



## Why measure health conditions for social progress?

Ensuring everyone has the opportunity to live a healthy life and promoting health and wellbeing for all ages is a fundamental dimension of social progress. Health directly affects quality of life, and poor health outcomes are both a cause and consequence of poverty and social exclusion. Egypt's commitment

to the realization of the right to health is enshrined in the 2014 Constitution, and the government has made ambitious commitments to improve health outcomes in the goals of Vision 2030, Egypt's development strategy, as well as in the globally agreed 2030 Agenda for Sustainable Development.

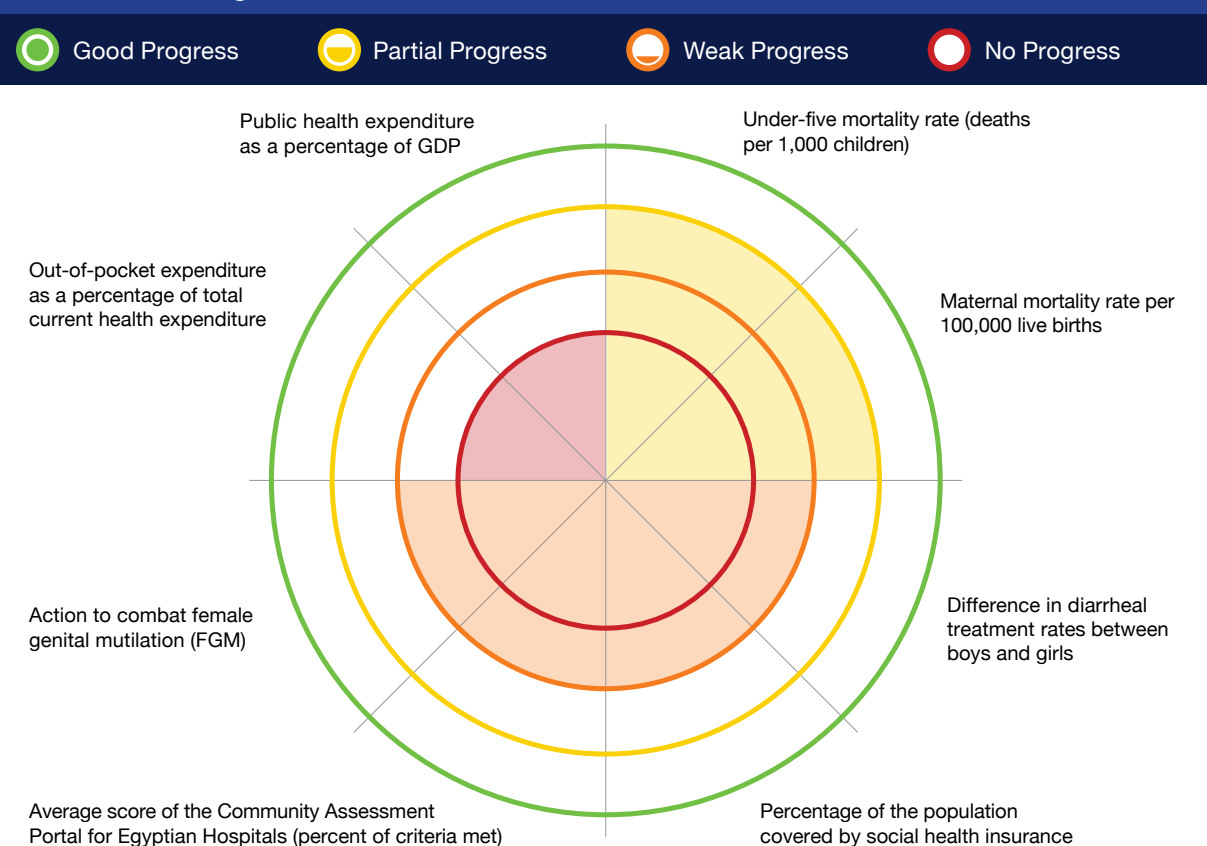
## What are the main findings of ESPI on HEALTH?

