

Egypt

ICPD + 5

by
**His Excellency
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Ladies and Gentlemen,

It is a great pleasure to be with you and to witness the great contributions carried out by our countries towards the implementation of the ICPD plan of action. Moving along this way, we have learned many lessons and gained a lot of experiences that made us more qualified to face the challenges of the twenty first century.

During the past five years that followed ICPD, Egypt continued to build upon its past successes in the field of Health and Population. Political support for family planning and reproductive health has continued to increase and is reflected in the moral and financial support given to population programs. President Mubarak is constantly reminding the people of the necessity of continuing concentration on population issues. Egypt's achievements in the field of population continued, stressing the importance of addressing issues within the wider framework of the ICPD plan of action and its paradigm shift from family planning to reproductive health. Moreover Egypt took the initiative to expand this shift to include care for women health from infancy to old age.

The Population Sector adopted new approaches which we found more appropriate to our community, emphasizing women's health, adolescent care, male involvement and gender equity. Egypt also found that the integration of population services and reproductive health within the primary health care activities makes it more accessible to and more affordable for the community.

The population issues are continuously discussed through policy dialogue and strategy formation at all levels, starting from decision makers to service providers, community leaders at the field level, including public sector, NGO's and private sector.

Egypt's Strategy for Population recognized that the present demographic trends are important factors aggravating the health and socio-economic situation, placing additional burdens on infrastructures and influencing the welfare of the population.

But we discovered that this was not the only factor influencing the situation. That is why our strategies are concentrating on the areas of health affecting the vulnerable groups: women, children and poor sectors of the community. Facing these challenges we designed and developed coordinated strategies which address the most important factors affecting the community welfare, taking into consideration the need for efficient and universal implementation of the strategy which includes a role for public sector,

NGO's, and private sector with strong participation from the community.

From the beginning, we discovered that there are many innovative channels Which can be used to implement the ICPD plan of action.

First: the importance of a wholistic approach to women's issues and concerns with health and development. Reproductive health issues and development can not be separated, because they affect and are affected by each other.

Second: that reaching the sector of the community which still has unmet needs required untraditional approaches ensuring accessibility and affordability of services, increased awareness and knowledge to help proper decision making and informed choice within families.

Third: in the case of adolescence, different organizations and stake -- holders in adolescent care are working together to ensure proper approaches, with cultural and social norms acceptable to the community.

Fourth: we discovered also that gender issues should be approached in a way that includes men and women. This entailed mobilization of decision makers and community leaders to examine carefully the issues that need to be addressed in order to change gender discrepancies between males and females and to allow women's empowerment and their participation in decision - making.

Taking into consideration this vision and attitudes, Egypt succeeded in drawing its own unique population strategies.

Women's Health

On the matter of increased accessibility of RH services Egypt embarked on expanding its service network by building 350 new women's health units in rural areas, and upgraded 1300 units bringing the total to 4200 units. To reach remote areas, MOHP provided 320 mobile clinics distributed throughout the country, and supported NGO clinics by supplying equipment to increase their participation in service provision. To complete the network Egypt initiated a Private Sector Program to train private sector providers to ensure the quality of services. MOHP also ensured the continuous supply of RH pharmaceuticals and contraceptives.

There are continuous improvements in maternal mortality especially in Upper Egypt, but in order to ensure the continuation of the trend of low maternal mortality we added delivery rooms to all new health facilities, with a good referral system to the district hospitals. MOHP also provided 60 mobile delivery ambulances either to complete delivery at home or to transfer cases to the hospitals and upgrade 30 Ob/gyn departments in maternity hospitals.

The most important intervention is the provision of antenatal care through the mobile clinics for the areas and pockets of high maternal mortality. Post-partum services are also provided. Post abortion care is provided with more stress on post-abortion counselling to prevent future abortion.

Manpower development is an integral part of Egypt's strategy to ensure quality of services through the Quality Improvement Program implemented since 3 years. It also helps career building manifested in the scheme of the family doctors, implemented at present in the country.

The new approach to RH and WH within the family doctor approach is important for integration & to ensure the universal coverage of RH within the basic benefit package.

IEC

In the area of increasing the knowledge & participation of the community in moments and RH issues Egypt mounted an intensive IEC campaigns. The campaign included mass media participation through TV and radio sport, discussion forums, and field exposure through national as well as regional channels.

