



UNITED NATIONS

**Reporting on the Millennium Development Goals
at the Country Level**

EGYPT

Prepared by the Public Administration Research
& Consultation Center (PARC)

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FOREWORD

At the United Nations Millennium Summit in September 2000, a large number of Heads of States and Government adopted the Millennium Declaration that set common numerical and time-bound goals in key development areas. The Millennium Development Goals (MDGs) are about halving extreme poverty and hunger by 2015; achieving universal primary education for both girls and boys; reducing under-five mortality and maternal mortality by two-thirds and three-quarters, respectively; reversing the spread of HIV/AIDS and malaria; ensuring environmental sustainability; and developing a global partnership for development.

The international community is joining forces together like never before to fight global poverty. The International Conference on Financing for Development, which took place in March 2002 in Monterrey, addressed a critical prerequisite for achieving MDGs, i.e. identifying adequate international and national resources with the appropriate macro-economic policies to bring about fairer and more equitable development. However, if a global resources strategy is surely needed to meet MDGs, a new effort is clearly required to develop a country-by-country approach in monitoring progress to date, quantifying the costs and the capacity that is necessary to absorb and utilize funds effectively. It is in this context that the United Nations, through the UN Development Group, is now helping countries to develop such strategies by producing MDG progress reports.

Egypt has been an active participant in all international conferences and has ratified almost all international conventions. The Government hosted the International Conference for Population and Development (ICPD), in Cairo, 1994, while the President of the Republic recently reaffirmed Egypt's commitment to address vigorously its development priorities, such as eradicating illiteracy in the framework of the EFA (Education for All), curbing overpopulation, involving youth and supporting women's role in society. The present paper reveals that the Government made significant progress towards achieving the MDGs, and is potentially on track on all of them. However, progress to date has been somewhat uneven, fast and sustained in some MDGs (child and maternal mortality, curbing malaria and other diseases) while a bit slower in others (poverty reduction, education, gender empowerment, and the environment).

With approximately 40% of Egypt's population belonging to the young age cohorts, providing universal education and full employment becomes a difficult task. The required number of school buildings until the year 2002 has been estimated at 19,947, of which 7,500 were built during the period 1992-1997 at a cost of L.E. 6.8 billion. Equipping schools with the proper educational tools, modernizing institutions and curricula, as well as having the right calibre of teachers in sufficient quantities, are other issues of scale. The cost of eradicating illiteracy, due to its high prevalence in Egypt, especially among women, has been estimated at L.E. 600 million per year (i.e. L.E. 3 billion over the next five years), to reach 4 million illiterates per year i.e. 20 million in five years.

Furthermore, reducing unemployment — a major cause of poverty — does not only require keeping jobs and social security for those employed, but also creating more than 600,000 new jobs per year for new entrants in the labour force over the next several years. On the other hand, global events that marked the beginning of the twenty-first century have not been merciful with regards to sustaining the level of economic growth that is necessary to create employment. This is especially true if related to the structural adjustment and economic reform towards a market economy, underway in Egypt since the early 1990s. The blow given to Egypt's tourism industry in the aftermath of 11th September 2001 is a case in point, as tourism counts as

one of the main sources of national income together with remittances from Egyptians working abroad, revenues from the Suez Canal, and oil.

The few illustrative cases given above are meant to put in perspective the tasks ahead and the costs involved in reaching the millennium goals, given the size of the population, the legacy of problems the country is to solve, the impact of structural adjustment programs and external factors. This baseline report does not embark in a detailed analysis of the costs involved in achieving the MDGs. In future reports, the UN Country Team will attempt to design a more sophisticated methodology for tracking progress, reflecting on the financial implications of implementing the Millennium Agenda, and presenting a more accurate system of projections. Successive reports will ensure that monitoring will take place combining globally accepted targets and indicators with more country specific ones.

By providing a baseline picture of the country *vis-a-vis* the MDGs, the present report can be used as a complementary tool to facilitate policy dialogue among a variety of stakeholders, and be particularly helpful in supporting the national development planning process, by highlighting the interrelation of development policies and serving as a benchmarking instrument for locally established development targets.

The paper was produced in parallel with the finalization of the UN Development Assistance Framework UNDAF (2002 — 2006), and thanks to the efforts of the Public Administration Research and Consultation Center (PARC) of Cairo University. The Central Agency for Statistics and Public Mobilization (CAPMAS) was fully involved in this exercise. CAPMAS is the source of all data provided in the report unless stated otherwise. For each MDG the paper addresses the following issues: (1) Status and trends; (2) Main challenges for achieving the goal; (3) Supportive environment; (4) Priorities for development assistance; and, (5) Monitoring and evaluation.

