

Health Sector Profile

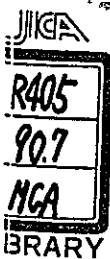
Summary

Egypt

国別医療協力ファイル 要約 エジプト

1997

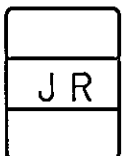
Japan International Cooperation Agency



JICA LIBRARY



J 1147941 [7]





1147941 [7]

1	HEALTH ADMINISTRATION AND PLAN	1
1.1	NATIONAL HEALTH ADMINISTRATION AND PLAN	1
1.1.1	<i>National Health Administration Organs</i>	1
1.1.2	<i>National Health Plan</i>	1
1.2	PROVINCIAL HEALTH ADMINISTRATION AND PLANS	2
1.2.1	<i>Provincial Health Administration Organs</i>	2
1.2.2	<i>Provincial Health Budgets</i>	2
2	DEMOGRAPHY	3
2.1	POPULATION TOTAL, GROWTH RATE AND DISTRIBUTION BY AGE.....	3
2.2	POPULATION DISTRIBUTION BY REGIONS.....	3
2.3	FERTILITY	3
2.4	MORTALITY	3
3	EPIDEMIOLOGY	4
3.1	OVERVIEW	4
3.2	NUMBER AND CAUSES OF DEATH	4
3.3	MORBIDITY	4
3.3.1	<i>Child Health</i>	4
3.3.2	<i>Women's Health</i>	4
3.3.3	<i>Adults' Health</i>	5
3.3.4	<i>Inequity of Health Status</i>	5
3.4	INFECTIOUS DISEASES.....	5
3.4.1	<i>Immuno-Preventable Diseases</i>	5
3.4.2	<i>Diarrhoeal Disease</i>	5
3.4.3	<i>Acute Respiratory Infection</i>	5
3.4.4	<i>Tuberculosis</i>	5
3.4.5	<i>Leprosy</i>	6
3.4.6	<i>Malaria</i>	6
3.4.7	<i>Other Parasitic Diseases (Schistosomiasis)</i>	6
3.4.8	<i>HIV/AIDS</i>	6
3.5	NON-COMMUNICABLE DISEASES.....	6
3.5.1	<i>Malnutrition</i>	6
3.5.2	<i>Chronic Degenerative Disease</i>	6
3.5.3	<i>Injuries and Accidents</i>	7
4	HEALTH PROGRAMS	8
4.1	PRIMARY HEALTH CARE (PHC)	8
4.2	IMMUNIZATION PROGRAM.....	8
4.3	MALNUTRITION	8
4.4	MATERNAL AND CHILD HEALTH (MCH).....	9
4.5	FAMILY PLANNING.....	9
4.6	MALARIA CONTROL.....	9
4.7	HIV/AIDS AND SEXUALLY TRANSMITTED DISEASE CONTROL	9
4.8	DIARRHOEAL DISEASE CONTROL.....	9
4.9	OTHER INFECTIOUS DISEASES	10
4.9.1	<i>Tuberculosis Control</i>	10
4.9.2	<i>Measures against In-hospital Infections</i>	10
4.9.3	<i>Leprosy Control</i>	10
4.10	OTHER MEASURES.....	10
4.10.1	<i>Non-Communicable Diseases Control</i>	10
4.10.2	<i>Chronic Degenerative Diseases</i>	10