ESPI's health indicators show that despite Egypt's general progress on health outcomes, gaps persist that reflect entrenched patterns of social and economic disparity. With declining public spending, and the increasing costs of health services, the sustainability of the latest achievements are potentially at risk.

Egypt's most notable overall achievement in health outcomes is the **decline in the maternal mortality rate** to 33 deaths per 100,000 live births, surpassing its 2020 target. However, available data









on maternal care services show significant gaps in access to care between the rich and the poor. **The mortality rate among children under five** has also been in steady decline since 1960. However, data suggests that the probability of children under five years of age dying is more than 2 times greater if a child is from the poorest quintile rather than the richest. Under-5 mortality is also much higher in rural compared to urban areas, and in Upper Egypt compared to Lower Egypt.

FIG 1. Overall Progress of Health Indicators





## Full List of Indicators

-  **Under-five mortality rate (deaths per 1,000 children)**
-  **Maternal mortality rate per 100,000 live births**
-  **Difference in diarrheal treatment rates between boys and girls**
-  **Percentage of the population covered by social health insurance**
-  **Average score of the *Community Assessment Portal for Egyptian Hospitals* (percent of criteria met)**
-  **Action to combat female genital mutilation (FGM)**
-  **Out-of-pocket expenditure on health as a percentage of total current health expenditure**
-  **Public health expenditure as a percentage of GDP**

**Total public expenditure on health** made up only 1.25% of GDP in 2015 and 1.34% of GNP in FY2017/2018. This is low in relation to other comparable countries, and even more worryingly, the data shows a pattern of decline in public spending on health. Meanwhile, **out-of-pocket expenditure** is high at 62% of total current health expenditure, with the poorest 20% of households in Egypt spending 21% of their income on health needs. Expanding social **health insurance coverage**, which only covers 65% of the total population, will be key to improving affordability and accessibility of health services. Quality of services is also a concern: the average score of the **Community Assessment Portal for Egyptian Hospitals** for 2017 was just 48%. Problems indicated by patient assessments indicate poor hygiene and waste management practices, low availability of medical supplies and equipment, as well as lack of accommodation for disadvantaged populations, including persons with disabilities.

Further action is needed to improve gender-specific health indicators outcomes. For example, **the difference in diarrheal treatment between boys and girls** stood at 4.3%, with 57.3% of boys having received treatment, compared to 53% for girls, according to Egypt's 2014 DHS data. There is also an urgent need for further **action to combat female genital mutilation (FGM)**, which remains extremely prevalent in Egypt despite government commitments to eradicate it. Special focus is required on improving the legal framework to address the "medicalization" of FGM in Egypt, providing rehabilitation programs for victims and strengthening anti-FGM public campaigns.

"Good Progress" indicates Egypt's fulfillment of commitments made in the Egyptian Constitution and Vision 2030, as well as its positive ranking in comparison to other Lower Middle Income Countries. Currently, there are no "Good Progress" indicators in Health.



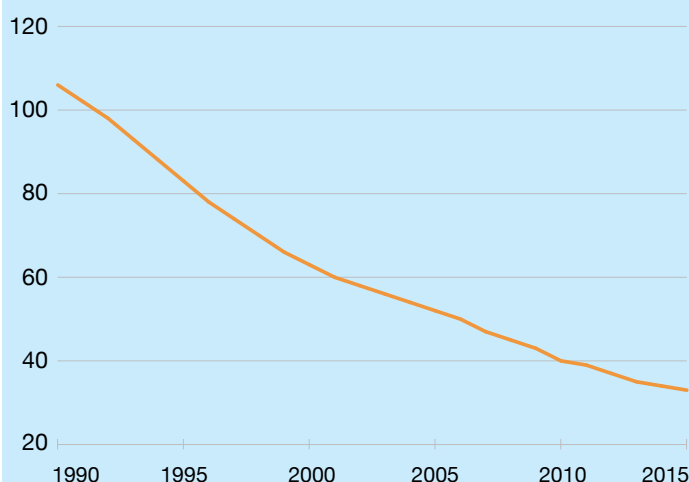
## Featured Indicators

A more in-depth look at several of the indicators is included below. For more information on all of the indicators, including the scales and how they were constructed, please see the website at [progressegypt.org](http://progressegypt.org).