MDGs Status at a Glance

Goals/Targets	Will the Goal/Target Be Met				State of Supportive Environment			
	Probably	Potentially	Unlikely	Lack of Data	Strong	Fair	Weak but improving	Weak
Eradicate Extreme Poverty & Hunger Halve the proportion of people living in extreme poverty and those suffering from hunger by 2015		●				●		
Achieve Universal Primary Education Ensure that by 2015, children, boys & girls alike, will be able to complete a full course of primary schooling		●			●			
Promote Gender Equality & Empower Women Eliminate gender disparities in primary and second education, preferably by 2005, and all levels of education no later than 2015		●				●		
Reduce Child Mortality Reduce under-five mortality by two-thirds by 2015	●				●			
Improve Maternal Health Reduce by 3/4, between 1990 and 2015, the maternal mortality ratio	●				●			
Combat HIV/AIDS Halt by 2015, and begin to reverse the spread of HIV/AIDS by 2015				●			●	
Combat Malaria & Other Diseases Halt by 2015, and begin to reverse the incidence of Malaria and other diseases	●				●			
Ensure Environmental Sustainability Reverse loss of environmental resources by 2015		●				●		

Monitoring & Evaluation Capacity

Goal	Existing Capacity For :														
	Data gathering Capacity			Quality of Survey Info.			Statistical Tracking			Statistical info. Policy			Monitoring & Evaluating		
	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak
Reduce Extreme Poverty/ Hunger	●				●			●			●			●	
Enhance Education	●				●		●				●				●
Promote Gender Equality		●			●				●		●				●
Reduce Child Mortality	●			●			●			●			●		
Improve Reproductive Health	●				●		●			●				●	
Combat HIV/AIDS			●			●			●			●			●
Combat Malaria & Other Diseases	●			●			●			●			●		
Ensure Environmental Sustainability		●				●			●			●			●

EGYPT'S PROFILE



Geopolitical Profile :

Strategically located in the north-eastern corner of Africa and western Asia, Egypt has a total area of about 1 million square kilometres. Its land frontiers border Libya in the west, Sudan in the south, and Gaza strip and Israel in the Northeast. Its coastline is about 2,950 kms: 1,000 kms on the Mediterranean and 1,950 kms on the Red Sea and the Gulf of Aqaba.

The River Nile is Egypt's major source of water. It takes most of its waters from the Blue Nile which rises in the Ethiopian Highlands and unites in Sudan with the White Nile before flowing down to Cairo through the narrow Nile valley for about 1,200 kms. It then divides into Rosetta and Damietta branches into the Mediterranean, forming Egypt's fertile Delta with a maximum width of 250 kilometres.

As the Nile is Egypt's source of life, the importance of Egypt's geo-political relations with the other eight riparian countries of the Nile, cannot be ignored. As part of its water security strategy, Egypt has built the High Dam at Aswan which, despite its side effects, has proven to be vital for the country.

Over the past decade Egypt has gained increased recognition in the Arab community both as a leading member of the League of the Arab States and as a key mediator in the Middle East peace process.

Egypt's total arable and inhabitable area rose from 4% to 6% after land reclamation. The majority of its population of about 65 million inhabitants, mostly agrarian, still concentrate in the narrow Nile Valley and the Delta. The high population density put a heavy burden on Egypt's infrastructure and services, and caused massive migration to Cairo and Alexandria, with consequent urban overcrowding.

This explains why Egypt has "turned to its deserts" for expansion, despite the heavy costs involved and the impact on its limited water resources. The most recent of such projects is the "Toshka" mega initiative aiming at the reclamation of 420,000 hectares in Southern Egypt, by diverting Nile waters from the

Toshka overflow basin through a 360-kms long canal into the desert, with the ultimate goal of agriculture expansion, job creation and housing.

Political System :

The Constitution of the Arab Republic of Egypt, adopted in 1971 and amended in 1980, established a democratic system and outlined the role of the public authorities. The Executive power is vested in the Head of State, the President of the Republic, who is nominated by a two-thirds majority of the People's Assembly, then elected by popular referendum for a six-year term. The President may be re-elected for other subsequent terms. The President formulates and supervises the implementation of general state policy. He also acts as Supreme Commander of the Armed Forces. The current Head of State is Mohamed Hosny Mubarak, who has been re-elected for a fourth six-year term in October 1999.