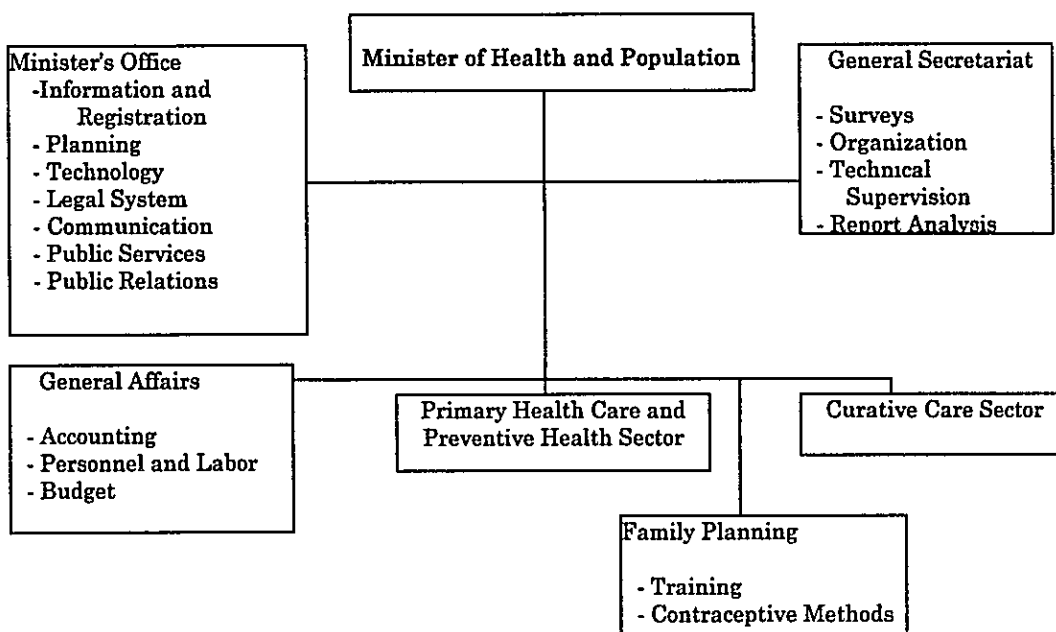
5	HEALTH SERVICE PROVISION.....	11
5.1	HEALTH FACILITIES.....	11
5.1.1	<i>Ministry of Health and Population</i>	11
5.1.2	<i>Public Sector</i>	11
5.1.3	<i>Private Sector, Missionaries and NGOs</i>	12
5.2	LOGISTICS.....	13
5.3	UTILIZATION OF HEALTH SERVICES	13
5.3.1	<i>Perspective of Community Residents</i>	13
5.3.2	<i>Access to Public and Private Health Facilities</i>	13
5.4	MANAGEMENT INFORMATION SYSTEM	14
5.4.1	<i>National Census</i>	14
5.4.2	<i>Nationwide Surveys</i>	14
5.5	HEALTH INSURANCE SYSTEM	14
5.6	EMERGENCY MEDICAL SYSTEM.....	14
5.7	RESEARCH INSTITUTIONS.....	14
6	HEALTH MANPOWER	15
6.1	STATISTICS CONCERNING VARIOUS HEALTH PERSONNEL	15
6.1.1	<i>Physicians and Nurses</i>	15
6.1.2	<i>Ministry of Health and Population</i>	15
6.1.3	<i>Others in the Public Sector</i>	15
6.2	HUMAN RESOURCE DEVELOPMENT.....	15
6.2.1	<i>Graduate Training in Public Health</i>	15
7	ENVIRONMENTAL HEALTH.....	16
7.1	OVERVIEW	16
7.1.1	<i>Potable Water</i>	16
7.1.2	<i>Sanitation Facilities</i>	16
7.1.3	<i>Housing and Living Conditions</i>	16
8	INTERNATIONAL COOPERATION IN HEALTH.....	17
8.1	COOPERATION WITH DONORS	17
8.1.1	<i>International Organizations</i>	17
8.1.2	<i>Bilateral Assistance</i>	17
8.1.3	<i>Non-Governmental Organizations</i>	18
8.2	COOPERATION BY JAPAN.....	18

1 Health Administration and Plan

1.1 National Health Administration and Plan

1.1.1 National Health Administration Organs

Following reorganization in 1996, the Ministry of Population and the Ministry of Health were combined, and a Family Planning Division was back to the original organization of the Ministry of Health. The new organizational chart is as follows.



1.1.2 National Health Plan

The main policies at present are as follows.

- To move from health activities on a clinical and treatment basis to health activities with closer ties to the community.
- Maximize the benefits of health services by efficiently utilizing all available skills and technology. In other words, to place emphasis on preventive health and primary health care (PHC) rather than on expensive and complicated medical technology for the benefit of a few.
- To improve management and operation of health services as an integrated part of community development

- To encourage, assist and promote the participation in PHC.
- To create an arrangement for integrating research and planning functions at all levels.
- To develop a system that ensures the quality of PHC services with the help of research and educational institutions.

1.2 Provincial Health Administration and Plans

1.2.1 Provincial Health Administration Organs

The line organizations of the Ministry of Health and Population are located at the governorate, district and village levels. Each provincial government manages and operates the facilities falling under its jurisdiction.

