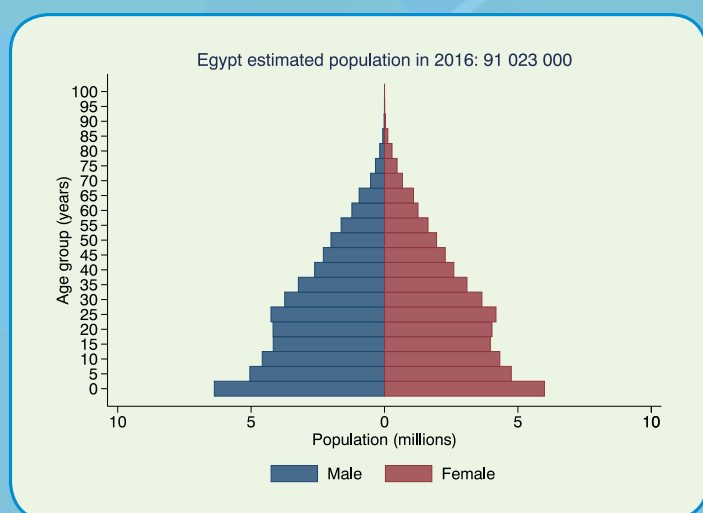




Universal health coverage

Primary health care facilities per 10 000 population (2015)	0.6
Hospital beds per 10 000 population (2015)	14.3
Modern contraceptive prevalence rate (2015)	58
Antenatal care visits (4+ visits) (2014)	82.8
Measles immunization coverage among 1-year olds (%) (2016)	93
Tuberculosis treatment success rate of new bacteriologically confirmed cases (%) (2015)	85
DTP3-containing vaccine / Pentavalent coverage among 1-year olds (%) (2016)	94
General government expenditure on health as % of GDP (2014)	2.2
General government expenditure on health as % of total government expenditure (2014)	5.6

Estimated population in 2016



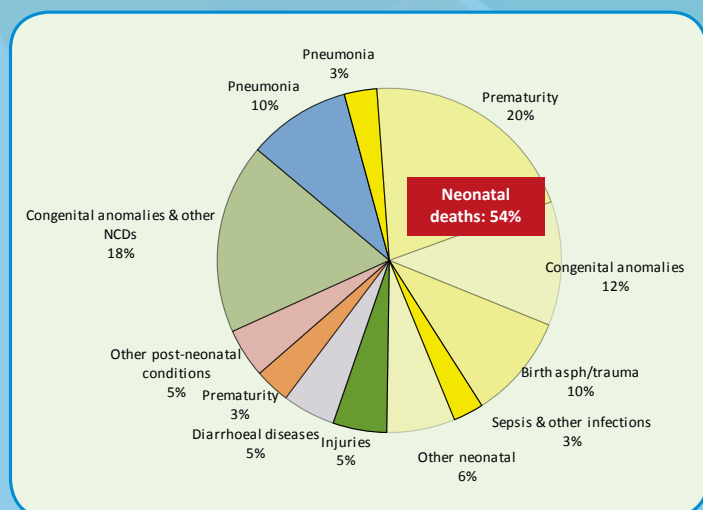
Selected determinants of health

Population living in urban areas (%) (2016)	43
Annual GDP growth (%) (2016)	4.3
Number of refugees ^a (2016)	213 500
Number of internally displaced persons ^b (2016)	0

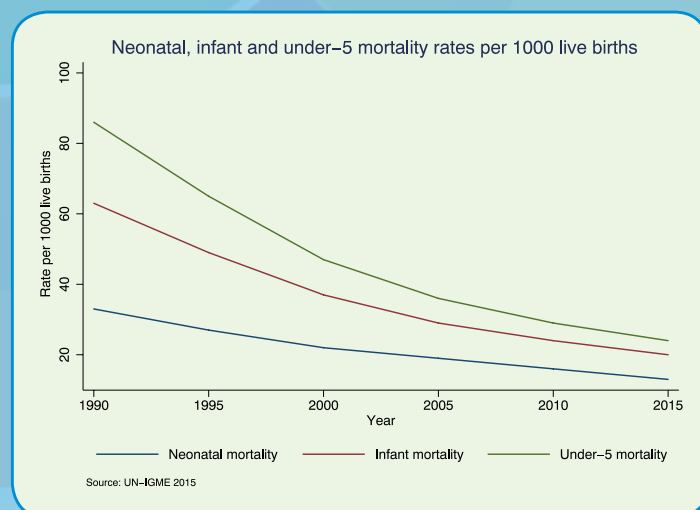
^a Including persons forcibly displaced from their country of origin due to persecution, war, or violence, as recognized and reported by UNHCR.