The Government is the supreme executive and administrative body of the State. It consists of the Council of Ministers, headed by the Prime Minister, who supervises the work of the government. The Parliament may withdraw confidence from the Cabinet or any Cabinet member. The People's Assembly is the legislative branch of the State. It approves the general policy of the cabinet, new laws, the budget and the development plan. According to the Constitution, the People's Assembly is composed of 444 directly elected members and 10 members appointed by the President, who serve for a term of five years. The Shura Council is Egypt's consultative body, provides advice and consultation, and proposes new laws and regulations to the People's Assembly.

The Judiciary authority is exercised through four categories of courts of justice: the Supreme Constitutional Court, which is the highest judicial body, the Court of Cassation, the seven Courts of Appeal in the various governorates, and the Summary Tribunals in the districts.

The political system is based on a multi-party system. Law 40 of 1977 regulates the establishment of political parties in Egypt, banning the formation of religious-based political parties. There are currently 14 active political parties representing various stands across the political spectrum. The National Democratic Party currently holds the majority of seats in the People's Assembly.

Administratively, Egypt is divided into 26 governorates, each headed by a Governor who is appointed by the President. Within their districts, local government units establish and manage all public utilities, provide services, and designate industrial areas.

Local popular councils are elected bodies that work closely with local government administrative units at various levels.

Socio-Economic Status :

Egypt economy mainly relies on four sources of income: tourism, remittances from Egyptians working abroad, revenues from the Suez Canal and oil.

World Bank data suggest that almost 50% of Egypt's GDP in 2000 has been generated by the service sector. The 11th September attacks severely affected the tourist industry, the government's biggest revenue earner and employer of 2.2 million Egyptians.

According to official sources, Egypt's real economic growth went down from approximately 5% - which prevailed for two decades - to 2.9% then to 2.1% per annum. However, with inflation rates going down to 4% from a level of 21.9%, family consumption grew at 4.5% per annum.

The results of Egypt's shift from a state-controlled economy to a free market economy through a major economic reform and structural adjustment program launched in the early 1990s, are mixed. Stabilization programs have been successful, and a series of IMF stand-by agreements along with massive external debt relief helped Egypt improve its macroeconomic performance during the 1990s. The fiscal balance, foreign reserves, and external debt have improved compared to the late 1980s.

By mid-1998, however, the pace of structural reform slackened, and lower combined hard currency earnings resulted in pressure on the Egyptian pound and its devaluation against the US dollar (in May 2002, 1USD=4.60 LE). The impact of such devaluation on the purchasing power of the ordinary Egyptian is yet to be measured.

The oversized bureaucracy has been downsized through the civil sector reform and a privatization program has been pursued without fully producing the expected results.

This partly explains the relatively high rate of unemployment despite national efforts at job creation: the size of the private sector could not absorb the young entrants into the labor force. These were previously offered secured jobs — albeit at low salaries - through the Government guaranteed employment scheme that used to exist under the earlier welfare regime.

A Social Fund for Development (SFD) was established at the beginning of 90s with support from the Bretton Woods Institutions and other donors with the primary task of mitigating the initial adverse effects of structural adjustment. The SFD has become a permanent organization and is particularly active in job creation through small scale and micro enterprises.

However, reaching the ultra poor has proved to be more difficult than anticipated because of limited access to resources by this category and other vulnerable groups, such as poor women not possessing identity cards, for example. Better targeting mechanisms are established to allow the very poor and marginalized to access resources and credits.

The gender gap in enjoying social and economic assets is still significant in the country. Although women are granted full constitutional rights on an equal basis with men, they still have difficulties in participating in the economic life, accessing education and health services, while their active participation in politics is almost insignificant.

The Challenges :

Egypt's major challenges remain the size of its population despite a decrease in its growth rates. The young generation cohorts hover at around 40% of the population, reflecting a high dependency ratio. Population dynamics still put a heavy pressure on the country's ability to achieve sustainable development.