1.2.2 Provincial Health Budgets

To a certain degree public expenditures are being decentralized, and wages and working and operational budgets for services are allocated directly to the governorate level from the Ministry of Finance. However, hiring of personnel and decisions regarding transfers are handled by the General Affairs Department of the Ministry of Health and Population in Cairo.

2 Demography

2.1 Population Total, Growth Rate and Distribution by Age

The total population is estimated to be around 60 millions as of November 1994, and is projected to reach about 65 millions by 2000. The rate of population growth has dropped from 2.2% (between 1970 and 1980) to 2.0% (between 1980 and 1993).

The percentage of the population under age 15 is on a downward trend, falling from 39% in 1950, to 28% in 1996, and projected at 25% for 2025. On the other hand, the population age 60 or older is climbing at an unprecedented rate, rising from 1 million, or 5% of the population in 1950, to 4 millions or 7% in 1996, and is projected at 10 millions in 2025.

2.2 Population Distribution by Regions

The population is concentrated in urban areas. Rapid urbanization can be observed from the growth in the population of the capital, Cairo. At present, approximately half of the urban dwellers in Egypt live in Cairo.

2.3 Fertility

The reported crude birth rate exceeded 40 per thousand populations per year during the 1960s, but had fallen to 36.2 by 1982. Thereafter, the rate rose slowly before turning downward again from 1986 and since 1992 has remained at the 26 to 28 levels.

2.4 Mortality

The mortality rate fluctuated around 25 per thousand populations per year through the late-1940s, but then fell from 19 in the early 1950s to 10 in the early 1980s. The average life - span has extended from 39 in 1952 to 62 in the early 1990s.

3 Epidemiology

3.1 Overview

In addition to the shift from infectious diseases to chronic ailments accompanying the aging of the population, the following changes have occurred in the types of diseases and causes of death in Egypt in recent years.

- A decline in deaths caused by respiratory infections and diarrhoeal disease in infants.
- An increase in chronic disease risks such as obesity, smoking and hypertension.
- An increase in automobile accidents, and a decline in schistosomiasis and an increase in work accidents accompanying the shift to industrial work.

3.2 Number and Causes of Death

The major types of disease have clearly shifted over time from those of the digestive system to those of the circulatory system. Accidents and disasters are on a slightly upward trend, while diseases of the respiratory system are on decline. Deaths caused by respiratory diseases in children are down dramatically, but deaths caused by smoking and tuberculosis remain high, and a significant decline in deaths related to the respiratory system as a percentage of deaths is not expected soon.

3.3 Morbidity

3.3.1 Child Health

Policies to control infectious diseases among children have borne fruit since the latter part of the 1960s, and the infant mortality rate has been cut by more than half. However, the mortality rates among children under 5 remains at a high 70 per thousand populations per year. The primary causes of death are lower respiratory tract infections, diarrhoeal disease, diseases targeted by the EPI and problems during perinatal.

3.3.2 Women's Health

Among problems of female reproductive health, "female circumcision" is common. The effects of circumcision include not only the direct effects such as infection during the operation but are also presumed to include the more psychological such as influence on understanding of sex and on development of the individual.

The maternal mortality rate was reported to be 177 per hundred thousand live birth during a survey in 1990.

3.3.3 Adults' Health

Obesity and smoking are major risk factors for chronic diseases. In rural areas and cities around Cairo, 10% of people over 20 years of age suffer from diabetes, 26% have hypertension and 40% are obese, according to survey results.

3.3.4 Inequity of Health Status

The health of the population varies tremendously according to differences in geography and socioeconomic environment. One reason is that utilization of health services is lower in rural areas. City dwellers make use of health services six times as often as the rural populace, and are admitted to hospitals twice as frequently. The frequency of health service utilization increases with household income.

3.4 Infectious Diseases

3.4.1 Immuno-Preventable Diseases

The immunization coverage has been rising, and new diseases have been targeted. Vaccination of tetanus toxoid for pregnant women now exceeds 70%.

Moreover, 79% of children between the age of 12 to 23 months have completed all required immunization except for that of hepatitis B.

3.4.2 Diarrhoeal Disease

The frequency of diarrhoeal disease is particularly high in children of 6 months to 23 months. This is thought to be because children during this period face risk factors related to their behavior, and because their immune system is still not fully developed.

3.4.3 Acute Respiratory Infection

UNICEF estimates that the infant mortality rate caused by acute respiratory infection is 10.2 per 100 live births.

3.4.4 Tuberculosis

An estimate of 20 to 100 cases per 100,000 population has been made by the WHO Tuberculosis Eradication Program.