### **Maternal mortality rate per 100,000 live births** – Partial progress

This indicator measures how many maternal deaths occur per 100,000 live births, while a woman is pregnant or within 42 days of childbirth or termination of pregnancy. The overall outcome of this indicator gives an idea about the efficacy of public policy in protecting women's lives, and how the occurrence of preventable mortality sheds light on shortcomings in health service provision. The scale was designed to benchmark

**FIG 2: Maternal mortality rate per 100,000 live births (1990-2015)**



Source: World Bank using WHO data (2015)

progress in comparison to performance of other Lower Middle Income Countries.

According to the latest available data from the World Bank, the maternal mortality rate per 100,000 live births in Egypt was 33 in 2015. Maternal mortality rates in Egypt have dropped to this level from 106 deaths per 100,000 live births in 1990. This progress is impressive, and Egypt has already surpassed its own target for 2020. It also has the fourth lowest maternal mortality ratio among Lower Middle Income Countries. Although there has been considerable improvement in national maternal mortality rates, marked disparities persist regarding some of the key services and policy interventions for preventing maternal mortality, particularly between those in rural and urban areas, in the north and south, and between people of different income levels. For example, in 2014, 72% of women in the poorest

quintile received regular antenatal care compared to 93% in the richest quintile.<sup>1</sup> Similar gaps can be found regarding the percentage of births carried out inside a health facility (public or private), the percentage of births where the mothers have been assisted during labor by a qualified professional, and the percentage of mothers who have had any post-natal care services within two days after birth.<sup>2</sup> There have been notable improvements, however, in narrowing these equity gaps over the past several years.

To address the remaining inequalities, it is recommended that the government addresses geographical and financial distribution of services and resources allocated for health between north and south, rural and urban areas, and to work on improving insurance coverage for all women. This would include expanding the services and improving the quality of services presented in primary healthcare services, and ensuring services provided there are through qualified and trained medical personnel that local communities can trust.

### **Action to combat female genital mutilation (FGM)** – Weak progress

This indicator measures the actions taken to eliminate female genital mutilation (FGM). According to the World Health Organization (WHO), FGM "includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons." Egypt is one of the top 10 countries in the world for prevalence of FGM, according to UNICEF data. About 92% of married women between the ages of 15 and 49 years have been subjected to FGM, while 56% of girls under 19 years are expected to be exposed to FGM before reaching the age of 19, according to the Demographic and Health Survey 2014. The scale for this indicator is constructed to assess progress in tackling FGM, based on government strategies and legislation, and on international standards and recommendations.

According to the National Strategy against FGM 2016-2020, and the Egypt Health Survey Report, in 1995, the rate of FGM was 97% among the 15-49 age group, and by 2015 it had dropped to 87% among this age group. Thus, over 20 years, the prevalence of FGM in this age group decreased by 10%. For the age group 15-17 years, in 2005 the percentage was 76.5% and in 2014 it was 61.1%, indicating a decrease of 15.4% over almost 10 years. For the 13-14 age group over the same time period, the rate decreased by 18.5%, to 50.3% of girls. There has therefore been progress in reducing rates of FGM, especially in the younger age groups. However, this progress is weak in relation to the elimination/reduction targets to which the government has committed.