Egypt's second most important challenge is education. With illiteracy levels still prevailing at the staggering rate of 45% of its adult population, Egypt's rank in the UNDP Human Development Index (2002) is 115 out of 173 countries. Women are particularly hit by this problem (60% of adult females are illiterate vs. 36% of adult males). While education in Egypt is free, the system requires a major reform as schooling facilities and quality do not match the population growth and the requirements of a globalized world. Egypt has therefore embarked on a major national initiative to reform its education system. School enrolment has greatly improved. The Government is now working on reducing drop out rates and improving girls' education, in cooperation with the National Council for Motherhood and Childhood (NCCM).

The government is also putting a lot of emphasis on overcoming unemployment. Official estimates place unemployment at about 8.4% in 2000/2001 down from 9.2% in 1991/1992. However, to control unemployment, Egypt will need to achieve a sustained real GDP growth rate of at least 6 percent annual. The economy has to generate between 600,000 and 800,000 new jobs each year in order to absorb new entrants into the labor force. Between 1990 and 1997, however, only about 370,000 new jobs were created each year. The size of the informal sector and the level of over-employment in the public sector add to the complexity of the problem.

Unemployment rates remain high despite several initiatives to curb it, partly because of the slow growth of the private sector, and partly because of the global conditions that hit two of Egypt's four major sources of income: tourism and Egyptian remittances.

The national authorities are also determined to combat poverty which, according to different sources of information remains high. Recent estimates from the World Bank show that 23% of the population live below the national poverty line with more than 12% of children under the age of 5 suffering from malnutrition.

A health reform program is also underway. Statistics suggest that all immunization efforts are financed by the government and over 93% of all 1-year-old children are fully immunized against BCG, DPT3, Polio, and Measles. Maternal mortality rates declined by 52% from 174 deaths per 100,000 live births in 1992/93 to 84 deaths in 2000. Another alarming epidemic in Egypt is the Hepatitis C virus. WHO figures suggest that 15-20% of all Egyptians exhibited prevalence of antibody to HCV. Sadly, this high rate of Hepatitis C infection is attributed to blood-borne pathogens transmitted through Egypt's mass-treatment parenteral antischistosomal campaign. However, the government is gradually replacing parenteral therapy with oral antischistosomal drugs.

Attitudinal barriers and constraining traditions which give preference to males in employment, education and recreational benefits, also hinder the advancement of women, many of which lack awareness of their civic and legal rights. The creation of the National Council for Women (NCW) in 2000, with the highest political level of support, is a major commitment to change.

The country has made important progress in consol-

idating its democratic institutions, and the course of the 2000 general elections stands as an additional evidence of this process. However, the persistence of emergency legislation over the past twenty years is regarded by several observers as not conducive to further enhancing civic and political participation.

Egypt's National Development Plan 2002-2007 Main Objectives

- Improving quality of life and standard of living
- Increasing employment opportunities and reducing unemployment
- Reducing poverty incidence and provision of social security for the poor families
- Increasing rates of economic growth
- Increasing female participation in development
- Improving its human resources
- Preserving the environment

Egypt's Priorities for Official Development Assistance (ODA)

- Reducing the annual population growth rate
- Creating jobs through modernizing and expanding the small business sector
- Supporting young graduates' self-employment, through the establishment of small and micro enterprises
- Modernizing 500 vocational training centers
- Supporting poverty alleviation through the national program for the protection of environment

KEY DEVELOPMENT INDICATORS		1990	2000	2015
Population Size (in thousands)		51,900	63,771	83,501
		1999 — 2000		2000-2015
Population Growth Rate	Total	2.06%		1.80%
	Male	2.04%		1.76%
	Female	2.08%		1.83%
Population below poverty line (%)	Total	25%	20%	13%
	Rural	29%	21%	9%
GNP/per capita (US Dollars)		\$639	\$1390	\$2517
Human Development Index		0,501	0,642	
Ratio of girls to boys in primary education		81%	85%	99%
	Male	62 years	67 years	72 years
	Female	66 years	71 years	77 years
Infant mortality rate / 1,000 live births		68	44	8
Under 5 mortality rate /1,000 live births		85	54	17
Proportion of children (<5) underweight		10%	4%	0%
Population with access to safe water		73%	87%	100%

Source : Central Agency for Public Mobilization and Statistics (CAPMAS)

ERADICATE EXTREME POVERTY & HUNGER

Target: Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 per day

Indicators : Proportion of population below \$1 per day

Poverty gap ration

Share of poorest quintile in national consumption

Target: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

Indicators : Prevalence of underweight children (under 5 years of age)

Proportion of population below minimum level of dietary energy consumption

1- Eradicate Extreme Poverty & Hunger —

Status of Progress :

Poverty was the central theme of Egypt Human Development Report (EHDR) 1996. The report used three poverty lines to measure poverty: (1) A "Food Poverty Line" is used as a proxy for the less than \$1 per day; (2) A "Lower Poverty Line" to estimate the number of people unable to afford the cost of essential food and other basic needs requirements, such as education; (3) An "Upper Poverty Line" to reflect actual consumption expenditures of the poor, that are not limited to essential needs*.