^b Including persons forcibly displaced due to conflict, remaining in their own country, as recognized and reported by UNHCR.

Distribution of causes of death among children aged <5 years (%)



Neonatal, infant and under-5 mortality rates per 1000 live births



Selected SDGs health-related indicators*

1 NO POVERTY

Population below the international poverty line (2014) % 26.4

Proportion of employed population below the international poverty line (ILO estimate, 2016)

Male %	8.7
Female %	9.3

2 ZERO HUNGER

Children under 5 who are (2014)

stunted	%	22.3
wasted	%	9.5
overweight	%	15.7

4 QUALITY EDUCATION

Literacy rate (15-24 years)

Total % (2015)	93
Male % (2011)	78
Female % (2011)	65

Net primary school enrolment ratio per 100 school-age children (2015)

Total ratio	54
Male ratio	52
Female ratio	49

5 GENDER EQUALITY

Demand for family planning satisfied with modern methods (UN Population Division estimate, 2015) % 82.9

6 CLEAN WATER AND SANITATION

Access to improved drinking water (World Health Statistics, 2015) % 99

Access to improved sanitation facilities (World Health Statistics, 2015) % 95

8 DECENT WORK AND ECONOMIC GROWTH

Unemployment rate (15+ years) (ILO estimate, 2015)

Total %	12.8
Male %	9.4
Female %	24.2

11 SUSTAINABLE CITIES AND COMMUNITIES

Concentrations of fine particulate matter (PM2.5) (WHO/CEHA, 2014)

Total	92.8
Urban	100.6

16 PEACE, JUSTICE AND STRONG INSTITUTIONS

Estimated direct deaths from major conflicts (per 100 000 population) (WHO Global Health Observatory, 2011-2015) 0.4

*Because of the scarcity of data, the above presentation is limited. Where available, information is obtained from the Regional Core Indicators Programme

Key health indicators

Indicator	Male	Female	Total
Life expectancy at birth in years (2015)	68.8	74.0	73.2
Maternal mortality ratio (deaths per 100 000 live births) (UN-MMEIG 2015 estimate)	—	—	33
Neonatal mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	...	...	13
Infant mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	...	...	20
Under-five mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	...	...	24
Tobacco use among persons 15+ years (%) (2015)	44.2	0.2	22.2
Overweight (18+ years) (%) (2014)	...	...	62.0
Obesity (18+ years) (%) (2014)	...	...	28.9
Raised blood pressure among persons 18+ years (%) (2014)	...	...	23.5
Raised blood glucose among persons 18+ years (%) (2014)	...	...	18.9
Raised cholesterol among persons 18+ years	...	...	...
Mortality between ages 30 and 70 from cardiovascular disease, cancer, diabetes, chronic respiratory disease per 10 000 (2015)	...	...	24
Cancer incidence per 100 000 (2012)	...	...	152

Universal health coverage (UHC) means provision of quality services to everybody without discrimination of any kind and without exposing people to financial hardship. UHC is one of the targets of Sustainable Development Goal 3, and attaining UHC will also contribute directly or indirectly to achieving the other SDGs. Achieving UHC means ensuring healthy lives and promoting well-being for all at all ages with explicit affirmative action for vulnerable populations including refugees and migrants. Thus, disaggregated data will be necessary to assess and address inequities in health. UHC requires inter-sectoral action. All countries can and must advance towards UHC by year 2030, if not earlier.