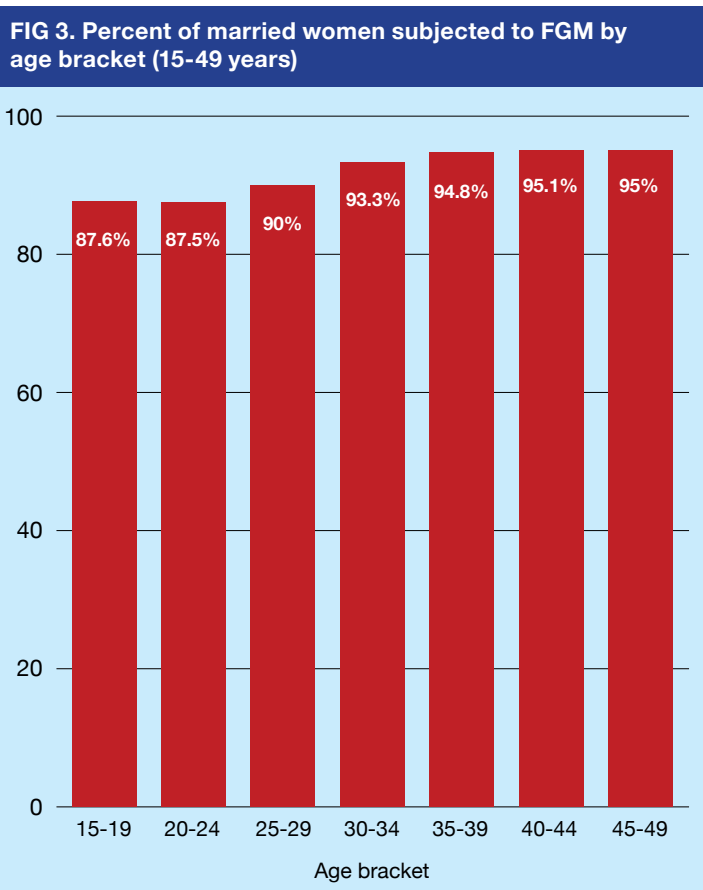
The focus of the National Strategy against FGM was on criminalization of this behavior, raising awareness of the dangers of FGM, and monitoring and evaluating family empowerment programs. Legal amendments to the Penal Code on FGM were passed under Law No. 78 of 2016, which increased the penalties and the sentence from imprisonment for a period not exceeding two years to imprisonment from five to seven



Photo: Giacomo Pirozzi/UNICEF

years. However, a review of the verdicts issued by the judicial authorities in the case of FGM shows that effective penalties are lacking. In addition, the legal amendment is criticized for referring to article 61 of the penal code, which reportedly gives perpetrators a ready-made excuse for impunity by claiming that FGM was justified because of “immediate danger” to the victim’s health, or for medical necessity, which is always unfounded according to World Health Organization norms. Other criticisms to the law include that the increased penalties imposed on parents or others who accompany the girl, may mean they will be more inclined not to report, even in cases of death and serious complications.

To improve performance on this indicator, it is recommended to amend law 78 (2016) to prevent the possibility of justifying FGM as a “medical necessity.” It is also recommended to extend legal responsibility to hospitals and medical facilities where FGM is performed, and to advise criminal judges to implement the maximum penalty against doctors or individuals who perform FGM. More integration of civil society organizations in developing the national campaign messages as well as the development of oversight mechanisms could help strengthen effective implementation of the legal framework that combats FGM. On a societal level, a number of policies can be implemented to combat cultural tolerance to FGM. This includes re-intensification of TV campaigns against FGM; implementing rehabilitation for victims of FGM; conducting awareness and training programs on FGM for clerics; and mainstreaming curricula for inclusive sex education in schools.



Source: Demographic and Health Survey (2014)



Photo: Save the Children

### **Percentage of the population covered by social health insurance – Weak progress**

This indicator measures the percentage of the population covered by health insurance. The right to health is enshrined in the Egyptian Constitution, and in Egypt's Vision 2030, which aims to extend health insurance coverage to 100% of the population by 2020. The Sustainable Development Goals also includes a target to "Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all." The scale is constructed to reflect the Vision 2030 target.