Based on such approach, poverty in the Egyptian context may not be classified as abject or extreme in the universal sense. Using the methodology of EHDR 1996, if the ultra poor are officially estimated at 7% of the population, those under the "lower poverty line" are estimated at 20% in 2000 down from 25% in 1990/91. Figures are expected to further decline to 13% in 2015 (i.e. approximately 10 million people, keeping into account population growth).

These figures represent the aggregate incidence of poverty at the national level. However, such estimation masks a much more complex picture that is only revealed when the data on poverty are further disaggregated to reflect its incidence geographically and by gender. In this estimation "the lower poverty line" is used.

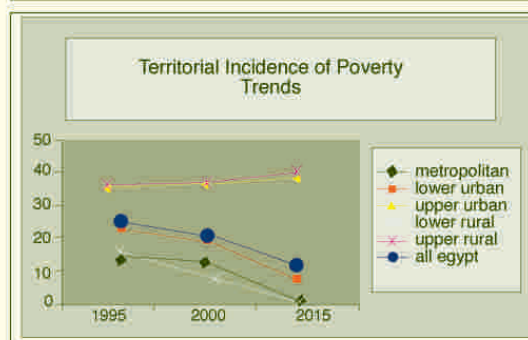
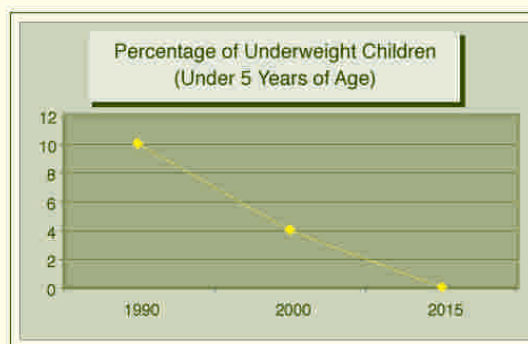
Status at a Glance

Will target be reached by 2015?

Probably **Potentially Unlikely Insufficient Data**

State of supportive environment

Strong **Fair** Weak but improving **Weak**



Source : Central Agency for Public Mobilization & Statistics (CAPMAS)

The first disparity between urban and rural Egypt is revealed as follows:

	1990/91	2000	2015
Total Urban	20%	18%	15%
Tota Rural	29%	21%	9%

Despite marked decrease of poverty in rural vs. urban Egypt, patterns of housing in Egyptian villages reflect a poverty status as the bulk of rural households live in traditional adobe village housing that lack running water and modern toilets, besides being overcrowded due to large size of the family.

The second disparity is between metropolitan areas and other urban areas, and between urban areas in Lower Egypt and urban areas in Upper Egypt:

	1995/96	2000	2015
Metropolitan	16%	9%	0%
Lower Egypt Urban	22%	18%	6%
Upper Egypt Urban	35%	36%	39%

*See Annex I. The information presented in the tables is taken from Poverty, Employment and Policy making in Egypt ILO, October 2001.

The third disparity appears between rural areas in Lower Egypt and rural areas in Upper Egypt as estimates reveal the following:

	1995/96	2000	2015
Rural Lower Egypt	15%	11%	0%
Rural Upper Egypt	34%	35%	38%

A fourth form of discrepancy is revealed when the incidence is further disaggregated by gender. "Feminization of poverty" is especially estimated to affect women-headed households (20% of total households).

The increase of overall per capita GNP from \$639 in 1990/91 to \$1390 in 1999, also masks a serious distribution gap and inequalities as 40% of the poor receive only 22% of the income.

Even with an overall decrease in the incidence of poverty, the situation in Egypt reflects uneven development, serious rural-urban dichotomies as well as the problems faced by Upper Egypt in both rural and urban areas. Current interventions target a more balanced development, with substantive re-allocation of resources to previously underserved communities and areas.

