance Mo Social Solidarity EDA UPA UHIA</p>	<ul style="list-style-type: none"> <li>Increased utilization rates of preventive, curative and long-term care services by older adults.</li> <li>Reduction in financial barriers to accessing healthcare (e.g. cost, insurance coverage).</li> <li>Increased capacity of primary care facilities to serve older adults (e.g. geriatric specialists).</li> </ul>
PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	<p>Strengthen long-term care services and support systems to meet the diverse needs of older adults, including home-based care and residential care facilities</p>	<p>MoHP Mo Higher Education EHA Other Public Providers/NGOs Private Sector</p>	<p>Mo Finance Mo Social Solidarity Mo Communication EDA UPA UHIA</p>	<ul style="list-style-type: none"> <li>Increased availability and utilization rates of diverse long-term care options (e.g. home-based care, residential facilities).</li> <li>Improved quality of care through enhanced standards and regulations.</li> <li>Increased government or insurance coverage for long-term care services.</li> </ul>
	<p>Advocate for health insurance coverage for geriatric health services and rehabilitation services to promote well-being and independence</p>	<p>MoHP UHI organizations (UHIA and EHA)</p>	<p>Mo Finance Private sector</p>	<ul style="list-style-type: none"> <li>Successful policy changes leading to expanded health insurance coverage for geriatric health services and rehabilitation services.</li> <li>Increased utilization of rehabilitation services by older adults.</li> <li>Measurable improvements in functional independence and quality of life of the elderly.</li> </ul>
	<p>Build the capacity of healthcare providers, caregivers, and relevant stakeholders to address the unique needs of older adults effectively</p>	<p>Mo Higher Education MoHP EHA Other Public Providers/NGOs Private Sector</p>	<p>Mo Social Solidarity Egyptian Health Council International/development partners</p>	<ul style="list-style-type: none"> <li>Number of healthcare providers and caregivers trained in geriatric care.</li> <li>Improved knowledge and skills among stakeholders in addressing unique needs of older adults.</li> <li>Strengthened collaboration between healthcare providers, social organizations and policy makers.</li> </ul>



PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Partner with training institutions and social organizations to develop programmes for qualified caregivers for older adults and individuals with disabilities	MoHP Mo Higher Education	Egyptian Health Council International/development partners	<ul style="list-style-type: none"> <li>Number of trained and certified caregivers in the workforce.</li> <li>Increased availability of qualified caregivers to meet demand.</li> <li>Improved quality of care provided by trained caregivers.</li> </ul>
	Equip communities with knowledge about vaccination and medication for better health, while providing easy access to mass screenings through all primary care units/centres for elderly	MoHP EHA	Mo Social Solidarity International/development partners	<ul style="list-style-type: none"> <li>Increased vaccination rates of recommended vaccines among older adults.</li> <li>Improved understanding of medication use and adherence among older adults and caregivers.</li> <li>Increased participation in mass screenings for major health issues in primary care units.</li> </ul>
	Utilize social media, consistent messaging, and community health workers to empower informed choices about health and well-being	MoHP EHA	Mo Social Solidarity International/development partners	<ul style="list-style-type: none"> <li>Improved health literacy among older adults and communities.</li> <li>Demonstrated positive change in health-related behaviours based on informed decision-making.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
3. Reduce all forms of malnutrition through the life course with a particular focus on people in vulnerable situation and at-risk groups including social and behavioural change communications	Implement the specific strategy for geriatric psychiatry within the broader framework of healthy ageing	MoHP Mo Higher Education EHA Other Public Providers/NGOs Private Sector	Mo Social Solidarity International/development partners	<ul style="list-style-type: none"> <li>Operationalized action plan for geriatric psychiatry strategy within the healthy ageing framework.</li> <li>Increased access to mental health services for older adults.</li> <li>Reduction in stigma and improved mental health outcomes among elderly.</li> </ul>
	Effective implementation of the National Food and Nutrition Strategy 2023-2030, which focuses on the following points: <ol style="list-style-type: none"> <li>Build food systems that deliver healthy diets, enhance food security, and reduce environmental impact</li> <li>Increase the availability, affordability and equity of safe and nutritious food for all</li> <li>Reduce stunting, wasting and obesity prevalence among children and adolescents</li> </ol>	MoHP Mo Higher Education Mo Agriculture Mo Supply Mo Industry Mo Social Solidarity Mo Finance Mo Irrigation EHA UHIA NFSA EDA UPA International/development partners	<p><b>Nutrition:</b></p> <ul style="list-style-type: none"> <li>Halve undernourishment by 2030 (4.7% to 2.4%).</li> <li>Cut food insecurity in half by 2025 (34.2% to 16%), then reach 10.6% by 2030.</li> <li>Increase access to affordable healthy diets by 2030 (19%).</li> </ul> <p><b>Child Health:</b></p> <ul style="list-style-type: none"> <li>Cut stunting in children under five to 10% by 2030 (from 13%).</li> <li>Cut low birthweight by 30% (from 15.5%).</li> <li>Boost exclusive breastfeeding at 6 months to 60% (from 40%).</li> <li>Increase normal delivery rates by 25 %</li> <li>Double adequate complementary feeding for infants aged 7 months to 2 years (from 23.3%).</li> </ul>	

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
4. Prevent and control disability impact by implementing comprehensive services for early detection, rehabilitation, and support for persons with disabilities	4. Improve diets to boost vital nutrients and reduce micronutrient deficiencies	MoHP Mo Higher Education Mo Agriculture Mo Supply Mo Industry Mo Social Solidarity	MoHP Mo Higher Education Mo Agriculture Mo Supply Mo Industry Mo Social Solidarity	<ul style="list-style-type: none"> <li>• Cut wasting in children under five to 2% by 2030 (from 3%).</li> <li>• Stop overweight increase in children under five (from 11.5%).</li> <li>• Stop overweight/obesity increase in children and adolescents (from 17.6%).</li> </ul>
	5. Implement measures to prevent and curb diet-related NCDs	Mo Finance Mo Irrigation EHA UHIA NFSA EDA UPA International/development partners	Mo Finance Mo Irrigation EHA UHIA NFSA EDA UPA International/development partners	<p><b>Micronutrient Deficiencies:</b></p> <ul style="list-style-type: none"> <li>• Cut anaemia in children under five to 15% by 2030 (from 27%).</li> <li>• Cut anaemia in school children and adolescents by 30%.</li> <li>• Cut anaemia in women of reproductive age by 50%.</li> <li>• Maintain high vitamin A and iodine coverage.</li> <li>• Support children's vitamin D and educate women on their needs.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
4. Prevent and control disability impact by implementing comprehensive services for early detection, rehabilitation, and support for persons with disabilities	6. Strengthen the health system to deliver key nutrition interventions for everyone	MoHP Mo Higher Education Mo Agriculture Mo Supply Mo Industry Mo Social Solidarity	MoHP Mo Higher Education Mo Agriculture Mo Supply Mo Industry Mo Social Solidarity	<p><b>Chronic Diseases:</b></p> <ul style="list-style-type: none"> <li>• Cut average salt intake by 30% by 2025 (from 8.9 g/day).</li> <li>• Reduce saturated fat intake to below 10% of energy by 2030.</li> <li>• Eliminate industrial trans fats.</li> </ul>
	7. Enhance leadership, financing and governance for food security and nutrition	Mo Finance Mo Irrigation EHA UHIA NFSA EDA UPA International/development partners	Mo Finance Mo Irrigation EHA UHIA NFSA EDA UPA International/development partners	<p><b>Chronic Diseases:</b></p> <ul style="list-style-type: none"> <li>• Cut average salt intake by 30% by 2025 (from 8.9 g/day).</li> <li>• Reduce saturated fat intake to below 10% of energy by 2030.</li> <li>• Eliminate industrial trans fats.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
4. Prevent and control disability impact by implementing comprehensive services for early detection, rehabilitation, and support for persons with disabilities	8. Integrate climate adaptation and mitigation strategies for sustainable food systems and healthy diets	MoHP EHA	Mo Higher Education Mo Social Solidarity Mo Finance UHIA UPA National Council for Persons with Disabilities Other Public Providers/NGOs Private Sector	<ul style="list-style-type: none"> <li>• Increased rate of early identification of disabilities through established programmes.</li> <li>• Reduction in time between disability onset and initiation of interventions.</li> <li>• Improved functional outcomes for persons with disability due to early intervention.</li> </ul>
	Introduce essential genetic tests in neonatal screening with plans to expand and refine the programme based on local data analysis	MoHP EHA	Mo Higher Education Mo Finance Other Public Providers/NGOs Private Sector UPA UHIA	Mo Higher Education Mo Finance Other Public Providers/NGOs Private Sector UPA UHIA



PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Secure sustainable funding for the treatment of genetic and rare diseases national health initiatives and WHO recommendations	Mo Finance Mo Social Solidarity UHIA Medical Emergency Response and Rare Disease Fund Egyptian Health Council	MoHP Mo Higher Education EHA Other Public providers /NGOs	<ul style="list-style-type: none"> <li>Percentage of eligible patients with genetic and rare diseases receiving financial support from the fund for treatment within a specific timeframe.</li> <li>Development and implementation of a diversified funding model for the Medical Emergency Response Fund, including public-private partnerships and innovative financing mechanisms within a specific timeframe.</li> <li>Establishment and operationalization of a centralized patient registry for genetic and rare diseases within a specific timeframe.</li> </ul>

Develop and implement effective rehabilitation services that cater to the diverse needs of persons with disabilities	MoHP	Mo Higher Education Mo Social Solidarity EHA Other Public Providers/NGOs Private Sector National Council for Persons with Disabilities International/development partners	<ul style="list-style-type: none"> <li>Increased utilization rates of diverse rehabilitation services tailored to individual needs.</li> <li>Measurable improvement in functional independence and quality of life for persons with disability.</li> <li>High satisfaction rates among users of rehabilitation services.</li> </ul>
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PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
Create a network of holistic support services that address physical, mental, and social well-being for persons with disabilities and elderly	MoHP	Mo Higher Education Mo Social Solidarity EHA Other Public Providers\ NGOs Private Sector National Council for Persons with Disabilities International/development partners	<ul style="list-style-type: none"> <li>Expanded accessibility and utilization rates of integrated support services across physical, mental, and social domains.</li> <li>Reduction in unmet needs for essential support services among persons with disability.</li> <li>Improved social integration and community participation for persons with disability.</li> </ul>	
Collaborate with health-care professionals, specialists and community organizations to ensure comprehensive disability services	MoHP	Mo Higher Education Mo Social Solidarity EHA Other Public Providers/NGOs Private Sector National Council for Persons with Disabilities International/development partners	<ul style="list-style-type: none"> <li>Strengthened partnerships between healthcare professionals, specialists, and community organizations.</li> <li>Development and implementation of coordinated care plans for persons with disability.</li> <li>Improved communication and information sharing across service providers.</li> </ul>	

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Promote awareness campaigns to reduce stigma around disabilities and increase understanding of available support	MoHP	Mo Higher Education Mo Social Solidarity EHA Other Public Providers/NGOs Private Sector National Council for Persons with Disabilities International/development partners	<ul style="list-style-type: none"> <li>Increase in public knowledge and understanding of disabilities and available support.</li> <li>Reduction in stigma associated with disabilities in the community.</li> <li>Increased positive attitudes and social inclusion of persons with disability.</li> </ul>

	Dedicate national public health initiatives to supporting health needs of persons with disabilities'	MoHP	Mo Higher Education Mo Social Solidarity EHA Other Public Providers/NGOs Private Sector National Council for Persons with Disabilities International development partners	<ul style="list-style-type: none"> <li>Dedicated budget allocation for initiatives addressing the health needs of persons with disabilities.</li> <li>Development and implementation of national policies and strategies for persons with disabilities.</li> <li>Improved health outcomes and well-being for persons with disabilities.</li> </ul>
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PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
5. Mitigate health inequalities by proactively addressing the social determinants of health and collecting data disaggregated by such determinants to monitor progress towards equity	Foster collaboration and coordination among government sectors (health, education, housing, etc.) to address social determinants of health	MoHP	Mo Social Solidarity Mo Finance Mo Higher Education Mo Education Mo Agriculture Mo Housing Mo Local Development Mo Planning CAPMAS	<ul style="list-style-type: none"> <li>Development and implementation of joint policies and programmes across government sectors addressing social determinants of health.</li> <li>Improved communication and information sharing between sectors on health-related issues.</li> <li>Increased synergy and efficiency in resource allocation for health promotion.</li> </ul>

	Implement and scale up evidence-based social programmes targeting key determinants of health such as Takaful and Karama and Haya Karima initiatives (e.g. poverty, housing, education, food insecurity)	Mo Social Solidarity Mo Finance MoHP	Mo Higher Education Mo Education Mo Agriculture Mo Housing Mo Planning Mo Local Development Mo Environment UHI organizations (UHIA, GAHAR and EHA)	<ul style="list-style-type: none"> <li>Utilization rates of evidence-based programmes targeting key determinants of health inequities.</li> <li>Demonstrable improvements in health indicators linked to targeted social determinants (e.g. housing quality and health, education level and chronic disease prevalence).</li> <li>Positive cost-benefit analysis of programme implementation.</li> </ul>
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PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Implement poverty reduction strategies and income support programmes to alleviate socioeconomic disparities	Mo Social Solidarity Mo Finance	MoHP Mo Higher Education Mo Education Mo Agriculture Mo Housing UHIA	<ul style="list-style-type: none"> <li>Reduction in poverty rates among target populations.</li> <li>Increased income levels for disadvantaged households.</li> <li>Improved well-being indicators (e.g. educational attainment, child development) for beneficiaries.</li> </ul>

	Strengthen social protection measures, including social welfare and financial assistance programmes, for vulnerable populations	Mo Social Solidarity Mo Finance	MoHP Mo Higher Education Mo Education Mo Agriculture Mo Housing UHIA	<ul style="list-style-type: none"> <li>Utilization rates of social welfare and financial assistance programmes by vulnerable populations.</li> <li>Reduction in hardship and economic insecurity among beneficiaries.</li> <li>Improved access to essential services (e.g. healthcare, food) for vulnerable individuals.</li> <li>Effectiveness among beneficiaries and stakeholders.</li> </ul>
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PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Implement targeted interventions to address the specific needs of vulnerable and marginalized populations, focusing on health disparity reduction	Mo Social Solidarity Mo Finance	MoHP Mo Higher Education Mo Education Mo Agriculture Mo Housing UHI organizations (UHIA, GAHAR and EHA)	<ul style="list-style-type: none"> <li>Measurable improvements in health outcomes for targeted vulnerable groups (e.g. maternal health, chronic disease management).</li> <li>Reduction in health disparities between vulnerable and non-vulnerable populations.</li> <li>Increased satisfaction with programme effectiveness among beneficiaries and stakeholders.</li> </ul>