According to 2017 data from the General Health Insurance Agency, 58.8% of the population is insured under the national health insurance scheme. Experts have expressed doubt about the reliability of these figures; but even based on these numbers, almost half of Egyptian families live without any sort of health insurance coverage. Published data from the 2014 Demographic Health Survey (DHS) suggests very low coverage, especially of women and the poorest population. For example, among ever-married women (women who are currently married or are divorced/widowed/separated), only 2.7% of those in the lowest wealth quintile were covered by health insurance, while the wealthiest quintile of the same sample had a 17.5% coverage rate.<sup>3</sup> Lack of insurance coverage has severe knock-on effects; the latest available disaggregated data on household expenditure suggests that the poorest 20% of households in

Egypt spend 21% of their income on health.<sup>4</sup>

In 2017, Egypt adopted a new universal health insurance system. The system is intended to expand healthcare to the entire population, with enrollment obligatory but with fees based on an individual's income level. The scheme will be implemented gradually between 2018 and 2032.<sup>5</sup> To improve health insurance coverage to reach more low-income people, this new law is an important first step. However, it is also crucial that the government substantially increases investment in health at the same time. Considerably higher investment will be essential to ensure that new system's sustainability and success in reaching the poorest people.

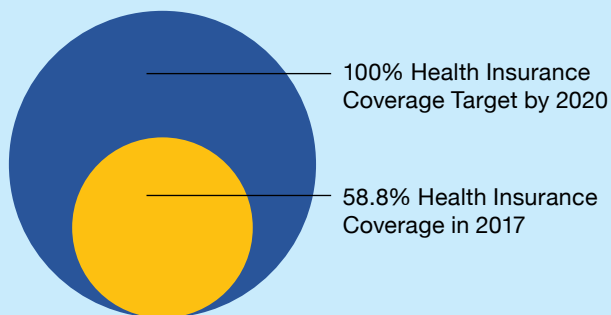
### **Average score of the Community Assessment Portal for Egyptian Hospitals (percent of criteria met) – Weak progress**

This indicator was selected to reflect the government's obligation to ensure the quality of healthcare services as an element of the right to health, as defined by the UN Committee on Economic, Social and Cultural Rights. It is based upon community assessment of an important aspect of the right to health, quality of care—in particular, quality of service provided by hospitals. This is especially important in the absence of official data on the quality of other services, such as primary healthcare or ambulatory services. The assessment of quality is based on the average score from Egypt's Community Assessment Portal, a



Photo: Max Merz / Flickr

**FIG 4. Percent of health insurance coverage – Actual (2017) vs. Target (2020)**



Source: General Health Insurance Agency (2017)