In addition to a long legacy of neglect of rural areas and of Upper Egypt, there are several reasons which can explain the high incidence of poverty. A major reason can be attributed to the prevailing high unemployment rates compounded by the fact that more than 40% of the population is young requiring jobs to meet the needs of more than 600,000 graduates per year. The challenge is greater when considering that the guaranteed employment scheme that was functioning in Egypt prior to the Economic Reform and Structural Program (ERSAP) of the early 90s, has been discontinued. The private sector, expected to generate the bulk of new jobs, has not picked up momentum yet. The negative effects of structural adjustment can henceforth be considered as having lasted twice as long as the initial five-year period estimated by the Bretton Woods Institutions. Naturally the overall external factors which have affected tourism, one of the major sources of income for Egypt, have constrained economic growth, a major criterion in combating poverty.

Commensurate with a relative low incidence of poverty below the "Food Poverty Line", reflecting the conditions of the ultra poor, hunger in Egypt is not a serious phenomenon. This is reflected in the estimates of nutrition.

According to the Common Country Assessment of the United Nations, Egypt experienced progress toward achieving the year 2000 nutrition goals of the World Summit for Children. It has ensured a

high degree of food security at the household level by paying for food subsidy programs that have reached the large majority of population. Per capita caloric intake has increased from 3,700 in 1990 to 4,258 in 2000. Proportion of underweight children fell from 10% in 1990 to 4% in 2000. Nevertheless, Egypt still depends on importing large amounts of food to feed its population and relatively high levels of malnutrition still exist among particular population groups in some areas of the country.

In addition to the national efforts and the participation of international organizations in this area, the prevailing culture in Egypt supports feeding the poor through the "zakat", which acquires particular significance during the holy month of Ramadan. The impact of such embedded precepts cannot be under-estimated when analysing why the incidence of poverty — which is high - does not necessarily reflect hunger.

Poverty Gaps

	1995/96	2000	2015
Total Egypt	4.4%	3.8%	2.9%
Urban	4.3%	3.9%	3.3%
Rural	4.5%	3.7%	2.5%

Sources: Egypt Human Development Report 1996 and Poverty, Employment and Policy-Making in Egypt- A country Profile. (Nagla El-Ehwany & Heba El-laithy for the ILO)

2. Major Challenges:

Policy makers began to regard poverty alleviation as a major priority on the national agenda, and because of that the prospects to reach the millennium targets are high, provided that the following challenges are faced:

- Faltering rates of growth must be addressed in order to combat increasing unemployment (a minimum growth rate of 6% is required). Tourism and other engines of growth must pick up momentum.
- Improving the education system, a major engine for providing productive labor force.
- Sustain a more even spatial development despite difficulties in prioritization
- The social security umbrella is extended to cover the underserved (including medical schemes)
- Imperfect targeting which channelled most of the transfers to the non-poor is minimized.
- Micro-credit schemes are reviewed to ensure their effectiveness.
- The gender gap is substantially reduced.
- A more equitable food subsidy program that considers urban/rural and regional disparities is needed. Households must also receive balanced diets, while iron and other nutritional deficiencies are to be resolved.
- Partnerships between governmental authorities and NGOs are enhanced.
- The donor community continues to place the issue of poverty high on their agenda of assistance.

3. Supportive Environment :

Egypt's ultimate goal in the planning cycle 2002-2007 is to improve people's material well being and living conditions, through productive initiatives. In other words, Egypt has gone beyond mere growth to pro-poor growth as the overriding theme of its national agenda. The government's major concern is to ensure equity in the distribution of gains and pains associated with macro-economic change. The government has recently embraced a "Pro-Poor Strategy".

Along such lines, multiple strategies to spur economic growth in Egypt are developed, that include promoting the wide range of small and medium size enterprises and offering micro-credit to the ultra-poor, in addition to better targeted direct transfer. Applying the theory of redistribution with growth has not only necessitated addressing poverty, but also called for poverty-oriented research and policy formulation which target the asset-poor.

A major feature of Egypt's strategy is to foster partnerships between the state and NGOs. The private sector has been requested to shoulder its "social responsibility" as a third partner. Egypt is committed to the Copenhagen Declaration on Social Development, especially to reducing overall poverty in the shortest possible time and eradicating absolute poverty through fast measures, social services and protection.

Egypt's national nutritional strategy, formulated in the mid-1990s, provides a framework for the many initiatives designed to improve nutrition and control micronutrient deficiencies. These initiatives include salt iodization, iron and vitamin A supplementation programs, growth monitoring and promotion activities related to maternal and child health care facilities, and a national nutritional information system.