	Engage communities in the design and implementation of health programmes, promoting community-based solutions and decision-making	MoHP	Mo Higher Education Mo Education Mo Agriculture Mo Housing Mo Communications Mo Social Solidarity International/development partners	<ul style="list-style-type: none"> <li>Increased participation of community members in health programme design and decision-making.</li> <li>Development and implementation of sustainable community-based health solutions.</li> <li>Enhanced community ownership and empowerment for positive health outcomes.</li> </ul>
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PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Enhance and broaden community awareness and engagement initiatives focused on a comprehensive range of health-related risk factors and social determinants of health	MoHP	Mo Communications Mo Higher Education Mo Education Mo Agriculture Mo Housing Mo Social Solidarity International/development partners	<ul style="list-style-type: none"> <li>Increased knowledge and understanding of health-related risk factors and social determinants of health among community members.</li> <li>Positive changes in health behaviours and practices informed by awareness campaigns.</li> <li>Sustained community engagement in health promotion activities and advocacy efforts</li> </ul>

	Integrate health impact assessments into policies and programmes across sectors to identify and mitigate potential negative health effects and promote health equity	MoHP	Mo Higher Education Mo Education Mo Social Solidarity Mo Agriculture Mo Housing International/development partners	<ul style="list-style-type: none"> <li>Number of policies and programmes across sectors incorporating health impact assessments.</li> <li>Demonstrated mitigation of potential negative health effects through policy adjustments.</li> <li>Increased alignment of policies with promoting health equity goals.</li> </ul>
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PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Mitigate health inequalities through disaggregated data driven interventions , targeting root causes and continuously monitoring progress towards equity	MoHP	CAPMAS	<ul style="list-style-type: none"> <li>Increased availability and utilization of disaggregated health data by relevant social determinants.</li> <li>Identification and reduction of health disparities by social group through data-driven interventions.</li> <li>Regular monitoring and evaluation of progress towards health equity using disaggregated data analysis.</li> </ul>

6. Protect and promote the health and well-being of the population by addressing environmental determinants of health	Encourage interdisciplinary research to better understand the connections between the environment and health	Mo Higher Education Mo Environment	MoHP International/development partners	<ul style="list-style-type: none"> <li>Formation and active engagement of interdisciplinary research networks and partnerships involving stakeholders from different disciplines and sectors.</li> <li>Rise in the number of collaborative research projects actively involving researchers from diverse fields.</li> <li>Increased funding for interdisciplinary research on environment-health connections.</li> <li>Evidence-based policy changes and interventions stemming from interdisciplinary research on environment-health connections.</li> </ul>
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PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Advocate for and implement strong environmental policies and regulations to reduce air pollution, water contamination, and exposure to hazardous substances	Mo Environment	MoHP International/development partners	<ul style="list-style-type: none"> <li>Reduction in air pollution levels (e.g. PM2.5) exceeding established national standards.</li> <li>Decrease in waterborne disease outbreaks linked to contamination.</li> <li>Reduction in healthcare costs associated with exposure to hazardous substances.</li> </ul>

Implement Preventive action plan, ensuring access to safe water, effective waste management, and environmental monitoring for air and food safety	MoHP	Mo Environment Mo Local Development Mo irrigation NFSA International/development partners	Increased access to safe water, effective waste management systems, and improved environmental monitoring for air and food safety.
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PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
Reinforce the Presidential Initiatives for Public Health "100 Million Healthy Lives" Initiatives by launching a second phase focused on social and environmental interventions for disease risk factors	MoHP	Mo Social Solidarity Mo Environment Mo Education Mo Higher Education Mo Planning Mo Financing UHI organizations (UHIA, GAHAR and EHA) International/development partners	Measurable reduction in disease risk factors targeted by social and environmental interventions.	

Integrate sustainability into healthcare with the Green Healthcare Initiative, transforming medical facilities into exemplars of environmentally responsible practices	MoHP	Mo Environment Mo Planning Mo Finance UHI organizations (UHIA, GAHAR and EHA) International/development partners	Quantifiable environmental performance improvements within medical facilities (e.g. water conservation, waste reduction, renewable energy use).
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PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Encourage healthcare institutions to adopt environmentally sustainable practices	MoHP	Mo Environment International/development partners	<ul style="list-style-type: none"> <li>Increased adoption of environmentally sustainable practices by healthcare institutions.</li> <li>Reduced environmental footprint of healthcare facilities (e.g. energy consumption, waste generation).</li> </ul>
	Train healthcare professionals to recognize and address health issues related to environmental factors	MoHP	Mo Environment International/development partners	Improved training and capacity of healthcare professionals to identify and address environmental health issues.
	Raise awareness about the health impacts of environmental factors through public campaigns and educational programmes	Mo Environment	MoHP International/development partners	Increased public awareness and understanding of environmental health risks.
	Develop and implement an encompassing national policy for effective waste disposal and management (medical and non-medical)	Mo Environment	MoHP International/development partners	Increased coverage of effective waste disposal and management systems (medical and non-medical).

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Increase hazardous waste treatment by utilizing modern technologies to treat 30% of hazardous medical waste by 2026 and achieve 100% by 2030	MoHP	Mo Environment Mo Higher Education Mo Planning Mo Financing UHI organizations (UHIA, GAHAR and EHA) Other Public Providers/NGOs Private Sector International/development partners	<ul style="list-style-type: none"> <li>Cumulative increase in the percentage of hazardous medical waste treated using modern technologies annually.</li> <li>Reduction in the volume of untreated hazardous medical waste stored or disposed of through traditional methods.</li> </ul>
	Foster collaboration among government agencies, NGOs, health-care organizations, and community groups to address environmental health issues collectively	Mo Environment	MoHP Mo Higher Education UHI organizations (UHIA, GAHAR and EHA) NGOs/CSOs Private Sector International/development partners	Strengthened partnerships between government agencies, NGOs, health-care organizations and communities.



**PRIORITY III: PREVENTION AND CONTROL OF DISEASES AND HEALTH-RELATED ISSUES OF PUBLIC HEALTH IMPORTANCE**

1. Reduce and monitor the escalating burden of NCDs by implementing evidence-based, cost-effective interventions targeting key risk factors, and managing prevalent NCDs, including cardiovascular disease, diabetes, cancer, and chronic respiratory diseases

Implement the updated Egypt Multisectoral Action Plan for Noncommunicable Diseases Prevention and Control 2025-2030

MoHP

Implement the interventions which are considered to be the most cost-effective and feasible for implementation with a particular focus on the following:

1. Increase excise taxes on tobacco products
2. Implement plain/standardized packaging and graphic health warnings on tobacco packages
3. Enact comprehensive bans on tobacco advertising, promotion and sponsorship

**Key NCD Target Indicators:**

- 35% reduction in deaths from NCDs before age 70 by 2030.
- 15% decrease in physical inactivity compared to baseline by 2030.
- 30% relative reduction in average salt/sodium intake by 2030.
- 25% reduction in sales of SSBs
- 30% relative reduction in tobacco use by 2030.
- 25% decrease in the proportion of adults with raised blood pressure by 2030.
- Halting the increasing trend in both diabetes and obesity prevalence by 2030.
- 25% coverage of preventive drug therapy for CVD by 2030.
- 80% availability of essential NCD medicines and basic technologies for major NCDs by 2030.

Mo Agriculture  
Mo Finance  
Mo Trade  
Mo Justice  
Mo Industry  
Mo Higher Education  
Mo Communications  
Mo Planning  
Mo Local Development  
Mo Supply  
International/development partners  
NGOs/CSOs  
EDA  
UPA  
NFSA

4. Eliminate exposure to second-hand tobacco smoke in indoor workplaces, public places and public transport
5. Conduct effective mass-media campaigns to educate the public about the harms of smoking/tobacco use and second-hand smoke
6. Reduce salt intake through food reformulation and setting maximum permitted levels for salt in food
7. Establish supportive environments in public institutions for providing low-salt options

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	<p>8. Implement behaviour change communication and mass-media campaigns to reduce salt intake</p> <p>9. Introduce front-of-pack labelling for salt content in food products</p> <p>10. Conduct community-wide public education and awareness campaigns for physical activity, including mass-media campaigns and community-based programmes</p> <p>11. Applying smart packages of health taxes on sugar sweetened beverages (SSB)</p> <p>12. Establish supportive environments in public institutions for providing low-sugar options</p>			

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
2. Support building the evidence for the business or investment rationale of addressing NCDs and other emerging health concerns that hold public significance, targeted at non-health stakeholders	<p>13. Implement behaviour change communication and mass-media campaigns to reduce Sugar intake</p> <p>14. Introduce front - of - pack labelling for sugar content in SSB.</p> <p>Implement the relevant national strategic plans, particularly the National Food and Nutrition Strategy 2023-2030</p>		<p>Mo Higher Education</p> <p>Mo Finance</p> <p>CAPMAS</p> <p>UHI organizations (UHIA, GAHAR and EHA)</p> <p>EDA</p> <p>UPA</p> <p>NGOs/CSOs</p> <p>International/development partners</p>	<ul style="list-style-type: none"> <li>Robust evidence-based analysis quantifying the cost-effectiveness of NCD interventions and potential cost savings from improved health outcomes.</li> <li>Secured and sustained increase in budget allocation for NCD prevention and control programmes, aligned with the recommendations of the investment case.</li> </ul>

Refer to Priority II, Objective 3.



PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Perform cost-benefit analysis for NCD interventions			
	Engage stakeholders and collaborate for support			
	Identify evidence-based interventions for NCDs			
	Assess and mitigate risks in implementation			
	Establish monitoring and evaluation framework			
	Develop funding strategy and financial sustainability plan			

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
3. Strengthen mental health and well-being across the lifespan through improving access to mental health services, reducing stigma surrounding mental health issues, promoting mental health awareness and education, and enhancing integration of mental healthcare services at PHC levels	<p>Advocate for policy alignment and integration of NCD priorities</p> <p>Introduce mental health education programmes in schools for early awareness and understanding.</p> <p>Early detection and intervention for genetic diseases, childhood mental health, and autism</p> <p>Improve access to quality mental health services, expanding facilities and integrating them into existing healthcare systems</p>	<p>Mo Education</p> <p>MoHP</p> <p>MoHP Mo Higher Education EHA Other Public Providers Private Sector</p>	<p>MoHP</p> <p>Mo Higher Education Mo Social Solidarity Mo Finance Other Public Providers. NGOs Private Sector UHIA EHA UPA</p> <p>Mo Social Solidarity Mo Finance UPA</p>	<p>Development and implementation of school-wide mental health protocols and emergency response plans.</p> <p>Early detection and intervention rates for genetic diseases, childhood mental health issues, and autism</p> <p>Increased treatment capacity by 25% through new bed availability and admissions, along with upgraded programmes, streamlined infectious disease testing (HCV/HIV/HBV), and opioid substitution therapy availability</p>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
				<ul style="list-style-type: none"> <li>Expanded access to addiction treatment, including specialized services for adolescents and integration within existing hospitals.</li> </ul>
	Include mental health services in UHI system	UHI organizations (UHIA, GAHAR and EHA)	MoHP	<ul style="list-style-type: none"> <li>Inclusion of mental health services in UHI coverage and utilization rates.</li> </ul>
	Increase youth/adolescent support clinics and integrate children's mental health services with primary care	MoHP UHI organizations (UHIA, EHA)	Mo Education Mo Higher Education Other Public Providers. NGOs Private Sector	20% annual growth in the number of youth/adolescent support clinics, expanding service availability and early intervention opportunities.
	Open additional clinics to cover elderly support needs and build a network of geriatric psychiatry specialists	MoHP Mo Higher Education EHA Other Public Providers. NGOs Private Sector	Mo Social Solidarity Mo Finance UHIA Egyptain Health Council	Increased access to geriatric psychiatry services through new clinics and specialist networks.

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Implement the National e-Mental Health and Addiction Plan, including online resources, teletherapy, and expanded hotlines	MoHP	Mo Higher Education Mo Communication EHA Drug Control Fund	Utilization of online resources, teletherapy services, and expanded hotlines offered by the National e-Mental Health and Addiction Plan.
	Expand the mental health workforce, including doctors, nurses and psychologist	MoHP	Mo Higher Education EHA	Growth in the number of mental health professionals (doctors, nurses, psychologists).
	Increase and train healthcare professionals in psychotherapy and treatment methods	MoHP	Mo Higher Education Egyptain Health Council EHA	Percentage of healthcare professionals trained in advanced psychotherapy and treatment methods.
	Invest in training geriatric psychiatry specialists and caregivers for older adults	MoHP	Mo Higher Education Mo Social Solidarity Egyptain Health Council EHA UHIA	Distribution of geriatric psychiatry specialists across hospitals and rural areas.



PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Train primary care providers in mental health screening and basic treatment to enhance integrated care delivery	MoHP	Mo Higher Education EHA Egyptian Health Council	Percentage of primary care providers trained and equipped for basic mental health screening and intervention.
	Develop and implement public awareness campaigns to reduce stigma and encourage open conversations about mental health	MoHP	Private sector NGOs/CSOs International development partners	Change in public attitudes towards mental health measured through surveys or social media analysis.
	Collaborate with employers to create mentally healthy workplaces offering resources and support to employees	MoHP	All Ministries Private sector International/development partners	Number of workplaces implementing mental health initiatives for employees.