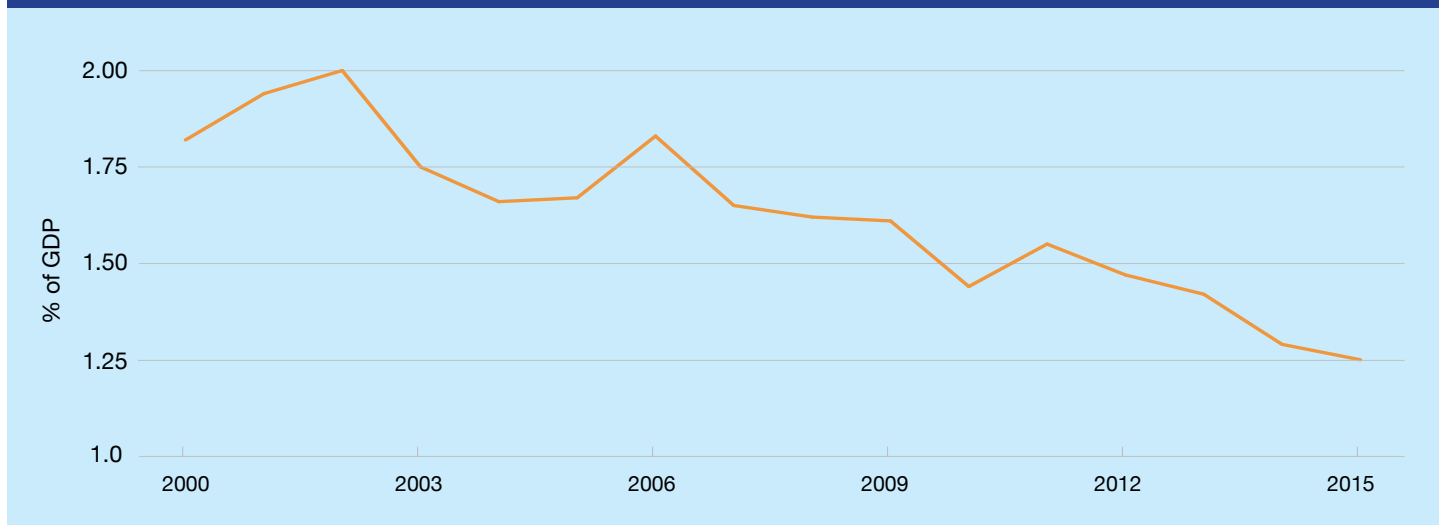
community-based initiative that carries out periodic patient-centered performance assessments of hospitals around Egypt.<sup>6</sup> The scale is built to create a trajectory for progress.

Egypt's performance on this indicator was determined as weak due to its average community assessment score of 48% on hospital service quality carried out in 2017. Examples of the experiences patients faced are poor medical diagnosis and

care, lack of accommodation of service provision for vulnerable populations, poor hygiene and waste management practices, as well as poor practice of infection control protocol and limited availability of medical equipment. The poor scores for hospital service quality given by communities is reflective of a number of problems within the Egyptian health system. The healthcare system in Egypt operates centrally through the Ministry of Health and its local district authorities spread across the different governorates. Due to its largely unplanned expansion and growth over the years, it has become largely fragmented in the way it is managed, operated, funded and in the quality of services it provides.

To improve hospital performance and quality of service provided, the root causes of poor quality service should be addressed by developing a mechanism to rely on qualified managers for hospitals and the macro-management of the healthcare sector; decentralizing the decision-making process and giving the needed authority to the hospital managers on a local level, which would strengthen accountability; and basing decisions about allocation of financial resources on precise data reflecting real community needs and priorities, and on human rights standards. Finally, key to inclusive people-based reform is supporting community monitoring and accountability mechanisms and creating platforms for citizens' participation.

FIG 5: Government health expenditure - % of GDP (2000-2015)



Source: World Bank using WHO data (2015)

## Public health expenditure as a percentage of GDP – No progress

This indicator measures public expenditure on health from domestic sources as a percentage of Gross Domestic Product (GDP), an important indicator as it reflects the State's ability to realize the right to health for all, irrespective of any person's capacity to pay. Although Egypt's constitution enshrines the commitment to spend a minimum of 3% of Gross National Product (GNP) on health, tracking progress on health spending as a percentage of GNP is difficult, because international data from the World Health Organization and the World Bank uses GDP as the denominating measure. In order to be able to compare progress against peer income countries, this indicator therefore measures government expenditure as a percentage of GDP. The scale is designed to measure progress on spending in comparison to other Lower Middle Income Countries.

Egypt's spending on health as a percentage of GDP is 1.25%, which falls within the bottom quarter of what all Lower Middle Income Countries spend on health, according to 2015 data from the World Bank. When measured according to GNP, Egypt's public expenditure on health in FY2017/2018 was 1.34%, according to the Ministry of Finance. This percentage is not only below the national constitutional minimum that requires 3% expenditure, but compared to previous years it also demonstrates a pattern of regressive allocation of resources to health. This retrogression reflects a consistent de-prioritization of resource allocation to the health sector, especially given that the 2014 Constitution aspires to gradually increase the percentage of GNP spending "to reach global percentages."