Egypt is also committed to affirmative action to reduce the feminisation of poverty.

4. Priorities for Development Assistance:

During the Consultative Group for Egypt in February 2002 the donor community requested the Government of Egypt to consider the possibility of formulating and implementing an anti-poverty plan of action that would clearly spell out policy measures and identify quantitative targets for poverty reduction. Several donors stated their readiness to support an initiative of this kind. In the meantime the World Bank, I.L.O, and UNDP are supporting a number of initiatives aimed at acquiring a better knowledge of poverty dynamics in the country. One component of an antipoverty strategy could focus on the productive use of the poor's most abundant asset: labor. The second component would aim at providing basic social services, such as primary education, basic health care, and family planning services. While the first component creates opportunities, the second increases the capacity of the poor to take advantage of these opportunities. Such a strategy could be complemented by carefully targeted transfer mechanisms to help those who are unable to benefit from these policies, and safety nets to protect those who are exposed to shocks or are adversely affected by structural adjustment processes.

In addition to governmental efforts, donors continue to transfer resources through the Social Fund for Development (SFD) for major activities directed towards such goals. In this respect, they foster cooperation with NGOs as intermediaries.

Priority areas for development assistance also include poverty assessment, improving targeting mechanisms, decision-making tools, monitoring and evaluation mechanisms, and fighting the "feminization" of poverty. The international community has been instrumental in stirring self-examination of the conditions of human deprivation, thus stimulating a review of the country's allocation of resources and its efficacy in reaching the ultimate target beneficiary.

5. Tracking Progress in Poverty & Hunger : Monitoring & Evaluation

Elements of Monitoring Environment	Assessment		
Data gathering capacity	Strong	Fair	Weak
Quality of recent survey information	Strong	Fair	Weak
Statistical tracking capacities	Strong	Fair	Weak
Capacity to incorporate statistical analysis into policy, planning & resource allocation mechanisms	Strong	Fair	Weak
Monitoring & evaluation mechanisms	Strong	Fair	Weak

ACHIEVE UNIVERSAL PRIMARY EDUCATION

Target : Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary and preparatory schooling

*Indicators : Net enrolment ratio in primary and preparatory education
Proportion of pupils starting grade 1 who reach grade 5
Literacy rate of 15-24 year olds*

1. Improving the Condition of Education — Status of Progress :

Over the past decade, Egypt has positioned itself to enter the 21st century with stronger and more efficient human resources. However, the situation of education in Egypt reflects conditions that exist in other interrelated domains. High population growth rates, high population density, poverty, gender gaps, regional disparities, and various other inefficiencies continue to hamper Egypt's educational system.

Estimations of enrolment ratios in both primary and preparatory stages indicate that Egypt still has to exert significant efforts to achieve universal enrolment in basic education. Figures from the 1998/99 Egypt Human Development Report suggest that gross enrolment ratio in grade one has increased from 99% in 1992/93 to 104% in 1993/94. They show a steady downward trend of 84% in 1998/99.

However, the gender gap in net enrolment ratio has been fluctuating during the period 1992/93-1997/98. It has declined from 8.2 percentage points in 1992/93 to 5.2 percentage points in 1996/97, but jumped to 11.9 percentage points in 1997/98.

Currently the enrolment ratio at the preparatory level is 81% among girls and 88% among boys. Fluctuation in enrolment ratios, including for females, reflects on one hand, the instability of the retention capacity of both primary and secondary education levels, and on the other, the weakness of the education system's measures and mechanisms to sustain its achievements in this area.

The educational system has been successful in considerably reducing the total drop out ratio in primary education from 4.3% in 1992/93 to 1.5% in 1997/1998. However, the absolute numbers of dropouts remain alarming during this period reaching more than 100,000 students.

Between 1992/93 and 1997/98, the total drop out ratio has fluctuated. It has decreased during the first three years but increased in the fourth year to decrease once more in the fifth year. Total drop out ratios have varied in the five grades of primary education during the period 1990/91-1997/98.

The drop out ratio from grade one remained below 1% during the whole period, except in 1997/98 where it reached almost 1.7%. However, the corre-

sponding ratio for grade five fluctuated between almost 13% in 1992/93 and 3% in 1997/98.