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Implement the National Strategy and Action Plan for Drug Addiction Treatment with new centres, capacity-building and tailored care	MoHP	Mo Higher Education Mo Education Mo Solidarity Mo Interior UHI organizations (UHIA, GAHAR and EHA) Drug Control Fund Private NGOs/CSOs International/development partners	Operationalized action plan for the national strategies and action plans for drug addiction treatment, children and adolescents' mental health, and geriatric psychiatry.
	Implement the National Strategic and Executive Plan for Children and Adolescents' Mental Health, focusing on school integration, specialized services and community awareness			
	Implement the National Strategy and Action Plan for Geriatric Psychiatry with specialist networks, primary care integration and public awareness campaigns			

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
<p>4. Support national initiatives/or programmes to eliminate endemic emerging and re-emerging infectious threatening the population and people in vulnerable situations and ensure their sustained effectiveness, including increasing vaccination coverage</p>	<p>Ensure equitable access to healthcare services, including preventive measures and treatments, for vulnerable populations</p> <p>Expand mobile healthcare units or outreach programmes to reach populations in vulnerable situations and in remote or underserved areas, providing essential healthcare services and information</p>	<p>MoHP</p>	<p>Mo Social Solidarity Mo Communication Mo Planning Mo Finance Mo Interior Mo Local Development Mo Education Mo Higher Education Mo Irrigation Mo Agriculture Mo Supply UHI organizations (UHIA, GAHAR and EHA) Private Sector NGOs/CSOs UPA EDA International development partners</p>	<p>Reduction in disparities in healthcare access between vulnerable and non-vulnerable groups.</p> <p>Geographical coverage of mobile healthcare units/outreach programmes in underserved areas</p>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
<p>Engage local communities in the design and implementation of prevention and control interventions to ensure that the interventions meet the needs of populations in vulnerable situations and at-risk populations in vulnerable situations and at-risk populations</p> <p>Partner with NGOs and civil society groups that have expertise in working with vulnerable situations and at-risk populations</p>	<p>Engage local communities in the design and implementation of prevention and control interventions to ensure that the interventions meet the needs of populations in vulnerable situations and at-risk populations in vulnerable situations and at-risk populations</p> <p>Partner with NGOs and civil society groups that have expertise in working with vulnerable situations and at-risk populations</p>			<p>Increased community ownership and support for healthcare initiatives.</p> <p>Jointly implemented programmes addressing the specific health needs of vulnerable groups.</p>



PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	<p>Improve the coverage and quality of the vaccination programme and introduce new vaccines as recommended by WHO and other international organizations (achieve high immunization coverage for key childhood and adult diseases through mandatory vaccination programmes, significantly reducing morbidity and mortality)</p>			<ul style="list-style-type: none"> <li>Vaccination coverage rates for key childhood and adult diseases exceeding national targets.</li> <li>Timely introduction and integration of new WHO-recommended vaccines into the national programme.</li> </ul>
	<p>Strengthen and expand national surveillance system</p>			<p>Refer to Priority IV, Objective 3.</p>
	<p>Strengthen and expand national laboratory services including mobile services</p>			<p>Refer to Priority IV, Objective 4.</p>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	<p>Sustain schistosomiasis prevalence below 1% by 2030 through targeted prevention and control programmes</p>			<ul style="list-style-type: none"> <li>Annual decrease in schistosomiasis prevalence across targeted communities.</li> <li>Increased coverage and effectiveness of preventive interventions (mass praziquantel treatment, water sanitation, hygiene education).</li> </ul>
	<p>Eliminate anaemia and stunting in students by 2030 through universal childhood vaccination, robust parasite control measures, and improved nutrition</p>			<ul style="list-style-type: none"> <li>Reduction in rates of anaemia and stunting among school-aged children.</li> <li>Increased childhood vaccination coverage for relevant diseases (e.g. measles, rubella).</li> <li>Expanded access to parasite control measures and improved school-based nutrition programmes.</li> </ul>
	<p>Update trachoma prevalence, implement effective treatment, and integrate it into national surveillance by 2026, contributing to elimination efforts</p>			<ul style="list-style-type: none"> <li>Updated national trachoma prevalence maps through population-based surveys.</li> <li>Increased access to and utilization of effective trachoma treatment.</li> <li>Integration of trachoma data into existing national surveillance systems.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	<p>Strengthen national immunization programmes and surveillance systems to ensure the continued elimination of polio, measles and rubella</p> <p>Consolidate achievements in malaria, filariasis, and visceral leishmaniasis elimination while intensifying interventions for sustained control of cutaneous leishmaniasis</p> <p>Implement comprehensive leprosy control programmes with early diagnosis, effective treatment, and social integration efforts to achieve disease elimination</p>			<ul style="list-style-type: none"> <li>Maintenance of zero reported cases of polio, measles and rubella.</li> <li>High immunization coverage rates among children for relevant vaccines.</li> <li>Strengthened surveillance systems to detect and rapidly respond to potential outbreaks.</li> <li>Sustained zero transmission of malaria, filariasis and visceral leishmaniasis in areas previously declared elimination zones.</li> <li>Continued surveillance and targeted interventions to prevent reintroduction of these diseases.</li> <li>Intensified control measures for cutaneous leishmaniasis in endemic areas.</li> <li>Increased public awareness and reduced stigma associated with leprosy.</li> <li>Integration of leprosy prevention and control into broader health-care services.</li> </ul>

PRIORITIES AND OBJECTIVES

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	<p>Develop and implement the sustainability strategy for HCV Elimination</p> <p>Ensure continuous update and review of the HIV strategy (2024-2030) and its alignment with the national priorities and global targets</p> <p>Accelerate the plans for elimination of mother to child transmission (EMTCT) of HBV, HIV and syphilis</p>			<p>Sustain the elimination of viral hepatitis "C" as a public health threat by 2030, as defined by the WHO's viral hepatitis path to elimination criteria</p> <p><b>Impact:</b></p> <ul style="list-style-type: none"> <li>Percentages of key populations (MSM,PWID,FSW) who are living with HIV (IBBSS surveys).</li> <li>HIV incidence: Number of people newly infected with HIV per 1000 uninfected population.</li> </ul> <p><b>Outcome:</b> percentage of adults and children with HIV,known to be on treatment 12 months after initiation of antiretroviral therapy</p> <p><b>Coverage:</b> Percentage of key populations (MSM,PWID,FSW) reached with HIV prevention programs - defined package of services</p> <p>Achieving the WHO's criteria for EMTCT for HBV, HIV, and syphilis as per "the viral hepatitis path to elimination criteria "</p>

PRIORITIES AND OBJECTIVES



PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
<p><b>PRIORITY IV: ENHANCING PREVENTION, PREPAREDNESS, DETECTION AND RESPONSE FOR HEALTH SECURITY</b></p> <p>1. Enhance health system resilience by strengthening emergency preparedness at all levels and improving integration to prevent, detect, respond to, and recover from public health emergencies and disasters, all while maintaining essential health services</p>	Strengthen governance and financing structures for sustainable, equitable resource allocation and enhanced coordination and collaboration across government agencies, healthcare providers, and civil society	MoHP	<ul style="list-style-type: none"> <li>Mo Finance</li> <li>Mo Social Solidarity</li> <li>Mo Planning</li> <li>Mo International Cooperation</li> <li>Mo Foreign Affairs</li> <li>Mo Industry</li> <li>Mo Youth</li> <li>Mo Environment</li> <li>Mo Agriculture</li> <li>Mo Irrigation</li> <li>Mo Communication</li> <li>Mo Higher Education</li> <li>Mo Interior</li> <li>Mo Defence</li> <li>Mo Education</li> <li>Mo Civil Aviation</li> <li>Mo Transportation</li> <li>Egyptian Health Council</li> <li>EDA</li> <li>UPA</li> <li>EHA</li> <li>UHIA</li> <li>NGOs/CSOs</li> <li>Private Sector</li> <li>International/development partners</li> </ul>	<ul style="list-style-type: none"> <li>Increase in multisectoral collaboration agreements for health system preparedness.</li> <li>Percentage of health system budget allocated to preparedness activities.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
<p><b>PRIORITY V: ENHANCING PREVENTION, PREPAREDNESS, DETECTION AND RESPONSE FOR HEALTH SECURITY</b></p> <p>2. Equip healthcare workforce with training, surge capacity, and ongoing development for emergency preparedness</p> <p>3. Secure supply chains and logistics for efficient delivery and stockpiling of essential resources</p>	Enhance surveillance and early warning systems for rapid identification and response to diverse threats	MoHP	International/development partners	<ul style="list-style-type: none"> <li>Time to detect and report outbreaks within a specific timeframe of initial case identification.</li> <li>Accuracy of early warning systems for predicting pandemics measured by sensitivity and specificity.</li> <li>Percentage reduction in time lag between warnings and public health interventions.</li> </ul>
	Equip healthcare workforce with training, surge capacity, and ongoing development for emergency preparedness	MoHP	<ul style="list-style-type: none"> <li>Mo Finance</li> <li>Mo Social Solidarity</li> <li>Mo Higher Education</li> <li>Egyptian Health Council</li> <li>EHA</li> <li>Other Public Providers/NGOs</li> <li>Private Sector</li> <li>International/development partners</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of healthcare workers trained in emergency preparedness and response protocols.</li> <li>Number of additional healthcare personnel mobilized during a simulated or real emergency.</li> <li>Improvement in healthcare worker competency scores for managing diverse threats.</li> </ul>
Secure supply chains and logistics for efficient delivery and stockpiling of essential resources	MoHP EDA UPA	<ul style="list-style-type: none"> <li>International development partners</li> </ul>	<ul style="list-style-type: none"> <li>Diversification index for essential medicines and medical supplies (diversifying the sources of these products, reducing reliance on a single supplier), and strengthening the supply chain.</li> <li>Average delivery time for critical resources during emergencies reduced.</li> <li>Stockpile sufficiency to meet needs for a specific duration for key items.</li> </ul>	

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Empower communities through trusted communication, engagement and risk-reduction skills	Mo Communications	MoHP	Participation rate in community-based preparedness initiatives.
	Strengthen: Health infrastructure and digital technologies for resilience and efficient response coordination	Mo Communications	MoHP	<ul style="list-style-type: none"> <li>Percentage of health facilities with disaster-resilient infrastructure.</li> <li>Integration of digital tools for data sharing and response coordination across agencies.</li> <li>Percentage reduction in response coordination time through digital tools.</li> </ul>
	Champion research and innovation to support knowledge sharing, adaptation and resilient health solutions	Mo Higher Education	MoHP	<ul style="list-style-type: none"> <li>Increase in research funding dedicated to health system resilience.</li> <li>Number of research findings translated into policy and practice changes for resilience.</li> <li>Adoption rate of innovative solutions for health system preparedness.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
2. Foster national, regional and global health security by enhancing the IHR and pandemic preparedness and response mechanisms	Develop National Action Plan for Health Security (NAPHS)	MoHP	Mo Finance Mo Social Solidarity Mo Planning Mo International Cooperation Mo Foreign Affairs Mo Industry Mo Youth Mo Environment Mo Agriculture Mo Irrigation Mo Communication Mo Higher Education Mo Interior Mo Defence Mo Education Mo Civil Aviation Mo Transportation Egyptian Health Council EDA UPA EHA UHIA NGOs/CSOs Private Sector International development partners	<ul style="list-style-type: none"> <li>Development and finalization of NAPHS within agreed timeframe.</li> <li>Percentage of national health priorities and strategies integrated into NAPHS.</li> <li>Level of stakeholder engagement and ownership in NAPHS development process.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Harmonize national practices with the IHR	MoHP	WHO	<ul style="list-style-type: none"> <li>Compliance score for implementing core IHR requirements (WHO assessment).</li> <li>Reduction in discrepancies between national health regulations and IHR standards.</li> <li>Number of joint training exercises conducted with WHO and other partners on IHR compliance.</li> </ul>
	Sharpen disease surveillance and reporting systems for rapid threat identification and response	MoHP	Mo Higher Education EHA Other Public Providers/NGOs International/development partners	<ul style="list-style-type: none"> <li>Timeliness of disease reporting.</li> <li>Completeness and accuracy of reported data on priority diseases.</li> <li>Utilization of real-time disease surveillance and early warning systems.</li> </ul>
	Equip laboratories with cutting-edge capacity for swift outbreak detection and control	MoHP	Mo Finance Mo Higher Education EHA EDA UPA	<ul style="list-style-type: none"> <li>Percentage of laboratories with upgraded equipment for outbreak detection and control.</li> <li>Availability of essential diagnostic tests and reagents for priority diseases.</li> <li>Time to diagnose and confirm outbreaks.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Nurture a well-trained, equipped and globally connected health workforce	MoHP	Mo Higher Education Mo Finance Mo Social Solidarity Egyptian Health Council EHA Other Public Providers/NGOs Private Sector International development partners	<ul style="list-style-type: none"> <li>Completion rate of training programmes for healthcare workers on emergency preparedness and response.</li> <li>Percentage of healthcare workers with access to ongoing professional development opportunities.</li> <li>Level of collaboration and information sharing between Egyptian healthcare personnel and global partners.</li> </ul>
	Bridge information gaps within Egypt and across borders for coordinated action	MoHP	Mo Communications Mo Social Solidarity International development partner	<ul style="list-style-type: none"> <li>Development and implementation of a national health information exchange system.</li> <li>Frequency and effectiveness of inter-sectoral and cross-border communication mechanisms.</li> <li>Increase in public awareness and understanding of health threats and risk reduction measures.</li> </ul>
	Evaluate core capacities through "Intra-Action Reviews" to drive continuous improvement	MoHP	WHO	<ul style="list-style-type: none"> <li>Number of Intra-Action Reviews conducted each year on critical health security domains.</li> <li>Implementation rate of actionable recommendations from Review findings.</li> <li>Improvement in core capacities based on consecutive Review outcomes.</li> </ul>



PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Strengthen global reporting through IHR States Parties Self-Assessment Annual Report (SPAR) and Joint External Evaluation (JEE)	MoHP	WHO	<ul style="list-style-type: none"> <li>Timeliness and quality of completion of IHR SPAR report (WHO standard).</li> <li>Participation rate in JEE and successful completion of recommendations.</li> <li>Increased adherence to IHR core requirements after JEE.</li> </ul>
	Boost capabilities of Egyptian border quarantine by augmenting human resources, upgrading infrastructure, and equipping all entry points for efficient public health screening and disease control	MoHP	Mo Civil Aviation Mo Transport International/development partners	<ul style="list-style-type: none"> <li>Number of trained and equipped personnel dedicated to border health screening.</li> <li>Upgrade of infrastructure and technology at border entry points for efficient screening.</li> <li>Reduction in time for passenger health clearance at borders.</li> </ul>
	Deploy rapid response teams (RRTs) in all governorates for swift and effective intervention during health emergencies	MoHP	WHO	<ul style="list-style-type: none"> <li>Deploy rapid response teams (RRTs) in all governorates for swift and effective intervention during health emergencies</li> <li>MoHP WHO Establishment and operationalization of RRTs in all governorates within specified timeframe.</li> <li>Response time of RRTs to suspected outbreaks/emergencies.</li> <li>Success rate of RRT interventions in containing and mitigating outbreaks.</li> </ul>
PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Test and learn through regularly conducted and analysed simulation exercises with relevant agencies to rehearse responses to diverse health threats	MoHP	WHO	<ul style="list-style-type: none"> <li>Frequency and scope of multi-agency health emergency simulation exercises conducted annually.</li> <li>Level of participation and engagement of relevant stakeholders in simulations.</li> <li>Identification and implementation of improvement actions based on lessons learned from simulations.</li> </ul>
	Continuously improve preparedness through After-Action Review (AAR) processes after every event	MoHP	WHO	<ul style="list-style-type: none"> <li>Completion of AARs for all significant health events and emergency response interventions.</li> <li>Implementation rate of actionable recommendations from AAR findings.</li> <li>Demonstrable improvement in preparedness and response effectiveness over time.</li> </ul>
	Elevate public health expertise by expanding and empowering the MoHP Preventive sector's clinical epidemiology training programme.	MoHP	WHO Egyptian Health Council	<ul style="list-style-type: none"> <li>Increase in the number of graduates and qualified professionals from the MoHP's epidemiology training programme.</li> <li>Enhanced technical skills and knowledge of graduates in outbreak investigation and control.</li> <li>Participation of graduates in national and international public health initiatives.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
3. Strengthen and promote an integrated national surveillance system including antimicrobial surveillance system	Improve national surveillance system infrastructure and technology for timely and reliable data	MoHP	Mo Higher Education Mo Communication Mo Finance Mo Agriculture Mo Environment EHA UHIA UPA Other Public Providers/NGOs International/development partners	<ul style="list-style-type: none"> <li>Percentage of national reporting sites equipped with modern surveillance technology by 2026 and 2030.</li> <li>Timeliness of data reporting.</li> <li>Data completeness and accuracy rate based on data audits.</li> </ul>
	Standardize data collection methods and train personnel to ensure data quality			<ul style="list-style-type: none"> <li>Percentage of healthcare personnel trained on standardized data collection methods by 2026 and 2030.</li> <li>Compliance rate with standardized data collection protocols across reporting sites.</li> <li>Improvement in data quality scores based on regular assessments.</li> </ul>
	Foster collaboration between healthcare, veterinary and environmental sectors			<ul style="list-style-type: none"> <li>Number and frequency of joint surveillance activities between healthcare, veterinary, and environmental sectors.</li> <li>Development and implementation of intersectoral data-sharing mechanisms.</li> <li>Increase in collaborative publications and research projects across sectors.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
Engage laboratories and research institutions for accurate antimicrobial resistance testing	Engage laboratories and research institutions for accurate antimicrobial resistance testing	MoHP	Mo Higher Education Mo Finance Mo Agriculture Mo Environment EHA UHIA EDA UPA Other Public Providers/NGOs International/development partners	<ul style="list-style-type: none"> <li>Percentage of laboratories participating in antimicrobial resistance testing networks.</li> <li>Accuracy rate of antibiotic susceptibility testing based on external quality control assessments.</li> <li>Utilization of data for informing antibiotic stewardship programmes.</li> </ul>
	Utilize data for policy-making, monitor trends, and encourage international collaboration	MoHP	Mo Higher Education Mo Agriculture Mo Environment EHA Other Public Providers/NGOs International/development partners	<ul style="list-style-type: none"> <li>Number of evidence-based public health policies informed by surveillance data.</li> <li>Frequency of national and international data sharing for disease trend analysis.</li> <li>Participation in global surveillance networks and outbreak investigations.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Increase covered by indicator-based surveillance by 5% in 2026 and 20% in 2030	MoHP	Mo Higher Education EHA EDA UPA Other Public Providers/NGOs International/development partners	<ul style="list-style-type: none"> <li>Target indicator: Increase in the number of hospitals covered by indicator-based surveillance (targets: 5% by 2026, 20% by 2030).</li> <li>Improvement in the quality and comprehensiveness of hospital-based surveillance data.</li> </ul>
	Develop and train all governorates on event-based reporting by 2030. Launch a smartphone application for event reporting by 2030	MoHP	Mo Higher Education Mo Agriculture Mo Environment Mo Communication EHA UHIA EDA UPA Other Public Providers/NGOs International development partners	<ul style="list-style-type: none"> <li>Completion of training on event-based reporting in all governorates by 2030.</li> <li>Number of events reported through the smartphone application by 2030.</li> <li>Improvement in timeliness and accuracy of event reporting.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Scale up community-based surveillance from 10 to all governorates by 2026. Launch a community reporting application by 2030	MoHP	Mo Higher Education Mo Agriculture Mo Environment EDA UPA International/development partners	<ul style="list-style-type: none"> <li>Expansion of community-based surveillance programmes to all governorates.</li> <li>Increase in community participation in disease reporting and awareness activities.</li> <li>Utilization rates of a community reporting application.</li> </ul>
	Strengthen national surveillance capacities through increasing the implementation of annual surveillance workshops and on-the-job training opportunities	MoHP	Mo Higher Education Mo Agriculture Mo Environment EHA Egyptian Health Council Other Public Providers/NGOs International/development partners	<ul style="list-style-type: none"> <li>Increase in the number of annual surveillance workshops and participants.</li> <li>Development and implementation of comprehensive on-the-job training programmes for surveillance personnel.</li> <li>Improvement in surveillance skills and knowledge among healthcare workers.</li> </ul>
	Increase air quality monitoring stations from 80 to 120 by 2030 and consistently enforce national air quality standards	MoHP	Mo Higher Education Mo Agriculture Mo Environment Mo Local Development UPA International development partners	<ul style="list-style-type: none"> <li>Target indicator: Increase in the number of air quality monitoring stations (target: 120 by 2030).</li> <li>Rate of compliance with national air quality standards.</li> </ul>



PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Align environmental monitoring decisions and publications with global standards.	MoHP	Mo Higher Education Mo Agriculture Mo Environment EHA UHIA Other Public Providers/NGOs International/development partners	Alignment of environmental monitoring decisions and publications with global standards by 2026.
	Fast-track national anti-AMR efforts through a nationwide roll-out of the revised 2018-2022 National Action Plan, covering all hospitals within every Egyptian governorate by 2030, to safeguard public health and prevent escalating drug resistance	MoHP	Mo Higher Education EHA EDA UPA Other Public Providers/NGOs International/development partners	<ul style="list-style-type: none"> <li>Percentage of hospitals implementing the revised national anti-AMR action plan.</li> <li>Reduction in antibiotic use and inappropriate prescribing practices.</li> <li>Decreased prevalence of antibiotic-resistant bacteria in healthcare settings.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
4. Strengthen public health laboratory services, testing capacities and networks	Prioritize investments in state-of-the-art diagnostic technologies and reagents for epidemiological analyses, aiming to strengthen national detection capabilities and improve data-driven public health interventions	MoHP	Mo Higher Education Mo Agriculture Mo Finance EHA UHIA Other Public Providers/NGOs EGAC International/development partners	<ul style="list-style-type: none"> <li>Percentage of laboratories equipped with key diagnostic technologies for priority diseases.</li> <li>Reduction in turnaround time for test results due to improved equipment.</li> <li>Increase in accuracy and specificity of diagnostic tests compared to baseline.</li> </ul>
	Establish a national laboratory network that promotes collaboration among public and private sector laboratories for efficient resource utilization	MoHP	Mo Higher Education Mo Agriculture Mo Finance EHA UHIA Other Public Providers/NGOs EGAC International/development partners	<ul style="list-style-type: none"> <li>Number of functional and interconnected public and private laboratories within the network.</li> <li>Frequency and effectiveness of resource sharing and collaborative activities among network members.</li> <li>Reduction in duplicate testing and optimization of resource allocation.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Develop / update standardized testing protocols and quality control measures to ensure consistent and reliable results	MoHP	Mo Higher Education Mo Agriculture Mo Finance EHA Other Public Providers/NGOs EGAC International/development partners	<ul style="list-style-type: none"> <li>Percentage of laboratories implementing the national standardized testing protocols for priority diseases.</li> <li>Rate of compliance with established quality control measures across the network.</li> <li>Consistency and reliability of test results across different laboratories.</li> </ul>
	Design and implement robust capacity-building programmes for laboratory professionals, ensuring continuous skill refinement and knowledge expansion, while extending these opportunities to engage private sector personnel for a unified and effective public health response system	MoHP	Mo Higher Education Mo Agriculture Mo Finance EHA Egyptain Health Council Other Public Providers/NGOs EGAC International/development partners	<ul style="list-style-type: none"> <li>Participation rate of laboratory personnel in relevant training programmes.</li> <li>Increase in knowledge and skills of laboratory staff on new technologies and procedures.</li> <li>Improved performance on proficiency testing assessments.</li> </ul>
	Establish a licensing system for vector-borne disease control personnel to ensure competency and adherence to best practices	MoHP	Ministry of Agriculture Egyptain Health Council	Number of qualified and licensed vector-borne disease control personnel.

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Expand laboratory infrastructure to reach underserved areas, ensuring equitable access to testing services	MoHP	Mo Higher Education Mo Agriculture Mo Finance EHA UHIA EDA UPA Other Public Providers/NGOs International/development partners	<ul style="list-style-type: none"> <li>Number of new laboratories established or upgraded in underserved areas.</li> <li>Utilization rates of laboratory services by populations in these areas.</li> <li>Reduction in geographical disparities in access to testing.</li> </ul>
	Deploy mobile labs to expand healthcare access in underserved communities	MoHP	Mo Higher Education Private Sector NGOs/CSOs	Number of deployed mobile labs and communities served.
	Enhance data-sharing mechanisms and interoperability between laboratories to streamline information flow and coordination during public health crises	MoHP	Mo Communications Mo Higher Education Mo Agriculture EHA Other Public Providers/NGOs International/development partners	<ul style="list-style-type: none"> <li>Development and implementation of secure data-sharing platforms across laboratories.</li> <li>Percentage of laboratories exchanging data electronically and seamlessly.</li> <li>Improved timeliness and efficiency of information flow during public health crises.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Automate central laboratory (serology, chemistry, blood diseases and drug testing) for increased efficiency and accuracy	MoHP	Mo Communication Mo Finance International/development partners	Percentage of automated laboratory processes and achieved efficiency gains.
	Foster international partnerships to strengthen global testing networks and share best practices	MoHP	International/development partners	<ul style="list-style-type: none"> <li>Number of active collaborations with international laboratory networks and institutions.</li> <li>Frequency of knowledge exchange and best practice sharing with international partners.</li> <li>Adoption of innovative testing techniques and technologies acquired through partnerships.</li> </ul>
	Conduct regular quality assessments and proficiency testing to monitor and improve the performance of public health laboratories	MoHP	International/development partners EGAC	<ul style="list-style-type: none"> <li>Regularity and comprehensiveness of external quality assessment programmes for laboratories.</li> <li>Improvement in laboratory performance scores based on proficiency testing results.</li> <li>Identification and timely correction of deficiencies identified through quality assessments.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Update central laboratory biosafety standards to comply with the WHO 2020 handbook	MoHP	International/development partners	<ul style="list-style-type: none"> <li>Compliance rate with WHO 2020 biosafety standards in central laboratories.</li> <li>Improved risk assessment and incident response capability for biosafety threats.</li> </ul>
	Implement robust biosafety and biosecurity measures to protect laboratory staff and prevent accidental releases	MoHP	International/development partners	<ul style="list-style-type: none"> <li>Compliance rate with national and international biosafety and biosecurity regulations.</li> <li>Frequency and effectiveness of biosafety audits and risk assessments.</li> <li>Safe and secure handling of pathogens and biological materials.</li> </ul>
	Provide advanced biosecurity training for central and governorate laboratory workers	MoHP	International/development partners	Completion rate of advanced biosecurity training for central and governorate staff.
	Allocate sustainable funding for public health laboratories to support their operations and long-term growth	MoHP	Mo Finance International/development partners	<ul style="list-style-type: none"> <li>Increase in dedicated funding allocated to public health laboratories.</li> <li>Development and implementation of sustainable financing mechanisms for long-term laboratory operations.</li> <li>Financial stability and ability to invest in infrastructure and staff development</li> </ul>



PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Enhance the Genome diagnosis and surveillance Unit to strengthen diagnosis for epidemics, infectious diseases NCDs, and food/water analysis	MoHP	NFSA UPA International/development partners	<ul style="list-style-type: none"> <li>Establishment and operationalization of the Genome Unit and central reference laboratory.</li> <li>Number of diagnoses enhanced by genetic sequencing for targeted epidemics and diseases.</li> <li>Timeliness and accuracy of diagnosis for food and waterborne outbreaks.</li> </ul>
	Upgrade performance of endemic diseases laboratories across governorates, aiming for 75% full operationality by 2026 and 100% by 2030	MoHP	UPA EDA EGAC	<ul style="list-style-type: none"> <li>Achievement of 75% operationality in endemic disease laboratories by 2026 and 100% by 2030.</li> <li>Increased capacity for diagnosis and surveillance of targeted endemic diseases.</li> <li>Improved disease control and prevention within governorates.</li> </ul>
	Prepare central environmental monitoring laboratories for accreditation and increase annual laboratory accreditation	MoHP	UPA EGAC	Increase in annual laboratory accreditation rates.

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Streamline and update medical laboratory licensing regulations ensuring compliance with international best practices	MoHP	EGAC International/development partners	Implementation of streamlined and updated medical laboratory licensing regulations.
	Establish a central reference laboratory in Badr City for vector-borne diseases, equipped with advanced insect detection technology	MoHP	Mo Finance UPA EGAC	Establishment and operationalization of the central reference laboratory in Badr City.
	Revise and modernize water and wastewater treatment standards to align with international benchmarks	MoHP	Mo Irrigation International/development partners	Revision and modernization of water and wastewater treatment standard
	Implement regulations for consistent adherence to revised water and wastewater treatment standards across the nation	MoHP	Mo Irrigation International/development partners	Implementation of regulations for consistent adherence to revised water and wastewater treatment standards across Egypt.

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
5. Implement the One Health National Strategic Framework to address the interconnections between human, animal, plant and environmental health	Implement the One Health Strategy 2023-2027 that focuses on strengthening capacities through coordinated efforts to pre-emptively address health threats emerging from the intricate interplay between humans, animals, and the environment. The strategy focuses on the following:	MoHP	Mo Agriculture Mo Environment Mo Higher Education International/development partners	Operationalized action plan for the strategy.
	1. Build nationwide One Health capabilities to tackle shared health challenges collaboratively	MoHP	Mo Agriculture Mo Environment International/development partners	<ul style="list-style-type: none"> <li>Number of intersectoral One Health task forces or working groups established and actively functioning.</li> <li>Frequency and effectiveness of collaboration between human health, animal health, and environmental sectors on shared health challenges.</li> <li>Development and implementation of joint One Health training programmes and educational materials.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	2. Reduce the risks of zoonotic diseases, endemic diseases, vector-borne diseases and neglected tropical diseases	MoHP	Mo Agriculture Mo Environment International/development partners	<ul style="list-style-type: none"> <li>Decrease in incidence rates of priority zoonotic, endemic, vector-borne, and neglected tropical diseases.</li> <li>Improvement in early detection and rapid response capacity for emerging zoonotic and other threats.</li> <li>Increased public awareness and knowledge about risk factors and prevention measures for zoonotic and other diseases.</li> </ul>
	3. Strengthen the assessment, management and reporting of the risks that affect food and water safety	MoHP	Mo Agriculture Mo Environment Mo Irrigation NFSA International/development partners	<ul style="list-style-type: none"> <li>Development and implementation of robust One Health-based systems for food and water safety risk assessment, management, and reporting.</li> <li>Reduction in outbreaks of food-borne and waterborne diseases linked to zoonotic pathogens.</li> <li>Increased compliance with national and international food and water safety standards</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
6. Provide comprehensive healthcare and support services to refugees and migrants, to ensure they receive timely and appropriate care and have access to essential health services	4. Reduce the risk of antimicrobial resistance	MoHP	Mo Agriculture Mo Environment Mo Higher Education EHA EDA Other Public Providers/NGOs International/development partners	<ul style="list-style-type: none"> <li>Decrease in antibiotic use in both human and animal health sectors.</li> <li>Strengthened antimicrobial stewardship programmes and adherence to responsible prescribing practices.</li> <li>Reduced prevalence of antibiotic-resistant bacteria in humans, animals, and food-producing environments.</li> </ul>
	5. Strengthen the role of One Health in sustainable development	MoHP	Mo Planning Mo Higher Education Mo Agriculture Mo Environment International/development partners	<ul style="list-style-type: none"> <li>Integration of One Health principles into national and regional development plans and policies.</li> <li>Contributions of One Health interventions to achieving the SDGs, focused on human and animal health, environmental sustainability and food security.</li> <li>Increased investments in One Health research and development by national and international partners.</li> </ul>