There are 96 monthly hours on TV & radio covering population issues including adolescent and gender issues. In the field of interpersonal communication MOHP has a grassroots network of about 260 IEC field officers plus 22 A/V vans complete with a set of films for conducting in-clinic and community seminars and public meetings.

Women's clubs

As a result of our field experience, we found that it was possible to create a place within the health services facilities, available in most of the villages & the zones of urban areas, for women to sit together helped by a population educator and women community leaders to identify their needs in the area of health and development. GOE established Women Clubs within the units and formed "unit friendly groups" within the community. It also established a literacy program, competency- based training courses for women and adolescent girls, and micro-credit projects for families. At the same time, Women Clubs provide health education, family life education pre-marital counselling and education, to eradicate FGM. NGOs are partners with MOHP in implementing these activities on the local and national level. At the same time MOHP is supporting NGOs to build their capacity to implement education campaigns.

Researches and Management Information System

The success in drawing the strategy in the area of population and the improvement of health, RH mortality & morbidity is attributed to the continuous support of researches and the recognition of their recommendations. MIS and GIS are playing an important role in discovering the areas & places which need more effort to overcome their problems. That is why MOHP has a nation-wide MIS network supported by an advanced computer system and trained personnel. We still need better validation of the data.

Internal Migration

In the area of population and geographic redistribution Egypt built 13 new satellite cities, and is embarking on development of 3 major land reclamation projects in Sinai and Toshka in Upper Egypt. The new satellites provide job opportunities and settlements away from the Nile valley. To limit urbanization and internal migration a comprehensive plan for developing the rural areas in Upper & Lower Egypt is underway. Achievements in this area led to lowering of internal migration.

Thanks, to the efforts of Her Excellency Mrs. Mubarak in embracing women issues eminent achievements took place. These included examining legislation regarding familial relations empowerment of women, a literacy program as well as the RH program because of her awareness of the importance of overcoming all the problems & obstacles. This will ensure the prosperity of the country by the implementation of the ICPD plan of action in a way suited to our community, culture and beliefs.

Challenges Ahead

In spite of the great strides taken by the country to achieve the ICPD recommendations we are still in need of more effort in community mobilization & in linking health issues with the population status.

- Public awareness to eliminate FGM

- Reduce illiteracy rate among women
- Cultural changes to encourage men to be more involved in family life and increase women's participation in community life.
- Continuous reduction of MMR to 50/100,000 women
- Universal coverage for women regarding antenatal care
- Nutrition support for girl child and pregnant women to eliminate common nutritional diseases such as anemia.

Our strategy to address the Challenges Facing the Country

- Developing a comprehensive plan based upon a systematic and scientific analysis of the current situation
- Redefining the role of government
- Developing an integrated, family oriented reform strategy for primary care.

Future Activities and Programs

MOHP hopes to face these future challenges through implementing five programs:

1. The Family Doctor: A group of physicians are currently being trained on the concepts of family medicine. This is based on the MOHP's belief that the best way of communicating with individuals within the family is through a wholistic approach. This is made possible by creating a medical file that contains all the information about the family and its medical history. All factors that affect the health of each member of the family will be taken in consideration when medical services are delivered.

2. Health insurance: Through the health insurance scheme MOHP can provide health care which is not dependent on the financial ability of the client and will apply the principle of social justice and the right of each citizen to receive health care easily. The scheme will enable the development of the medical care facilities and the addition of new methods of treatment. MOHP has succeeded in providing this improved medical service to about 15.8 million students and it is working to increase the number covered under the comprehensive umbrella of health insurance.

3. Information system for all villages: Realizing the need for regional population information, household data will be collected to form a demographic database. Also, files will be created for each family containing information about health, plus social and educational conditions of the family members. The analysis of these data will help to describe the current situation of the regions so that suitable population plans and targets can be designed according to the actual needs.

4. Trained medical team. The medical team is regarded as the direct link with the people. Awareness is created through the community doctor, nurse and social worker. This team should be motivated and should work under favorable conditions including financial incentives that are associated with achieving the goals and set objectives.

5. Women health project: MOHP considers this program as being very successful and plans to continue working on this program and considers financing it as a top priority. Through the women health project MOHP established more than 500 women clubs whose aim is the social, educational as well as economic

development of women.