To improve performance on this indicator, it is recommended that the government disaggregates its budget lines under "health related services" to better measure health expenditure and track spending on health in a more realistic

and granular way. The generation of better quality data on spending should also help to ensure efficient allocation of resources, allowing the government to be more realistic in its budgeting and planning on public investment in health in order to meet its constitutional obligation of minimum spending on health. Finally, supporting community monitoring mechanisms for healthcare spending and service quality, and to enable community participation in budget priority setting, would be a positive step towards improving public planning for health spending.

## References

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## What are the Egypt Social Progress Indicators?

ESPI is an innovative metric offering a unique set of multidimensional, action-oriented indicators. It uses a four-color scale to measure progress on socioeconomic wellbeing in Egypt across six topics:

- economic policy
- labor
- urbanization
- food, water, and agricultural land
- education
- health

ESPI incorporates a gender analysis across all topics. It goes beyond traditional economic indicators used by international financial institutions and other economic actors to measure the health of the Egyptian economy, to provide a holistic assessment of the status of socioeconomic wellbeing for average Egyptians.

## How were the Egypt Social Progress Indicators developed?

The idea for ESPI was born in 2015, when a number of academic researchers, independent field experts, and civil society groups started to explore the idea of creating a data-driven, interdisciplinary, and “homegrown” metric that translates recommendations from UN mechanisms into clear, measurable, and actionable indicators; tracks national implementation of SDG targets; and takes into account Egypt’s position as a Lower Middle Income Country.

ESPI was conceptualized and designed, through a multi-year collaborative process, by the Center for Economic and Social Rights, the Social Justice Platform, the Egyptian Initiative for Personal Rights, the Egyptian Center for Economic and Social Rights, Aspiration Tech, and Backspace. Research and analysis for the indicators was conducted by numerous independent researchers and field experts.

## Methodology

Fundamental to the uniqueness of ESPI is its methodology, which was designed through a collective process, ensuring its relevance to the daily reality of everyday people.

## Indicator selection

ESPI aims to be action-oriented. For that reason, it measures both:

- **outcomes** of socioeconomic wellbeing; and
- the **drivers** of those outcomes, which include legal, policy, financial, human resource, and institutional inputs and outputs.

To achieve a balance in the indicators selected, ESPI is also guided by the OPERA framework developed by the Center for Economic and Social Rights, which centers on four levels of analysis: Outcomes, Policy Efforts, Resources, and Assessment. Within this framework, a mix of quantitative and qualitative, as well as fact-based and perception-based, indicators ensure that ESPI provides a holistic picture of social progress. Potential indicators were subjected to extensive internal review and external consultation with experts and stakeholders.

## Benchmarking and scaling

ESPI uses a four-color scale to measure Egypt’s progress on a specific indicator:



The methodology for constructing the scales varied, necessarily, between quantitative and qualitative indicators. Sources of benchmarks included Egypt’s own development targets, including those articulated in Vision 2030; international commitments, such as the SDGs; and recommendations and guidelines from international bodies. On the website, each indicator is accompanied by a detailed description of the scale and how it was developed.

Data was gathered largely from two sources: socioeconomic and administrative data produced by the Egyptian government and relevant international bodies for quantitative indicators, and objective, credible, and well-sourced expert analysis conducted by independent researchers for qualitative indicators. The combination of these sources ensures that ESPI is rigorous and reveals new insights about social progress.

All indicators—both quantitative and qualitative—are accompanied by comprehensive commentary that contextualizes and explains the data, making ESPI one of the most in-depth metrics of its kind.



# EGYPT SOCIAL PROGRESS INDICATORS

Measuring progress towards improving wellbeing in Egypt

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