6. Provide comprehensive healthcare and support services to refugees and migrants, to ensure they receive timely and appropriate care and have access to essential health services	Decentralize and diversify healthcare for refugees and migrants by deploying mobile clinics, offering flexible appointment schedules, and promoting culturally sensitive services	MoHP	UNHCR International Organization for Migration (IOM) International/development partners NGOs/CSOs	<ul style="list-style-type: none"> <li>Utilization rates of mobile clinics by refugees and migrants.</li> <li>Percentage of healthcare facilities offering flexible appointment schedules.</li> <li>Reduction in patient satisfaction gap between refugees/migrants and general population.</li> </ul>
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PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
7. Ensure comprehensive care by establishing clear referral pathways for specialized services like maternal health, mental health, and infectious disease treatment, partnered with community organizations	Strengthen primary care by training providers on cross-cultural communication and integrating mental health services, preventative care, and telemedicine access	MoHP	UNHCR IOM International/development partners NGOs/CSOs	<ul style="list-style-type: none"> <li>Percentage of healthcare providers trained on cross-cultural communication.</li> <li>Increase in mental health service utilization within primary care.</li> <li>Proportion of eligible refugees/migrants receiving preventative care interventions (e.g. immunization rates).</li> </ul>
	Ensure comprehensive care by establishing clear referral pathways for specialized services like maternal health, mental health, and infectious disease treatment, partnered with community organizations	MoHP	UNHCR IOM International/development partners NGOs/CSOs	<ul style="list-style-type: none"> <li>Number of established referral pathways for specialized services (for example: 3 key areas by 2025).</li> <li>Reduction in time to access specialized care for referred refugees/migrants.</li> <li>Increased collaboration and participation of community organizations in service delivery.</li> </ul>

7. Ensure comprehensive care by establishing clear referral pathways for specialized services like maternal health, mental health, and infectious disease treatment, partnered with community organizations	Address social determinants of health by advocating for housing, education, and employment opportunities, facilitating social integration with language classes, and combating food insecurity through assistance programmes	Mo Education Mo Higher Education Mo Housing Mo Supply Mo International Cooperation Mo Foreign Affair	UNHCR IOM International/development partners NGOs/CSOs	<ul style="list-style-type: none"> <li>Percentage of refugees/migrants with access to safe and adequate housing.</li> <li>Enrolment rate in language classes and integration programmes.</li> <li>Reduction in food insecurity among refugees/migrants.</li> </ul>
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PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
7. Enhance the resilience of healthcare facilities to the impacts of climate change, while promoting sustainability and environmentally friendly practices	Monitor data on utilization, satisfaction, and health outcomes	MoHP	UNHCR IOM International/development partners NGOs/CSOs	Development and implementation of a data-driven monitoring system for utilization, satisfaction, and health outcomes.
	Conduct a comprehensive climate vulnerability assessment of healthcare facilities across Egypt. Assess 50 hospitals and 50 PHC units by 2026, and expand to 100 hospitals and 100 medical units by 2030	MoHP	Mo Planning Mo Financing Mo Local Development UHI organizations (UHIA, GAHAR and EHA) International/development partners"	<ul style="list-style-type: none"> <li>Number of hospitals and PHC units assessed by 2026 (target: 50 each) and 2030 (target: 100 each).</li> <li>Development of detailed vulnerability reports for assessed facilities, including risk identification and recommendations for mitigation.</li> <li>Integration of assessment findings into national planning and resource allocation for climate adaptation in the health sector</li> </ul>
	Develop a National Climate Adaptation Plan for the Health Sector (2024-2030)	MoHP	Mo Finance Mo Social Solidarity Mo Planning Mo International Cooperation Mo Foreign Affairs Mo Industry Mo Youth Mo Environment Mo Agriculture Mo Irrigation	<ul style="list-style-type: none"> <li>Development and finalization of a comprehensive National Climate Change Adaptation Plan for the Health Sector by 2024.</li> <li>Alignment of the plan with WHO guidelines and national climate change strategies.</li> <li>Clear and measurable action points with responsible agencies, timelines and resource requirements.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
8. Introduce modern technology and environmentally friendly devices for management of hazardous medical waste, to protect both the environment and health	Introduce modern technology and environmentally friendly devices for management of hazardous medical waste, to protect both the environment and health	MoHP	Mo Communication Mo Higher Education Mo Interior Mo Defence Mo Education Mo Civil Aviation Mo Transportation UHI organizations (UHIA, GAHAR and EHA) Egyptian Health Council EDA UPA NGOs/CSOs Private Sector International/development partners	<ul style="list-style-type: none"> <li>Number of healthcare facilities equipped with high-tech, environmentally friendly hazardous waste management devices.</li> <li>Reduction in environmental releases and pollution risks associated with medical waste.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	<p>Conduct healthcare workforce capacity-building programmes and training sessions to enhance their understanding of climate change impacts and resilience measures</p> <p>MoHP</p>	<p>MoHP</p>	<p>Mo Environment Egyptian Health Council International/development partners</p>	<ul style="list-style-type: none"> <li>• Number of healthcare workers trained on climate change impacts and resilience measures by 2026 and 2030.</li> <li>• Development and implementation of comprehensive training programmes on climate-sensitive diseases, risk management, and adaptation strategies.</li> <li>• Increased knowledge and awareness among healthcare workers about their role in building climate resilience</li> </ul>
	<p>Engage with the Global Climate and Health Alliance (GCHA) to advocate for low-carbon health systems and promote climate-resilient practices within the healthcare sector</p> <p>MoHP</p>	<p>MoHP</p>	<p>Mo Environment International/development partners</p>	<ul style="list-style-type: none"> <li>• Active participation in GCHA initiatives and platforms for knowledge sharing and best practice exchange.</li> <li>• Advocacy efforts for low-carbon health systems policies and implementation of climate-resilient practices within GCHA member countries.</li> <li>• Contribution to research and development initiatives on climate-resilient healthcare systems.</li> </ul>
PRIORITIES AND OBJECTIVES	<p>Contribute to the development of climate-resilient water and sanitation infrastructure plans</p> <p>MoHP</p>	<p>MoHP</p>	<p>Mo Planning Mo Finance Mo Housing Mo Irrigation Mo Environment UHI organizations (UHIA, GAHAR and EHA) International/development partners</p>	<ul style="list-style-type: none"> <li>• Collaboration with relevant agencies to develop climate-resilient water and sanitation infrastructure plans with specific health sector considerations.</li> <li>• Integration of health facility water needs and wastewater management strategies into broader infrastructure planning.</li> <li>• Increased access to clean and safe water and sanitation for healthcare facilities and communities.</li> </ul>

**PRIORITIES AND OBJECTIVES**

**KEY ACTIONS**

**KEY IMPLEMENTERS**

**KEY PARTNERS**

**KEY INDICATORS**

**PRIORITY V: ENHANCE HEALTH EQUITY, GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY**

1. Delineate the roles and responsibilities of the MoHP in relation to other pertinent national health entities and organizations

Refine and formally define the MoHP's mandate alongside other health entities, eliminating overlap and streamlining responsibilities

Mo Higher Education  
Mo Social Solidarity  
UHI organizations (UHIA, GAHAR and EHA)  
EDA  
UPA  
Egyptian Health Council  
NFSA

- Percentage of roles and responsibilities clearly defined and documented in regulations/policies/MOUs, etc.
- Reduction in identified instances of overlap or ambiguity between sectors.

Establish regular collaboration channels across sectors, sharing data and planning together for a seamless healthcare landscape

Drug Control Fund  
National Population Council  
National Council for Childhood and Motherhood  
National Council for Persons with Disabilities  
Other Public Providers/NGOs

- Frequency and attendance rate of intersectoral meetings and forums.
- Number of joint planning and decision-making processes implemented.
- Development and utilization of data-sharing platforms across sectors.

Empower health workers with targeted training and clear career pathways, ensuring skilled specialists in each sector

- Completion rate of targeted training and capacity-building programmes for MoHP personnel.
- Increase in healthcare provider competency scores aligned with defined roles.
- Reduction in staff turnover within the MoHP public health sector.

**PRIORITIES AND OBJECTIVES**

**KEY ACTIONS**

**KEY IMPLEMENTERS**

**KEY PARTNERS**

**KEY INDICATORS**

Harmonize the implementation of Egypt's health strategy within the broader context of national and international strategic development frameworks, integrating and leveraging existing national strategies to optimize efficiency and amplify health and development outcomes

- Percentage of health strategy objectives aligned with national and international frameworks to give a clearer picture of the achieved harmonization level.
- Joint project development or implementation initiatives undertaken by involved ministries.
- Shared resource allocation towards aligned objectives.
- Level of information sharing and communication between ministries.
- Progress in health and development indicators linked to the specific objectives of the harmonized strategy such as maternal mortality rate, child immunization coverage, life expectancy, etc.

Monitor progress across the system, publicly reporting on performance and continuously adjusting to deliver the best possible care

- Development and adoption of standardized performance indicators for each sector.
- Regular publication of performance reports, readily accessible to the public.
- Implementation of corrective actions based on evaluation findings.



PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
<p>2. Foster the development of leadership capacities, ensuring robust interconnections between the MoHP and diverse health-related governmental and non governmental entities</p>	<p>Engage the public in understanding their healthcare options and participating in shaping a system that serves everyone</p> <p>Equip MoHP personnel with leadership skills through targeted programmes, mentorship and cross-sector exposure</p>	<p>MoHP</p>	<p>Mo Higher Education Egyptian Health Council International/development partners</p>	<ul style="list-style-type: none"> <li>Increase in public understanding of healthcare sector roles and referral pathways.</li> <li>Participation rate in community forums and feedback mechanisms.</li> <li>Positive public perception of health-care system accessibility and responsiveness.</li> <li>Cooperation protocols with Ministry of Higher Education and Scientific Research for leadership training.</li> <li>Participation rate in targeted leadership development programmes.</li> <li>Improvement in leadership competency scores assessed through pre- and post-programme evaluations.</li> <li>Increase in cross-sectoral collaboration initiatives involving MoHP personnel trained in leadership programmes.</li> </ul>
	<p>Forge lasting connections with other health entities by formalizing collaboration committees, developing joint plans, and investing in robust data and knowledge-sharing platforms</p>	<p>MoHP</p>	<p>Mo Communication Mo Higher Education Mo Social Solidarity UHI organizations (UHIA, GAHAR and EHA) EDA UPA Egyptian Health Council</p>	<ul style="list-style-type: none"> <li>Number and frequency of meetings held by inter-agency collaboration committees or task forces.</li> <li>Percentage of joint strategic plans and operational frameworks developed and implemented across health entities.</li> <li>Adoption rate of joint data platforms and knowledge-sharing mechanisms by relevant health entities</li> </ul>
PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	<p>Bridge the gap with NGOs and CSOs through formal engagement mechanisms, capacity-building support, and regular dialogue forums, creating a diverse network of expertise</p>	<p>MoHP</p>	<p>NFSA Drug Control Fund National Population Council National Council for Childhood and Motherhood National Council for Persons with Disabilities Other Public Providers/NGOs</p>	<ul style="list-style-type: none"> <li>Number of cooperation agreements or MOUs signed with NGOs and CSOs.</li> <li>Increase in capacity-building activities delivered to NGO and CSO partners focused on health interventions.</li> <li>Satisfaction rate of NGOs and CSOs regarding engagement mechanisms and dialogue forums with the MoHP.</li> </ul>
<p>Elevate the MoHP's leadership visibility by showcasing successful collaborations, engaging in advocacy campaigns, and measuring progress against established goals, ensuring sustained impact and inspiring ongoing collaboration for a healthier Egypt</p>		<p>MoHP</p>	<p>Private Sector International/development partners</p>	<ul style="list-style-type: none"> <li>Media coverage and public awareness of successful MoHP collaborations and leadership initiatives.</li> <li>Increase in stakeholder engagement and participation in health-related advocacy campaigns led by the MoHP.</li> <li>Progress towards established leadership and collaboration goals measured through specific indicators (e.g. reduction in duplication of efforts, resource allocation efficiency).</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
3. Promote and establish a culture of active participation, transparency in decision-making, and open data sharing to facilitate strategic planning, stimulate innovation, and encourage ongoing improvement	Institutionalize stakeholder engagement by implementing participatory planning processes incorporating diverse voices (patients, communities, providers) through surveys and online forums. Equip MoHP personnel with communication skills to facilitate inclusive dialogues and translate feedback into actionable decisions	MoHP	Mo Social Solidarity EHA NGOs/CSOs Private sector International/development partners	<ul style="list-style-type: none"> <li>Percentage of health plans developed through participatory processes with diverse voices (patients, communities, providers).</li> <li>Increase in MoHP personnel's communication skills competency scores assessed through pre- and post-training evaluations.</li> <li>Number of actionable decisions informed by stakeholder feedback, tracked through decision logs and implementation plans.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
4. Ensure adherence to quality care and safety standards. Establish and standardize guidelines for preventive and curative interventions and safety measures aligned with national and international norms. Enforce guideline implementation and develop mechanisms to ensure accountability of the health workforce	Champion open data governance through implementing a comprehensive open data policy defining accessible data sets, usage conditions, and public benefit considerations. Invest in secure and user-friendly data infrastructure and platforms, facilitating seamless data storage, sharing and analysis	MoHP	Mo Communications Private sector International/development partners	<ul style="list-style-type: none"> <li>Number of accessible data sets published on the open data platform.</li> <li>Frequency and ease of data download and analysis facilitated by the platform.</li> <li>Number of public health research projects or innovations utilizing open data, tracked through publications or funding reports.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
3. Promote and establish a culture of active participation, transparency in decision-making, and open data sharing to facilitate strategic planning, stimulate innovation, and encourage ongoing improvement	Leverage feedback for continuous improvement by implementing robust monitoring and evaluation frameworks to assess the impact of stakeholder engagement, transparency and open data practices on strategic planning, innovation and healthcare outcomes. Integrate feedback loops to translate data and stakeholder insights into programme refinement, policy adjustments and future planning cycles	MoHP	EHA Private sector International/development partners	<ul style="list-style-type: none"> <li>Strength and effectiveness of monitoring and evaluation frameworks, assessed through peer review or external validation.</li> <li>Percentage of stakeholder feedback translated into programme refinements, policy adjustments, and future planning cycles.</li> <li>Rate of innovation and improvement in healthcare outcomes linked to stakeholder engagement, transparency, and open data practices.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
4. Ensure adherence to quality care and safety standards. Establish and standardize guidelines for preventive and curative interventions and safety measures aligned with national and international norms. Enforce guideline implementation and develop mechanisms to ensure accountability of the health workforce	Develop and implement evidence-based clinical practice guidelines for preventive and curative interventions across all levels of the healthcare system	Egyptian Health Council	MoHP Mo Higher Education EHA Other Public Providers/NGOs Private Sector International/development partners	Percentage of healthcare facilities implementing evidence-based clinical guidelines.