3.4.5 Leprosy

The average morbidity rate nationwide for leprosy has been declined to not more than 1 case per 10,000 population thanks to the expansion of MDT¹, however, there are still regions where the rate exceeds one locally, such as in Upper Egypt and in slums of large cities such as Cairo and Alexandria.

3.4.6 Malaria

Incidences of malaria remain near the point of eradication, and the risk of local scattering has been confined to the lower part of the Central Nile, the Delta Region and the Faiyum Governorate.

3.4.7 Other Parasitic Diseases (Schistosomiasis)

Bilharz schistosomiasis is widespread in Upper Egypt (the upstream part of the Nile river), with the morbidity rate being 7.3%. Manson's schistosomiasis on the other hand, is widespread in the Delta Region, with the morbidity rate said to be 20 - 53%.

3.4.8 HIV/AIDS

As of the end of 1995, 129 cases of AIDS have been reported.

3.5 Non-Communicable Diseases

3.5.1 Malnutrition

Malnutrition is a problem observed widely among children. It is said that 24% of children under 5 years of age have stunted growth², while 9% are thought to have seriously stunted growth. Cases of stunted growth are more frequently seen in rural areas than in cities.

3.5.2 Chronic Degenerative Disease

So-called adult diseases have a greater presence in society in recent years. Frequently cited ailments include diabetes, hypertension, obesity, smoking and the lack of exercise.

¹ Multi Drug Therapy; Egypt receives a free supply of necessary quantities of antibiotics through WHO's Leprosy Program.

² Defined as height that is short for one's age. This is an indicator of chronic malnutrition.

3.5.3 Injuries and Accidents

According to a survey conducted in the Ismailiya Governorate, 2% of the populace was injured in 1994. The leading cause was traffic accidents, accounting for 44% of injuries, followed by falls from high places at 22%.

4 Health Programs

4.1 Primary Health Care (PHC)

The Ministry of Health makes use of a PHC network in implementing programs to reduce communicable diseases, programs to reduce schistosomiasis, and programs to boost vaccination of children, and has seen some success through this. However, there are still problems with prevention and awareness activities and the poor quality of physicians.

4.2 Immunization Program

Current policy goals for the immunization of children are as follows:

- 1 Raise the immunization coverage to over 90%
- 2 Eradicate polio by the year 2000
- 3 Control tetanus in newborn babies by 1996
- 4 Reduce the morbidity rate of measles by 9%, and reduce deaths caused by measles by 95%
- 5 Reduce the morbidity rate of hepatitis-B to 2% or less.
- 6 Reduce the morbidity rates of diphtheria, pertussis and tuberculosis.

4.3 Malnutrition

Regarding nutritional problems, the following measures have been implemented

- 1 Training of physicians
- 2 Training of nurses and nutritionists
- 3 Training of food inspectors
- 4 Procurement of equipment
- 5 Nutrition education and promotion
- 6 Workshops and conferences
- 7 Studies and research

4.4 Maternal and Child Health (MCH)

To encourage mothers to breast-feed infants, the "child-friendly hospital initiative" has been implemented, and in 1995, 75 "child-friendly facilities" have been opened.

4.5 Family Planning

The 231 MCH centers operated by the Ministry of Health and Population along with 621 NGOs and private family planning clinics play a central role in providing family planning services. In addition to these, contraceptives are supplied by private pharmacies and service outlets operated by churches and mosques.

4.6 Malaria Control

Malaria has largely been contained since 1985, and consequently there is no nationwide program currently in place. However, Malaria Surveillance continues to place emphasis on identifying infected people.

4.7 HIV/AIDS and Sexually Transmitted Disease Control

Due to the large numbers of travelers entering the country regularly to visit the internationally renowned tourist sites, there is greater risk of the spread of HIV/AIDS. To counter this, the following activities are being undertaken.

- 1 Epidemiological surveys on people with venereal diseases, drug addicts, people in the tourism industry, hemophiliacs, and organizations of foreigners.
- 2 Inspection of 250,000 units of blood annually
- 3 Patient treatment in hospitals, and staff training to this end
- 4 Health Education and awareness campaigns for the general populace

4.8 Diarrhoeal Disease Control

Thanks to the success of diarrhoeal disease control programs, over 98% of households know how and when to use ORS, however, the following strategies continue to be implemented.