3 GOOD HEALTH AND WELL-BEING



ENSURE HEALTHY LIVES
AND PROMOTE WELL-BEING
FOR ALL AT ALL AGES

Voluntary National Review

Completed in 2016: <https://sustainabledevelopment.un.org/content/documents/10443egypt.pdf>

National Focal Point for 2030 Agenda

Minister Sahar Nasr, Ministry of International Cooperation

National Focal Point in Ministry of Health for health-related SDGs

Dr Mervat Taha, Head of Department of Strategic Planning

1. How is Egypt incorporating the 2030 Agenda into its development policy and planning?

Egypt's Sustainable Development Strategy (SDS): Egypt's Vision 2030 has been aligned with the 2030 Agenda and the SDGs. The SDS 2030 development was led by the Ministry of Planning and Administrative Reform, and also included various UN agencies and international development partners. The document consists of ten pillars covering different dimensions of sustainable development.

The Sustainable Development Strategy 2030 is available here: http://www.mfa.gov.eg/SiteCollectionDocuments/SDS2030_English.pdf

2. How is Egypt incorporating SDG 3 targets in health policy, strategy, and planning?

In 2014, Egypt's Ministry of Health and Population (MoHP), in collaboration with the WHO Country Office, formulated a "White Paper" framing document for developing health policy and strategy. This document was the basis for establishing the health pillar in Egypt's SDS 2030. Deliberations during the process of developing the Health Pillar of SDS Egypt 2030 involved various stakeholders, and it has incorporated the SDGs and targets, particularly so SDG 3, with considerable emphasis on Universal Health Coverage. In the Health Pillar of the SDS 2030, some of the SDG 3 targets were included, with adaptation according to national context. Indicators used for monitoring progress toward achieving the SDS goals were derived from WHO core health indicators, SDG indicators and current indicators used in the existing Egyptian health system monitoring framework.

The Health Pillar Egypt's Vision 2030 is available here: <http://sdsegypt2030.com/wp-content/uploads/2016/10/7.-Health-Pillar.pdf>

3. Are there any major partnerships in Egypt for advancing the 2030 Agenda?

Egypt's SDS 2030, which is aligned with the 2030 Agenda was the result of a collaborative process, including support from the UNDP. As noted in the Voluntary National Review produced in 2016, Egypt is collaborating with the African Union Commission as well as various UN agencies to advance the 2030 Agenda. A national, inter-ministerial committee has been established to track the implementation of the SDGs, with line ministries supporting monitoring of related programmes and policies while closely coordinating with UN agencies who are providing their technical expertise, as well as with civil society organizations such as syndicates and academia.

4. Are there any major partnerships in Egypt for advancing the health-related SDGs?

The processes developing the White Paper, which later informed the Health Pillar of the SDS 2030, which in turn directs the country's efforts towards advancing the 2030 Agenda, was characterised by intense collaboration between the MoHP and the WHO Country Office, who formed a technical committee. Meetings, workshops and seminars with MoHP sectors and affiliated institutions, health sector representatives belonging to other ministries and organizations, non-health ministries and government bodies as well as representatives of civil society and private sector together with international organizations were also part of the process. The WHO Country Office has been strongly involved in the process of development of the Health Pillar in the SDS 2030 and in supporting harmonization of SDG into the plan. WHO country office has taken a proactive role through as the co-chair of the Health Development Partners Group (which includes formal and informal information sharing, coordination meetings and actions), and as an active member of UN monitoring and evaluation task force working on harmonization of SDS within the UN and national monitoring system.

5. Has Egypt reoriented its National Health Policies, Strategies, and Plans to incorporate Universal Health Coverage?

Universal Health Coverage (UHC) has been defined as a key objective both in the White Paper framing Egypt's health policy and strategy, in the vision statement of the SDS 2030 and as the second among three strategic objectives formulated in the SDS 2030. Thus, one of the key performance indicators of the SDS include "percent of population covered by formal social health insurance mechanism", together with indicators on out of pocket health expenditure as well as health expenditure per capita. The SDS 2030 and the Health Pillar has put great emphasis on extending coverage and ensuring quality of services while strengthening governance arrangements and other health system components.