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Regularly update and disseminate guidelines based on evolving evidence and scientific advancements	Egyptian Health Council	MoHP Mo Higher Education EHA Other Public Providers/NGOs Private Sector International/development partners	Frequency of guideline updates and dissemination reach (healthcare providers, patients).
	Equip healthcare personnel with the knowledge and skills needed to effectively implement the established guidelines	Egyptian Health Council	MoHP Mo Higher Education EHA Other Public Providers/NGOs Private Sector International/development partners	Healthcare personnel competency scores assessed through pre- and post-training evaluations on guideline implementation.
	Promote a patient-centred approach and emphasize patient safety and comfort within healthcare delivery, encouraging active patient participation in decisions and care processes	MoHP	Mo Higher Education EHA GAHAR Other Public Providers/NGOs Private Sector International/development partners	Patient satisfaction scores regarding patient-centredness and safety measures.

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Implement safety measures and reporting systems through developing and enforcing protocols for infection control, medication safety, adverse event reporting, and analysis	MoHP Mo Higher Education Other Public Providers/NGOs Private Sector EHA GAHAR EDA	Egyptian Health Council International/development partners	<ul style="list-style-type: none"> <li>Number of reported and analysed medication errors, infection control incidents and adverse events.</li> <li>Engagement rate of healthcare providers in safety initiatives and reporting systems.</li> </ul>
	Define clear metrics to track and monitor adherence to quality and safety standards in different healthcare settings	MoHP Mo Higher Education GAHAR	International/development partner Other Public Providers/NGOs Private Sector	Achievement rates of pre-defined quality and safety performance indicators (e.g. mortality rates).
	Acknowledge and incentivize healthcare personnel who consistently demonstrate commitment to quality and safety standards	MoHP Mo Higher Education EHA Other Public Providers/NGOs Private Sector	Mo Finance UHIA	Recognition and reward mechanisms for high performers in quality and safety practices (e.g. awards, promotions).



PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
5. Reduce health inequalities by promoting inclusiveness and protection of health for all individuals, without discrimination	Expand health insurance coverage and reduce financial barriers to accessing healthcare services for vulnerable populations	MoHP UHI organizations (UHIA, GAHAR and EHA)	Mo Finance Mo Planning Other Public Providers/NGOs Private Sector	Refer to Priority I, Objective 1.
	Strengthen primary healthcare infrastructure and services in underserved communities to ensure equitable access to quality care	MoHP UHI organizations (UHIA, GAHAR and EHA)	Mo Finance Mo Planning Other Public Providers/NGOs Private Sector	Refer to Priority I, Objective 3.

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
5. Reduce health inequalities by promoting inclusiveness and protection of health for all individuals, without discrimination	Effective implementation of the National Population and Development strategy 2023-2030	National Population Council	MoHP Mo Higher Education Mo Planning Mo Finance Mo Local Development Mo Justice Mo Housing Mo Youth Mo Foreign Affairs Mo Social Solidarity Mo Education Mo Awqaf Mo Culture International/development partners The Coptic Church	Refer to the strategy for details.
	Expand training of healthcare workers on gender-based violence (GBV) management guidelines and expand implementation in healthcare facilities	MoHP	International/development partners	<ul style="list-style-type: none"> <li>Increased percentage of healthcare workers trained on GBV management guidelines within a specific timeframe.</li> <li>Rise in the number of GBV cases identified and appropriately managed by healthcare facilities.</li> <li>Improved health outcomes for GBV survivors, such as reduced trauma symptoms, better access to mental health services, and decreased risk of further harm.</li> <li>Positive shifts in community attitudes and behaviour towards GBV, measured through surveys or focus group discussions.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
<p>6. Establish robust digital monitoring and evaluation systems to track performance indicators for the systems, assess the impact on health priorities and value-based services, and measure progress towards achieving health equity</p>	<p>Collect and analyse health data disaggregated by relevant factors to monitor progress towards health equity goals</p> <p>Establish a comprehensive digital M&amp;E framework aligning performance indicators with national/international priorities, value-based services, and equity goals, while building a secure data platform for integrated collection, analysis and reporting across healthcare levels</p>	<p>MoHP</p> <p>MoHP Mo Higher Education Egyptian Health Council Other Public Providers/NGOs Private Sector</p>	<p>CAPMAS International/development partners</p> <p>Mo Finance Mo Planning Mo Communication UHIA International/development partners</p>	<p>Refer to Priority II, Objective 5 and Priority V, Objective 6 .</p> <ul style="list-style-type: none"> <li>Percentage alignment of performance indicators with national/international priorities, value-based services, and equity goals.</li> <li>Data platform security certifications and incident frequency.</li> <li>Percentage integration of data collection, analysis, and reporting across healthcare levels</li> </ul>
	<p>Enhance data collection and utilization by implementing real-time digital systems across facilities, training personnel in accurate data management, and empowering decision-making through data analytics tools and dashboards</p>	<p>MoHP Mo Higher Education Egyptian Health Council Other Public Providers/NGOs Private Sector</p>	<p>Mo Finance Mo Planning Mo Communication UHIA International/development partners</p>	<ul style="list-style-type: none"> <li>Percentage facility utilization of real-time digital systems.</li> <li>Percentage improvement in data accuracy and completeness.</li> <li>Percentage increase in data-driven decisions at various healthcare levels.</li> </ul>
PRIORITIES AND OBJECTIVES	<p>Implement data-driven improvement by analysing interventions' impact on health priorities (maternal mortality, immunization rates, etc.), evaluating value-based initiatives' effectiveness (quality, cost, satisfaction), and monitoring equity progress via disaggregated data analysis and disparity identification</p> <p>Foster a culture of data-driven improvement by transparently sharing data and reports across healthcare facilities, regional authorities, and MoHP, guiding policy adjustments, programme refinement, and resource allocation decisions for optimal healthcare outcomes</p>	<p>MoHP Mo Higher Education Egyptian Health Council Other Public Providers/NGOs Private Sector</p>	<p>Mo Finance Mo Planning Mo Communication UHIA International/development partners</p>	<ul style="list-style-type: none"> <li>Changes in target health indicators (e.g. reduced maternal mortality rate, increased immunization coverage).</li> <li>Cost-effectiveness measures for value-based initiatives (e.g. quality vs. cost ratios).</li> <li>Percentage reduction in identified health disparities through disaggregated data analysis.</li> </ul>
		<p>MoHP Mo Higher Education Egyptian Health Council Other Public Providers/NGOs Private Sector</p>	<p>Mo Finance Mo Planning Mo Communication UHIA International/development partners</p>	<ul style="list-style-type: none"> <li>Frequency and transparency of data sharing across healthcare levels.</li> <li>Number of policy adjustments and programme refinements informed by data.</li> <li>Resource allocation efficiency based on data analysis.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
7. Support the development of fit-for-practice public health institutions, contributing to well-being of people	Allocate resources to enhance public health infrastructure, including the modernization of facilities, equipment and technology systems	Mo Higher Education MoHP	Mo Finance Mo Planning Mo Local Development Mo Communication Mo Foreign Affairs Mo International Cooperation International/development partners	<ul style="list-style-type: none"> <li>Percentage increase in modernized public health facilities, equipment, and technology systems.</li> <li>Improvement in efficiency metrics for essential services like disease surveillance, immunization and health promotion (e.g. timeliness, coverage rates).</li> </ul>

Implement comprehensive training programmes and provide career development opportunities to cultivate a skilled public health workforce	Mo Higher Education MoHP	Mo Finance Egyptian Health Council International/development partners	<ul style="list-style-type: none"> <li>Participation rate in comprehensive training programmes and career development opportunities.</li> <li>Percentage increase in healthcare personnel demonstrating proficiency in key public health competencies.</li> <li>Retention rate of skilled public health professionals.</li> </ul>
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Provide subsidized master's and doctoral programmes to educate and train specialists and consultants in the field of public health	Mo Higher Education MoHP	Mo Finance International/development partners	Number of subsidized master's and doctoral graduates specializing in public health.
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## PRIORITIES AND OBJECTIVES

KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
Offer scholarships for specific specialization in public health, ensuring that individuals have access to advanced expertise in their chosen areas	Mo Higher Education MoHP	Mo Finance Egyptian Health Council International/development partners	Increased availability and accessibility of specialized public health training programmes.

Deliver customized courses tailored to meet the needs of the MoHP. These courses, offered through various platforms – whether online or in-person – span basic, advanced, and specialized tracks to enhance accessibility and accommodate diverse learning preferences	Mo Higher Education MoHP	Mo Finance Egyptian Health Council International/development partners	<ul style="list-style-type: none"> <li>Completion rate and satisfaction levels for MoHP-tailored training courses across basic, advanced, and specialized tracks.</li> <li>Increased adoption of learned skills and best practices in public health interventions.</li> </ul>
Invest in robust data infrastructure and analytics capabilities to optimize data management and utilization	Mo Higher Education MoHP	Mo Communications Mo Finance International/development partners	<ul style="list-style-type: none"> <li>Quality and completeness of public health data sets.</li> <li>Frequency and effectiveness of data analysis and utilization for informing policy and programme decisions</li> </ul>



PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Leverage digital tools for surveillance, communication, outreach and programme delivery to enhance the efficiency, reach and impact of public health interventions	Mo Higher Education MoHP	Mo Communications Mo Finance International/development partners	<ul style="list-style-type: none"> <li>Utilization rates of digital tools for surveillance, communication, outreach, and programme delivery.</li> <li>Improvement in efficiency, reach, and impact of public health interventions using digital platforms.</li> </ul>
	Encourage collaborations among public health institutions, universities and private sector partners	Mo Higher Education MoHP	Private Sectors International/development partners	<ul style="list-style-type: none"> <li>Number of active collaborations between public health institutions, universities, and private sector partners.</li> <li>Development and implementation of innovative solutions to address emerging health challenges.</li> </ul>
	Implement open communication practices, share public health data, and address community concerns actively to promote transparency and accountability. Building trust and confidence in public health initiatives is crucial	Mo Higher Education MoHP	Mo Communications	<ul style="list-style-type: none"> <li>Level of transparency in public communication practices and data sharing.</li> <li>Public trust and confidence in public health initiatives as measured through surveys or community engagement metrics.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Collaborate with community leaders, religious institutions and NGOs to amplify public health messages. This approach helps reach populations with limited access to formal information channels	Mo Higher Education MoHP NGOs/CSOs	Mo Social Solidarity Mo Awqaf The Coptic Church NGOs/CSOs International/development partners	<ul style="list-style-type: none"> <li>Extent of collaboration with community leaders, religious institutions, and NGOs for amplifying public health messages.</li> <li>Increased access to and awareness of public health information among underserved populations.</li> </ul>

8. Enhance institutional capacity for health and public health research and development, with a specific focus on strengthening data management, advanced data analysis, and evidence interpretation to support evidence-based decision-making and improve health system performance and health outcome	Facilitate the execution of the National Strategic Plan for Health Research 2023, which emphasizes the governance of health research processes, the enhancement and sustainability of health research funding, the utilization of health data, the safeguarding of intellectual property rights in health research, the reinforcement of capacities in health research, and the promotion of innovation in the health-care sector.	MoHP	Mo Higher Education Research institutions Supreme Council of Clinical Research Ethics (SCCRE) Private Sector International/development partners	<ul style="list-style-type: none"> <li>Percentage increase in research projects aligned with plan priorities.</li> <li>Number of new policy and funding frameworks for health research governance.</li> <li>Percentage increase in health research funding secured.</li> <li>Percentage utilization of health data in research projects.</li> <li>Number of IP rights secured from health research outputs.</li> <li>Percentage of researchers with advanced skills in relevant research areas.</li> <li>Number of successful innovations adopted in the healthcare sector.</li> </ul>
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Refer to the strategy for more details.

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Invest in robust data infrastructure by upgrading data systems and storage capabilities to ensure secure, accessible and interoperable data across various health institutions and research facilities	MoHP	Mo Communications Mo Higher Education Private Sector International/development partners	Data system uptime and accessibility metrics.
	Implement data governance regulations by developing and enforcing clear data standards, sharing protocols, and ethical guidelines to ensure data quality, security and privacy	MoHP	Mo Higher Education Mo Communication Mo Justice SCCRE	Percentage compliance with data quality, security, and privacy standards.
	Empower data management professionals by training and certifying data administrators and experts to ensure effective data collection, cleaning, organization and analysis	Mo Higher Education MoHP	Mo Communication	Number of trained and certified data management professionals.

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Invest in training programmes by offering specialized training in biostatistics, epidemiology, data mining, and other advanced data analysis techniques for researchers and public health professionals	Mo Higher Education MoHP	Mo Communication Egyptian Health Council International/development partners	Number of researchers and public health professionals trained in advanced analysis techniques.
	Promote collaboration with data scientists by encouraging partnerships between health researchers and data science experts to leverage advanced analytical tools and methodologies	Mo Higher Education MoHP	International/development partners Research institutions Mo International Cooperation Mo Foreign Affairs	Percentage increase in collaborations between researchers and data scientists.
	Establish data analysis hubs by creating centralized data analysis centres equipped with high-performance computing resources and expert support for researchers	Mo Communications	Mo Planning Mo Higher Education MoHP	Number of active data analysis hubs and utilization rate.

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Develop evidence - to - policy translation skills by training researchers and policy-makers in skills like evidence synthesis, knowledge translation and policy development to bridge the gap between research findings and policy decisions	Mo Higher Education MoHP	International/development partners Research institutions	Percentage of research studies incorporating evidence-to-policy translation skills.