- 1 Early detection and tracking of infection paths
- 2 Health management
- 3 Health education and dissemination of information

4.9 Other Infectious Diseases

4.9.1 Tuberculosis Control

The following goals have been established in order to ease the physical and mental suffering tuberculosis victims and to keep the disease from becoming a national problem by minimizing the number of cases of tuberculosis.

- 1 Identify and treat 70% of carriers
- 2 Raise to 85% the treatment rate of patients diagnosed with tuberculosis.

4.9.2 Measures against In-hospital Infections

In order to lower the infections inside hospitals, the following goals have been established.

- 1 Monitor procedures for preventing infections on site
- 2 Improve and develop procedures for preventing infections covering all medical sites by the year 2000.
- 3 Train health workers in safety and infection prevention procedures

4.9.3 Leprosy Control

Active efforts to detect cases of leprosy and uninterrupted training of medical teams are being conducted with the aim of eliminating new infections of leprosy by 2000.

4.10 Other Measures

4.10.1 Non-Communicable Diseases Control

The following measures are being implemented to tackle all non-communicable diseases.

- 1 Research for the creation of databases and information systems
- 2 Training of medical practitioners
- 3 Health education dissemination and promotion of community participation

4.10.2 Chronic Degenerative Diseases

Early detection and early treatment of diabetes and hypertension are being promoted, along with the reduction of obesity and smoking.

5 Health Service Provision

5.1 Health Facilities

The number of hospital beds nationwide in 1995 is shown in the chart below. Ninety percent of the total is beds in state-owned and public sector hospitals.

Number of Hospital Beds (1995)

	Hospital Beds
Ministry of Health	66,440
Other government institutions (subtotal)	23,691
University hospitals	17,803
Student hospitals	184
Police hospitals	543
Prison hospitals	473
Teaching hospitals and institutes	3,923
Curative institutions	765
Public hospitals (subtotal)	12,211
Health insurance organizations	5,957
Curative organizations	4,856
Railway hospitals	323
Other	1,075
Private hospitals	12,238
Grand total	114,580

5.1.1 Ministry of Health and Population

The Ministry of Health and Population has over 3,900 health facilities, accounting for two-thirds of the total number of health facilities in Egypt and 60% of the hospital beds.

5.1.2 Public Sector

(1) Teaching Hospital Organization (THO)

The "Teaching Hospital Organization" is an independent organization comprised of eight teaching hospitals and eight special research institutions³, and as of 1992 had 4,554 beds, or 4% of the national total.

³ This includes the following special research institutions: Institute for Tropical Medicine, Heart & Chest Surgery Institute, Hearing and Speech Institute, Poliomyelitis Institute, Entomology Research Institute, Memorial Ophthalmology Institute, Nutrition Institute, and Diabetes Institute

(2) Health Insurance Organization(HIO)

The "Health Insurance Organization" is a government organization under the supervision of the Minister of Health and Population, and provides health insurance primarily to workers in the formal sector.

The number of people covered by insurance increases every year, and in particular recently increased by 15 million at once thanks to the start of programs targeting students. Overall, 21.25 million people, or some 36% of the population are now covered.

(3) Curative Care Organization (CCO)

The "Curative Care Organization (CCO)" is a collection of six independent organizations. Each organization is operates as an independent nonprofit organization, but the collection is under the supervision of the Ministry of Health and Population. The CCO as a whole has 4,846 hospital beds (as of 1992), and employs 1,629 physicians and 1,880 nurses.

(4) University Hospitals

"University hospitals" are facilities affiliated with their respective universities. These fall under the Ministry of Education, and are central providers of advanced health services. These hospitals account for 15,372 beds some 14% of the total.

5.1.3 Private Sector, Missionaries and NGOs

(1) Private Hospitals

Each individual hospital is small in size, but the number has rapidly increased in recent years. According to a 1992 survey, there are 453 private hospitals nationwide, of which 39% are located in Cairo.

(2) Private Clinics and Individual Practitioners

Egypt's private health sector plays an important role in outpatient diagnosis and treatment, and is growing rapidly in scale.

(3) Red Crescent

This organization plays a vital role in fields such as blood banks and disaster relief activities. It maintains a network of 5 hospitals and 49 clinics throughout the country.

5.2 Logistics

The following four systems account for the manufacture and distribution of pharmaceuticals.