Establish exchange platforms by fostering regular communication and collaboration between researchers, policy-makers and public health officials to ensure research findings inform decision-making	Mo Communications	Mo Higher Education Egyptian Knowledge Bank CAPMAS MoHP Egyptian Cabinet's Information and Decision Support Center	Frequency and engagement of knowledge exchange platforms.
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PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
Promote open access to research data and findings by encouraging researchers to share anonymized data and research outputs through open access platforms, increasing transparency and accessibility for policy-makers and the public	Mo Higher Education	Egyptian Knowledge Bank CAPMAS MoHP Egyptian Cabinet's Information and Decision Support Center	<ul style="list-style-type: none"> <li>Percentage of research data and findings shared through open access platforms.</li> <li>Increased citations and utilization of Egyptian research by policy-makers and public.</li> </ul>	

Facilitate the advancement of clinical trials within Egypt as a regional hub for research and development in the health and pharmaceutical sector. Ensure ethical integrity in research practices, fostering an environment that encourages cutting-edge pharmaceutical research while upholding the highest standards of research ethics	Mo Higher Education MoHP	SCCRE EDA Pharmaceutical companies Private Sector	<ul style="list-style-type: none"> <li>Number of new and ongoing clinical trials conducted in Egypt.</li> <li>Percentage compliance with ethical standards and regulatory frameworks.</li> <li>Number of cutting-edge research projects in pharmaceuticals.</li> </ul>
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PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	<p>Establish a scientific journal for the MoHP and develop/improve national scientific journals</p>	<p>MoHP</p>	<p>Mo Higher Education International/development partners</p>	<ul style="list-style-type: none"> <li>• Launch MoHP scientific journal with quality metrics.</li> <li>• Increased impact factor and international visibility of national scientific journals.</li> </ul>
	<p>Develop a Health Informatics Unit at the MoHP</p>	<p>MoHP</p>	<p>Mo Higher Education International/development partners</p>	<ul style="list-style-type: none"> <li>• Percentage of health informatics strategies within MoHP's vision and number of data governance policies implemented.</li> <li>• Data platform security certifications, healthcare system integration rate, and data quality metrics improvement.</li> <li>• Number of trained MoHP staff, data professional engagement, and research partnerships established.</li> <li>• Number of health data research projects addressing priorities, adopted innovative technologies, and research publications.</li> <li>• Number of policy adjustments based on analysis, increased transparency of data and reports, and user satisfaction with the unit.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
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**PRIORITY VI: PROMOTE DIGITAL HEALTH INNOVATION FOR UNIVERSAL HEALTH COVERAGE AND WELL-BEING OF ALL**

1. Create sustainable and robust governance structures and capacity for Digital Health in Egypt among different relevant entities

Establish a national digital health steering committee (DHSC) with balanced representation from relevant ministries, healthcare providers, academia and civil society

Mo Higher Education  
Mo Communications  
Mo Finance  
Mo Planning  
UHI organizations (UHIA, GAHAR and EHA)  
Other Public Providers/NGOs  
Private Sector  
International/development partners

- Percentage representation of relevant stakeholders (ministries, healthcare, academia, civil society) within the DHSC.
- Frequency and effectiveness of DHSC meetings in guiding strategy development and policy implementation.
- Number of strategic recommendations and policy adjustments informed by the DHSC.

Finalize the development of a comprehensive National Digital Health Strategy with clearly defined goals, actions, timelines and budget allocations

- Completion of the National Digital Health Strategy within defined time-frame.
- Clarity and specificity of goals, actions, timelines and budget allocations within the strategy.
- Alignment of the strategy with national health priorities and international best practices.

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
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2. Establish an interoperable and resilient digital health infrastructure that enables secure data sharing, granting healthcare providers authorized access to patient information and health data. This framework will foster care coordination, evidence-based decision-making, and attainment of broader health objectives

Conduct a regulatory and legal framework review to ensure data privacy, security, and interoperability within the digital health ecosystem

MoHP  
Mo Justice

- Number of identified gaps and inconsistencies in existing legal and regulatory frameworks pertaining to digital health.
- Development and implementation of revised data privacy, security, and interoperability regulations.
- Compliance rate of healthcare institutions with updated digital health regulations.

Deploy a central health information exchange (HIE) platform for secure data sharing across healthcare providers and institutions

Mo Higher Education  
Mo Communications  
Mo Finance  
Mo Planning  
UHI organizations (UHIA, GAHAR and EHA)  
Other Public Providers/NGOs  
Private Sector  
International/development partners

- Timeliness and security of data exchange through the HIE platform.
- Percentage of authorized healthcare providers with access to patient data via the HIE.
- Number of clinical decisions informed by data accessed through the HIE.

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Implement national health information standards and interoperability frameworks, utilizing HL7 FHIR or similar standards	MoHP		<ul style="list-style-type: none"> <li>Percentage adoption of HL7 FHIR or similar standards by healthcare providers and institutions.</li> <li>Number of data exchange transactions facilitated through the HIE platform.</li> <li>Percentage improvement in data quality and consistency across healthcare systems.</li> </ul>
	Develop and implement patient-controlled access policies to empower individuals with informed control over their health data	MoHP		<ul style="list-style-type: none"> <li>Percentage of individuals registered on the patient portal and actively accessing their health data.</li> <li>Number of data access requests submitted and processed through the patient portal.</li> <li>Patient satisfaction with control and access to their health data.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Standardize data, terminology, indicators and benchmarks to ensure consistency in data collection, analysis and interpretation	MoHP		Percentage compliance with data standards, terminology and benchmarks.
	Implement electronic health records systems for seamless data capture and storage	MoHP		Percentage of healthcare providers using electronic health records.
	Improve the quality of mortality and natality reporting by implementing automated systems for deaths and births registration in hospitals, linked to their relevant health offices	MoHP		Percentage improvement in mortality/-natality data accuracy and completeness.



PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	<p>Establish a central control and command centre to showcase application outputs and supporting data for informed decision-making</p> <p>Develop operational systems for primary care units, automating all units to support the unified electronic medical record. Automate health units in UHI/non-UHI governorates, including primary care services, vaccination clinics, family planning, maternal care, dental clinics and chronic disease management.</p> <p>Automate hospitals related to all service providers to align with the unified electronic medical record</p>	<p>MoHP</p> <p>MoHP</p> <p>MoHP</p>		<p>Frequency of data utilization for informed decision-making</p> <p>Percentage of automated units and improved data exchange.</p> <p>Percentage compliance with unified electronic medical record.</p>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	<p>Expand the Health Map of the Arab Republic of Egypt</p> <p>Create an interactive portal for the MoHP, engaging citizens</p> <p>Develop a set of applications, including for urgent care, neonatal care, and emergency care, facilitating efficient case distribution, medicine management, and control through hotline 137 connectivity</p>	<p>MoHP</p> <p>MoHP</p> <p>MoHP</p>		<p>Geographic coverage and data specificity of the Health Map.</p> <p>User engagement metrics (visits, interactions, feedback).</p> <p>Number of downloads and active users, and impact on service efficiency.</p>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
3. Institutionalize and utilize technology advancements, including AI, mobile applications and wearable devices, to revolutionize health-care by enhancing diagnostic capabilities, empowering individuals to manage their health, and providing valuable health insights	<p>Integrate and implement telemedicine/telehealth solutions into medical practice, with a specific emphasis on bolstering the provision of critical healthcare services during times of emergencies and crises</p> <p>Pilot and scale AI-powered clinical decision support systems (CDSS) for early disease diagnosis and targeted treatment recommendations</p>	MoHP	<p>Mo Higher Education</p> <p>Mo Communications</p> <p>Mo Finance</p> <p>Mo Planning</p> <p>UHL organizations (UHIA, GAHAR and EHA)</p> <p>Other Public Providers/NGOs</p> <p>Private Sector</p> <p>International/development partners</p>	<ul style="list-style-type: none"> <li>Percentage of healthcare facilities equipped with telemedicine infrastructure.</li> <li>Number of teleconsultations conducted across various health-care settings.</li> <li>Percentage increase in access to critical healthcare services during emergencies and crises.</li> <li>Patient satisfaction and healthcare provider experience with telemedicine services.</li> <li>Number of pilot projects evaluating different AI-powered CDSS in specific clinical areas.</li> <li>Improvement in early disease diagnosis rates through AI-assisted analyses.</li> <li>Percentage of treatment recommendations aligned with AI-powered suggestions.</li> <li>Cost savings or efficiency gains achieved through optimized treatment pathways.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
3. Institutionalize and utilize technology advancements, including AI, mobile applications and wearable devices, to revolutionize health-care by enhancing diagnostic capabilities, empowering individuals to manage their health, and providing valuable health insights	<p>Develop and promote secure mobile health applications for chronic disease management, remote patient monitoring, and personalized health education</p> <p>Integrate wearable devices and biosensors into routine healthcare for real-time health monitoring and personalized health insights</p>	MoHP	<p>Mo Higher Education</p> <p>Mo Communications</p> <p>Mo Finance</p> <p>Mo Planning</p> <p>UHL organizations (UHIA, GAHAR and EHA)</p> <p>Other Public Providers/NGOs</p> <p>Private Sector</p> <p>International/development partners</p>	<ul style="list-style-type: none"> <li>Number of downloaded and actively used mobile health apps for chronic disease management.</li> <li>Percentage of patients with chronic conditions utilizing remote patient monitoring tools.</li> <li>Reduction in hospital admissions or emergency room visits for chronic disease patients.</li> <li>Patient engagement and health literacy measures related to mobile health app usage.</li> <li>Percentage of healthcare providers incorporating wearable devices into routine patient care.</li> <li>Data integration rate between wearable devices and electronic health records.</li> <li>Personalized health insights derived from wearable data, impacting preventative care or treatment adherence.</li> <li>Patient acceptance and satisfaction with wearable device integration in healthcare.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
4. Optimize digital platforms, data analytics and emerging technologies to drive comprehensive healthcare solutions, including disseminating health information, detecting and managing disease outbreaks, and advancing research initiatives	Leverage digital platforms to disseminate health information, promote healthy behaviours, and educate the public about disease prevention and management	MoHP	Mo Higher Education Mo Communications Mo Finance Mo Planning UHL organizations (UHIA, GAHAR and EHA) Other Public Providers/NGOs SCCRE Private Sector International/development partners	<ul style="list-style-type: none"> <li>Reach and engagement metrics for health information platforms (website visits, app downloads, social media interactions).</li> <li>Percentage increase in public knowledge and awareness about key health topics (e.g. disease prevention, healthy habits).</li> <li>Behaviour change indicators related to targeted health campaigns (e.g. vaccination rates, smoking cessation rates).</li> </ul>
	Utilize data analytics and big data techniques to analyse health trends, identify disease outbreaks, and allocate resources effectively based on real-time data	MoHP		<ul style="list-style-type: none"> <li>Timely identification and reporting of disease outbreaks through data analysis.</li> <li>Percentage improvement in resource allocation efficiency based on real-time data insights.</li> <li>Number of public health interventions informed by data-driven predictions and trends.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	Support research initiatives to explore the potential of emerging technologies such as AI in healthcare	Mo Higher Education Mo Communications		<ul style="list-style-type: none"> <li>Number of research projects exploring AI applications in specific healthcare areas.</li> <li>Publications, patents, and research collaborations generated from AI healthcare research.</li> <li>Development and validation of AI models for clinical decision support or disease prediction.</li> </ul>
	Utilize predictive analytics and machine learning algorithms to anticipate disease outbreaks, identify high-risk populations, and optimize resource allocation	Mo Higher Education Mo Communications		<ul style="list-style-type: none"> <li>Percentage accuracy of disease outbreak predictions and high-risk population identification.</li> <li>Reduction in disease burden or healthcare costs achieved through optimized resource allocation based on predictive models.</li> <li>Number of lives saved or positive health outcomes influenced by predictive analytics interventions.</li> </ul>
	Establish digital platforms for research data sharing and collaboration to accelerate research and development in public health and healthcare	Mo Higher Education Mo Communications		<ul style="list-style-type: none"> <li>Number of researchers and institutions registered and actively using the data sharing platform.</li> <li>Increase in research collaborations and joint publications facilitated by the platform.</li> <li>Accelerated development of public health tools and interventions based on shared data analysis.</li> </ul>



PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
5. Provide training programmes for healthcare professionals to enhance their digital literacy and competency in using digital health tools effectively, while promoting digital literacy among citizens, maximizing benefits from digital health services	Develop comprehensive training programmes for healthcare professionals to ensure proficiency in using digital tools effectively	MoHP	Mo Higher Education Mo Communications Mo Finance Mo Planning UHI organizations (UHIA, GAHAR and EHA) Other Public Providers/NGOs Private Sector International/development partners	<ul style="list-style-type: none"> <li>Percentage of healthcare professionals completing comprehensive digital health training programmes.</li> <li>Improved proficiency in using specific digital tools (e.g. electronic health records, telemedicine) after training.</li> <li>Reduction in errors or data security breaches related to digital health tools, post-training.</li> </ul>
	Develop and implement mandatory digital literacy training programmes for healthcare professionals, focusing on effective use of digital health tools and patient data security	MoHP		<ul style="list-style-type: none"> <li>Completion rate of mandatory digital literacy training programmes for healthcare professionals.</li> <li>Demonstration of skills and knowledge in data security protocols and patient data protection.</li> <li>Improved data quality and adherence to digital health standards within healthcare institutions.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
6. Drive a secure and sustainable digital transformation in healthcare by designing scalable and long-term digital health interventions, prioritizing infrastructure development, resource allocation, continuous training, and ensuring regulatory compliance while preserving privacy and security	Promote digital literacy among citizens, maximizing the advantages of digital health services and enabling informed health decisions	MoHP		<ul style="list-style-type: none"> <li>Increase in public awareness and understanding of digital health services and available options.</li> <li>Percentage of citizens accessing and utilizing health information from reliable sources online.</li> <li>Growth in the use of specific digital health services or platforms (e.g. patient portals, mobile apps).</li> </ul>
	Design and implement digital health interventions with scalability and long-term sustainability in mind, considering cost-effectiveness, maintenance and future upgrades	MoHP	Mo Higher Education Mo Communications Mo Finance Mo Planning UHI organizations (UHIA, GAHAR and EHA) Other Public Providers/NGOs Private Sector International/development partners Egyptian Health Council	<ul style="list-style-type: none"> <li>Number of healthcare facilities and regions adopting and effectively scaling up specific digital health interventions.</li> <li>Return on investment (ROI) or cost-effectiveness ratios for implemented digital health programmes.</li> <li>Operational costs and maintenance budget allocated for long-term support of digital health infrastructure.</li> <li>Number of upgrades or iterative improvements made to digital health tools and platforms based on user feedback and data analysis.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	<p>Prioritize infrastructure development and resource allocation for digital health initiatives, leveraging public-private partnerships and innovative financing mechanisms</p> <p>MoHP</p>			<ul style="list-style-type: none"> <li>• Increase in available resources dedicated to digital health initiatives (equipment, funding, personnel).</li> <li>• Success rate of securing public-private partnerships or innovative financing mechanisms for digital health projects.</li> <li>• Improvements in healthcare facility connectivity and access to reliable technology infrastructure.</li> <li>• Utilization rate of digital health tools and platforms across different levels of healthcare delivery.</li> </ul>
	<p>Implement continuous training and upskilling programmes for healthcare professionals to keep pace with rapid advancements in digital health technologies</p> <p>MoHP</p>			<ul style="list-style-type: none"> <li>• Percentage of healthcare professionals participating in and completing ongoing digital health training programmes.</li> <li>• Improved knowledge and skills in using new or advanced digital health technologies among healthcare workers.</li> <li>• Retention rate of healthcare professionals with critical digital health expertise within the healthcare system.</li> <li>• Integration of digital health skills assessments and certifications into professional development frameworks.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	<p>Develop robust cybersecurity measures and privacy - preserving policies to ensure data security, integrity and compliance with ethical and legal frameworks</p> <p>MoHP</p>			<ul style="list-style-type: none"> <li>• Frequency and severity of data security breaches or privacy violations involving digital health platforms.</li> <li>• Compliance rate with data protection regulations and adherence to ethical guidelines for research and data sharing.</li> <li>• Effectiveness of implemented cybersecurity measures in protecting and safeguarding sensitive health information.</li> <li>• Public trust and confidence in the security and privacy of their health data within digital health systems.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
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**PRIORITY VII: COMMUNITY ENGAGEMENT FOR IMPROVING HEALTH AND PROMOTING SOCIOBEHAVIOURAL CHANGE COMMUNICATION**

<p>1. Implement targeted health communication campaigns to raise awareness about key health issues and promote healthy behaviours among the community</p>	<p>Conduct comprehensive research and collaborate with local health authorities to identify and prioritize the key health issues prevalent within the target community</p>	<p>MoHP</p>	<ul style="list-style-type: none"> <li>Mo Local Development</li> <li>Mo Youth</li> <li>Mo Communications</li> <li>Mo Higher Education</li> <li>Mo Education</li> <li>Mo Social Solidarity</li> <li>Mo Agriculture</li> <li>Mo Housing</li> <li>Mo Environment</li> <li>SCCRE</li> <li>Private Sector</li> <li>NGOs/CSOs</li> </ul>	<ul style="list-style-type: none"> <li>Percentage increase in knowledge of a specific health issue/ risk factor among community members within a specific timeframe of the campaign launch.</li> <li>Percentage increase in a specific healthy behaviour adoption among community members exposed to the campaign compared to control group.</li> <li>Number of monthly/yearly community events organized or participated in by community members engaged in the campaign.</li> </ul>
<p>Clearly identify the target audience based on demographic, cultural and socioeconomic factors to tailor messages and channels effectively</p>	<p>Clearly identify the target audience based on demographic, cultural and socioeconomic factors to tailor messages and channels effectively</p>	<p>MoHP</p>		

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
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<p>Gather insights into the target audience's knowledge, attitudes, beliefs, and behaviours related to the identified health issues through surveys, focus groups, interviews and observations</p>	<p>Gather insights into the target audience's knowledge, attitudes, beliefs, and behaviours related to the identified health issues through surveys, focus groups, interviews and observations</p>	<p>MoHP</p>		
<p>Craft culturally sensitive communication strategies using diverse channels and accessible language to connect with audiences and drive meaningful action</p>	<p>Craft culturally sensitive communication strategies using diverse channels and accessible language to connect with audiences and drive meaningful action</p>	<p>MoHP</p>		



PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
2. Provide education and resources to empower individuals to make informed health decisions and take control of their own well-being.	<p>Develop a comprehensive educational material on various health topics</p> <p>MoHP</p> <p>Create a user-friendly online/offline platform for easy access to reliable health resources</p> <p>MoHP</p> <p>Collaborate with local community organizations to host workshops and seminars</p> <p>MoHP</p>		<p>Mo Local Development</p> <p>Mo Youth</p> <p>Mo Communications</p> <p>Mo Higher Education</p> <p>Mo Education</p> <p>Mo Social Solidarity</p> <p>Mo Agriculture</p> <p>Mo Housing</p> <p>Mo Environment</p> <p>SCCRE</p> <p>Private Sector</p> <p>NGOs/CSOs</p>	<ul style="list-style-type: none"> <li>• A surge in workshop attendance, connecting more community members with valuable knowledge and skills.</li> <li>• Percentage rise in resource access, empowering X% more individuals with critical tools for a healthier life.</li> <li>• Percentage increase in individuals seeking personalized consultations with healthcare professionals, thanks to programme guidance and resources.</li> <li>• A shift towards healthier habits among programme participants, reflecting a X% improvement in key health indicators.</li> <li>• Percentage growth in community participation in health activities, fuelled by programme awareness and engagement</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	<p>Establish partnerships with local schools for health education integration</p> <p>MoHP</p> <p>Organize community health fairs and events</p> <p>MoHP</p> <p>Implement a targeted social media campaign to disseminate educational materials</p> <p>MoHP</p> <p>Develop and distribute informative brochures, pamphlets, and posters</p> <p>MoHP</p> <p>Establish partnerships with healthcare professionals for personalized consultations</p> <p>MoHP</p> <p>Conduct regular surveys and assessments to evaluate effectiveness</p> <p>MoHP</p>			

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
<p>3. Collaborate with public, NGOs/CSOs, and private sectors to develop and implement community engagement initiatives that address local health needs and priorities.</p>	<p>Establish partnerships with local public, NGOs/CSOs and private entities to identify and prioritize community health needs</p>	<p>MoHP</p>	<p>Mo Local Development Mo Youth Mo Communications Mo Higher Education Mo Education Mo Social Solidarity Mo Agriculture Mo Housing Mo Environment SCCRE Private Sector NGOs/CSOs</p>	<ul style="list-style-type: none"> <li>• A comprehensive community health needs assessment, completed with stakeholder input, informs the development of targeted initiatives.</li> <li>• A defined number of programmes addressing prioritized health needs are operational in partnership with public, NGOs/CSOs and private entities.</li> <li>• Measurable increases in attendance at health fairs, workshops, and resource centres demonstrate participation and awareness.</li> <li>• Surveys or assessments show a significant rise in individuals confidently utilizing resources and accessing healthcare based on programme education.</li> <li>• Establishment of a specific NGOs coalition to address a local health priority/ies.</li> <li>• Increased membership and active participation in the community health coalition, demonstrating collaborative problem-solving and resource sharing.</li> </ul>
<p>Develop community engagement initiatives, such as health fairs and workshops, to educate and empower individuals on local health issues</p>	<p>MoHP</p>			

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
<p>Implement collaborative programmes that provide accessible resources and information to support informed decision-making regarding health</p> <p>Foster a network of community organizations (coalitions) to create a comprehensive and coordinated approach in addressing local health needs</p> <p>Evaluate the impact of community engagement initiatives through surveys and feedback to ensure their effectiveness and relevance</p>	<p>MoHP</p> <p>MoHP</p>	<p>MoHP</p>		

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
<p>4. Improve access to quality healthcare services by promoting health service utilization and facilitating community involvement in healthcare planning and decision-making</p>	<p>Establish community health forums to facilitate dialogue between community members and healthcare providers, enabling them to actively participate in healthcare planning and decision-making processes</p>	<p>MoHP</p>	<p>Mo Local Development Mo Youth Mo Communications Mo Higher Education Mo Education Mo Social Solidarity Mo Agriculture Mo Housing Mo Environment SCCRE Private Sector NGOs/CSOs</p>	<ul style="list-style-type: none"> <li>Percentage increase in community member participation in health forums within a specific timeframe, with diverse representation and documented feedback for health-care providers and policy-makers.</li> <li>Targeted awareness campaigns achieve a measurable rise in community members accessing specific promoted healthcare services within a specific timeframe.</li> <li>Mobile clinics, telemedicine, or other collaborative initiatives extend quality healthcare to new underserved areas within a specific timeframe.</li> <li>Community-based health screenings and preventive care programmes achieve target participation within a specific timeframe.</li> <li>Discounts or incentives offered through partnerships with local businesses or organizations increase healthcare affordability for individuals within a specific timeframe.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
<p>4. Improve access to quality healthcare services by promoting health service utilization and facilitating community involvement in healthcare planning and decision-making</p>	<p>Establish community health committees composed of diverse stakeholders to ensure community involvement in healthcare planning, decision-making and evaluation processes</p> <p>Advocate for policy changes that prioritize community involvement in healthcare planning and decision-making, aiming to create a more inclusive and equitable healthcare system</p> <p>Conduct targeted awareness campaigns to educate the community about available health-care services, their benefits, and how to access them, thus promoting health service utilization</p>	<p>MoHP</p>		



PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	<p>Collaborate with local healthcare providers to develop innovative strategies for improving access to quality health-care services, such as mobile clinics or telemedicine initiatives</p> <p>Implement community-based health screenings and preventive care programmes to proactively address health issues and encourage community involvement in maintaining their own health</p> <p>Foster partnerships with local businesses and organizations to provide incentives or discounts for healthcare services, making them more accessible to community members</p>	<p>MoHP</p> <p>MoHP</p> <p>MoHP</p>		

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
<p>5. Build capacity within the healthcare system to effectively engage with communities, tailor health messages, and address sociocultural factors influencing health behaviours</p>	<p>Develop training programmes for healthcare professionals to enhance their skills in community engagement, cultural competency, and effective communication with diverse populations</p> <p>Establish partnerships with community organizations to co-create and deliver culturally sensitive health messages that resonate with the target population</p>	<p>MoHP</p> <p>MoHP</p>	<p>Mo Local Development</p> <p>Mo Youth</p> <p>Mo Communications</p> <p>Mo Higher Education</p> <p>Mo Education</p> <p>Mo Social Solidarity</p> <p>Mo Agriculture</p> <p>Mo Housing</p> <p>Mo Environment</p> <p>SCCRE</p> <p>Private Sector</p> <p>NGOs/CSOs</p>	<ul style="list-style-type: none"> <li>Percentage of healthcare professionals demonstrate improved skills in community engagement, cultural competency, and communication with diverse populations after programme completion (measured through assessments or feedback).</li> <li>Partnerships with community organizations lead to the co-creation and delivery of culturally sensitive health messages reaching the target population within a specific timeframe.</li> <li>Research on sociocultural factors influencing health behaviours leads to new culturally-tailored interventions integrated into the healthcare system within a specific timeframe.</li> <li>A defined number of community health workers are hired and integrated into the healthcare system, resulting in an increase in community member engagement with healthcare services within a specific timeframe.</li> </ul>

PRIORITIES AND OBJECTIVES	KEY ACTIONS	KEY IMPLEMENTERS	KEY PARTNERS	KEY INDICATORS
	<p>Conduct research to better understand the sociocultural factors influencing health behaviours in the community, enabling the healthcare system to tailor interventions accordingly</p> <p>Integrate community health workers into the healthcare system to bridge the gap between healthcare providers and the community, ensuring effective engagement and understanding of community needs</p> <p>Implement feedback mechanisms to continuously assess the effectiveness of community engagement strategies and make necessary adjustments to address sociocultural factors influencing health behaviours</p>	<p>MoHP</p> <p>MoHP</p> <p>MoHP</p>		

# ANNEX

## MONITORING AND EVALUATION: PROGRESS TOWARDS GOALS OF THE NATIONAL HEALTH STRATEGY AND THE MAIN HEALTH GOALS OF EGYPT VISION 2030

1. Achieving better and more equitable health outcomes for increased well-being and driving economic development

Goal	Indicator	Current	Target 2030
Extending life expectancy, enabling everyone to enjoy a state of physical, mental and social well-being	Average life expectancy at birth	71.6 (2024)	75
Reducing the mortality rate of newborns, infants, and children under five years of age	Neonatal mortality	9.3/1000 live births (2022)	6
	Infant mortality	17.8/1000 live births (2022)	12
	Under 5 mortality	21.8/1000 live births (2022)	15
Reducing the maternal mortality rate	Maternal mortality ratio	49/100,000 live births (2021)	35
Premature deaths from NCDs	Reduce by 1/3	28%	18.5%
Reducing forms of malnutrition in Egypt and meeting the nutritional needs of the most vulnerable groups	Stunting among children under 5 years of age.	13%	11.7%
	Wasting among children under five years of age.	3%	2%
	Anaemia among children under 5 years of age.	27%	15%



2. Achieving universal health coverage to ensure that all Egyptians can access necessary, safe and quality healthcare services when needed, without experiencing financial hardship to cover the costs of these healthcare services.

Goal	Indicator	Current	Target 2030	
Reducing the financial burden resulting from OOP spending on healthcare	The percentage of OOP expenditure from the total healthcare expenditure	59.3% (NHA 2020)	28%	
	Percentage of households falling below the poverty line due to direct personal health expenses	2%	Zero	
	PHC/10,000 population	0.5 (2020)	0.5	
	Number of beds/100,000 population	1.2 (2020)	3	
	The number of physicians, nurses per population, and other globally recognized criteria	Physicians/ 10,000 population	9.3 (2022)	16 (World average 2018)
		Nurses/ 10,000 population	19.9 (2022)	39.4 (World average of nurses and midwives 2018)

3. Developing and strengthening public health measures that promote and protect health.

Goal	Indicator	Current	Target 2030
Reducing high blood pressure by 25%	Prevalence rate of high blood pressure	30% (2017)	22.5%
Reducing tobacco use among individuals aged 15 and above	Tobacco use among individuals aged 15 and above	23% (2017)	18.4%
A composite indicator for the availability of primary health services (%)	(1) The ratio of pregnant women making at least 4 follow up visits.	83%	90%
	(2) The ratio of using new methods of family planning	58.5%	74%
Full coverage of maternal and newborn care services	Maternal and newborn care (more than 4 visits)	83% (2014)	Provision of family planning and reproductive health services in primary care units at 100%
	Postnatal care for mothers and newborns	82% (2014)	
Reducing deaths and injuries from road accidents by half	Rates of injuries and deaths from road accidents	13.2%	8%
Eliminating neglected tropical diseases in key regions	Spread of schistosomiasis	Incidence: 3.5/100,000 (2022)	Zero
Maintaining Egypt as polio-free	Number of polio cases in Egypt and number of polio cases detected from surveillance samples	0 (2022)	0

# CONCLUSION

## **In conclusion,**

The National Health Strategy of Egypt (2024-2030) outlines a carefully structured plan aimed at significantly improving the country's health sector. This strategic framework is based on core objectives that seek to ensure equitable access to safe, high-quality, and effective health services. A dedicated unit within the Ministry of Health and Population (MoHP) will be responsible for monitoring and evaluating the strategy's progress and implementation. This unit will actively engage with all relevant stakeholders to adjust and optimize the strategy's use, as well as measure the achievement levels of its goals. An annual progress report will be prepared and presented to all stakeholders to keep them informed about both achievements and challenges.

As we advance this agenda, we remain dedicated to ongoing evaluation and adaptation to ensure alignment with global health standards and emerging scientific advancements. This strategy not only invites but also values the participation of all stakeholders, including government entities, health professionals, academic institutions, and civil society organizations in this collective endeavor. Your role is crucial in the successful implementation of this strategy.

Ultimately, the successful implementation of this strategy will be measured by the health and well-being of all Egyptians. We are committed to these goals, coupling our aspirations with measurable outcomes that echo the principles of sustainability, equity, and innovation. The path forward is both challenging and promising, yet with unified effort and unwavering commitment, the envisioned goals are within our reach.

**The National Health Strategy Team  
Cairo, Egypt  
October, 2024**