- 1 Public sector
About 60% of demand is met through production by seven state-owned factories.
- 2 Multinational sector
There are five multinational pharmaceutical companies. Of these, two are 100% foreign-owned, while the remaining three are partially owned by Egyptian capital.
- 3 Private sector
Fifteen private companies exist.
- 4 Scientific sector
There are about 250 scientific offices, although these do not participate directly in manufacturing and marketing.

5.3 Utilization of Health Services

5.3.1 Perspective of Community Residents

On average, each Egyptian receives outpatient treatment 4.5 times per year, and receives hospital treatment 0.03 times per year. However, there are large disparities by region, between urban and rural, by income and by sex. The frequency of insured health service usage increases with income, even for hospitalizations.

5.3.2 Access to Public and Private Health Facilities

There appears to be a bipolar trend, with most hospitalizations observed at state-owned health institutions, and most outpatient treatments observed at private institutions.

About 85% of hospitalizations take place at state-owned or public health institutions, with the private sector accounting for no more than 15%. This figure reflects the fact that 90% of available hospital beds are located in government and public hospitals.

When it comes to outpatient diagnosis and treatment, the majorities (60.7%) of cases are handled by private health institutions. If it is assumed that prevention and initial treatment are handled on an outpatient basis, it can be said that the private sector is mostly responsible.

5.4 Management Information System

5.4.1 National Census

A regular national census was started in 1882, and since 1897 has been conducted every 10 years as a rule, with 1986 marking the 11th national census.

5.4.2 Nationwide Surveys

Accompanying the spread in awareness of the importance of population programs, the demand for more detailed data with regard to contraception has increased, and since 1974 a series of nationwide population surveys have been conducted.

5.5 Health Insurance System

The Health Insurance Organization (HIO) is at the core of Egypt's health insurance system.

There is little private health insurance.

5.6 Emergency Medical System

Most general hospitals operate 24 hours a day. Operation of ambulances is the responsibility of each governorate. The Red Crescent of Egypt engages in emergency lifesaving during times of disaster and is working to establish a first aid system.

5.7 Research Institutions

Public research institutions include VASCERA, the Memorial Ophthalmology Institute, the Institute for Tropical Medicine, the Heart & Chest Surgery Institute, the Hearing and Speech Institute, the Poliomyelitis Institute, the Entomology Research Institute, the Nutrition Institute, the Diabetes Institute, the Middle Eastern Provincial Radioisotope Center for the Arab Countries, the National Organization for Drug Control and Research, the National Research Center and the Theodore Bilharz Research Institute.

In addition, university-affiliated research institutions include the Center for Medical and Biological Studies, the Higher Institute of Public Health and the Medical Research Institute.

6 Health Manpower

6.1 Statistics Concerning Various Health Personnel

6.1.1 Physicians and Nurses

In 1986/87, it was reported that there were 77,300 physicians, of which 60% were concentrated in Cairo. The ratio of physicians to nurses was about equal as of 1988. In recent years, the government has shifted its emphasis from training physicians to training nurses, and is making progress with a plan to double the number of university level nurses.

6.1.2 Ministry of Health and Population

The Ministry of Health and Population employs about half of the physicians in the country. Dentists are scarce, numbering only 1.3 per 10,000 people.

6.1.3 Others in the Public Sector

The HIO employs 3,193 full-time physicians, 183 dentists, 250 nurses and 808 pharmacists, and has 4,949 hospital beds. The CCO has a total of 4,846 hospital beds (as of 1992), with 1,629 physicians and 1,880 nurses.

6.2 Human Resource Development

Cairo University, Alexandria University and seven other universities have departments of medicine. Nurse training institutions are as follows:

- 1 High Institute of Nursing (university degree programs) HIN --- 6 schools
- 2 Technical Health Institute (two year degrees) --- 2 schools
- 3 Technical Secondary School for Nursing (high school juniors) --- 155 schools

Cairo University and five other universities have a High Institute of Nursing.

6.2.1 Graduate Training in Public Health

The major public health graduate training institutions include:

- 1 Public health higher training institutions, Alexandria University
- 2 Department of Medicine community health schools, and
- 3 Nursing schools

7 Environmental Health

7.1 Overview

Egypt's environmental problems can be generally classified as related to either environmental pollution or environmental degradation. Environmental pollution, which primarily occurs in cities, is created by direct discharge into the environment of harmful materials such as industrial waste water, smoke, waste abandonment, and leakage of petroleum products. Environmental degradation amounts to reducing the value of natural resources such as land, water and marine resources through the effect of a complex combination of factors caused by human activities, rather than direct human influence. Environmental degradation is a major problem for farm and fishing villages, whose business depends upon these natural resources.

7.1.1 Potable Water

Thanks to UNICEF, the percentage of the population that has access to safe drinking water has risen from a national average of 69% in 1990 to 78% in 1995. During the same period, the percentage in Upper Egypt doubled from 38% in 1990, to 76% in 1995. The goal for Upper Egypt for the year 2000 has been set at 80%.

7.1.2 Sanitation Facilities

According to UNICEF, the percentage of people who have access to proper sanitary facilities has risen from a national average of 12% (1990) to 31% (1995). However, this is due primarily to the influence of large urban areas such as Cairo and Alexandria, with the percentage in rural villages remaining around 6%. In Upper Egypt, the percentage rose from 3% in 1990, to 12% in 1995.

7.1.3 Housing and Living Conditions

In community groups, there are activities known as "Healthy City" activities, or the rural equivalent, "Healthy Village" activities, which aim to create healthy housing conditions in a broad sense. In Egypt, the Faiyum Governorate is a target region for healthy city projects assisted by WHO and UNDP.

8 International Cooperation in Health

8.1 Cooperation with Donors

8.1.1 International Organizations

(1) WHO

WHO, in cooperation with the Ministry of Health and Population, is putting effort into health system research, strengthening management of provincial health systems, strengthening referral management in rural regions, national human resource development, disease prevention and action programs, and EPI.

(2) UNICEF

UNICEF places emphasis on the following fields in Egypt:

Child Survival, environmental sanitation, human resources development in health, improving nutrition, empowerment of women, fighting infectious diseases and providing social services.

(3) United Nations Population Fund (UNFPA)

In areas related to family planning and reproductive health of women, activities that are being undertaken include the provision of contraceptives, evaluation of programs, and surveys of awareness and behavior of adolescent girls.

(4) United Nations Development Plan (UNDP)

UNDP is contributes to the improvement of management and the development of an information system for the Cabinet. This includes areas related to health.

8.1.2 Bilateral Assistance

(1) United States

The United States Agency for International Development (USAID) stands out among donor institutions in Egypt for the scope and content of its assistance in the health and population sector. In particular, USAID assistance dominates in the field of family planning. Representative projects, past and present, include Diarrhoeal Disease Control, Child Survival, Clinical Service Improvement (for contraception), Schistosomiasis Research, Cost Recovery and Data for Decision Making (DDM)".

(2) Canada

Among the activities of the Canadian International Development Agency (CIDA), in a narrow sense there are no health sector projects. However, in related fields there are indirect programs such as Girls Education, and Adolescence and Sex Differentiation.

(3) Finland

The assistance of the Finnish International Development Agency (FINNIDA) to Egypt is primarily in the water supply, environmental sanitation and agricultural sectors, and there is a PHC project being undertaken in the Governorate of Bani Suwayf.

(4) Germany

The technical cooperation arm of Germany, GTZ, focuses on agriculture, technical and vocational training, and improvement of urban living conditions. Since 1996, nutrition training for nurses has been included as part of vocational training.

(5) United Kingdom

Health and medicine are not included in the priority areas of cooperation between the UK's Overseas Development Administration (ODA) and Egypt. However, the British Council conducts activities such as personnel exchange between departments of medicines at universities in the two countries, health services provision for the military, and information exchange.

8.1.3 Non-Governmental Organizations

The major NGO are the following, although NGOs of DAC countries are also active.

The Egyptian Family Planning Association (EFPA), the Egyptian Junior Medical Doctors Association (EJMDA), the Coptic Evangelical Organization for Social Services (CEOSS), and the Bishopric Ecumenical Service (BPSS).

8.2 Cooperation by Japan

The total assistance provided by Japan through 1993 amounts to 655.1 billion yen in loan assistance, 73.3 billion yen in free grant aid and 26.4 billion yen in technical assistance, making Egypt the number one recipient of Japanese assistance in every category.

Technical cooperation projects undertaken in recent years include 146 persons trained in Japan, and 30 individual experts dispatched to Egypt in fiscal 1994. Project-type technical cooperation includes the Cairo University Children's Hospital (phase II), and the Cairo University High Institute of Nursing. In the field of family planning, spermicides have been supplied as contraceptives.

JICA