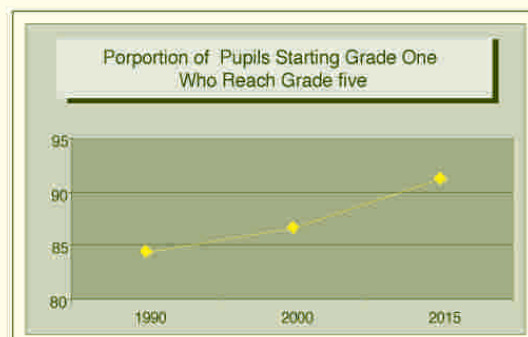
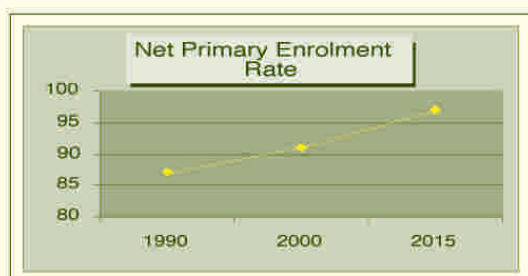
Status at a Glance

Will target be reached by 2015 ?

Probably **Potentially Unlikely** Insufficient Data

State of supportive environment

Strong Fair Weak but improving Weak



Source : Central Agency for Public Mobilization & Statistics (CAPMAS)

School dropout represents a considerable waste of resources in addition to its consequences on present and future literacy rates. The most important reason for this phenomenon is the inability of the educational system to be sufficiently attractive and/or mobilize general support, material as well as moral, for vulnerable groups to keep their children in education.

Some progress has been achieved in reducing illiteracy over the past years. In 1992, almost half of the Egyptian adults were literate. By 1996, the literacy rate rose to 56%. Nevertheless, Egypt is facing an overriding challenge to eradicate illiteracy. Breaking down data by region illustrates continued

disparities between the rural and urban areas and between different regions. Despite the fact that the urban-rural gap had narrowed, rural Upper Egypt demonstrates slower progress in literacy achievements. In fact, the gap between the worst performing governorate (Fayoum — 40% adult literacy rate) and the best performing (Port Said — 78% adult literacy rate), remains very wide.

Other measurements of educational quality could be illustrated by :

No. of Pupils Per Class

	1990	2000	2015
Primary	44	42	39
Preparatory	43	44	46

No. of Pupils Per Teacher

	1990	2000	2015
Primary	24	23	21
Preparatory	20	21	23

Source :Central Agency for Public Mobilization & Statistics (CAPMAS)

Net Enrolment Ratio in Primary Education by Sex and Region of residence

Region	1990		2000	
	Male	Female	Male	Female
Urban Governorates	93	95	100	100
Lower Egypt Governorates	88	86	91	92
Upper Egypt Governorates	81	64	92	84
Frontier Governorates	80	74	78	78
Total	88	81	93	91

2. Major Challenges:

The government of Egypt has recently declared education a top priority. This demands overcoming persistent challenges holding back effective reform. The major challenge for the Egyptian educational system lies more in the improvement of quality than in the expansion of numbers — i.e. quality students and quality teachers. More specifically, the most important challenges are:

- Making the educational system more participatory and empowering students with basic life skills such as enhanced critical/analytical thinking, planning, decision-making, problem-solving, and cooperative learning.
- Improving the training and motivation of teachers, and their commitment to work in public schools, addressing the problem of private tutoring that most teachers engage in to supplement their salaries.
- Improving the effectiveness of public expenditure and focusing on primary and preparatory educational levels.

- Better channelling of educational spending to target the poor in order to enable them and other low-income groups to enrol their children and retain them in school.

- Reducing dropout ratios.
- Bridging gender and regional gaps in education.

3. Supportive Environment :

The Egyptian constitution emphasizes the right of all Egyptians to free education at all levels, including university, regardless of gender, geographic location, or socio-economic status. The government has defined education as the "national project for the 1990s". It has increased its national education budget by an average of 8% per year in real terms during the period 1991-1997.

Allocations for education increased from 3.6 billion LE in the 1990/91 fiscal year to 16.1 billion in the 1999/2000 fiscal year. As a percentage of overall government spending, this represents an increase from 12% to 19% of the total budget allocation. Also, a thorough school construction program has been undertaken with 9,850 schools built to provide a suitable environment for students.

In moving towards the reform, Egypt is tackling the problem of decentralization by involving parents and communities in school governance. The Government has established the General Authority of Literacy and Adult Education (GALAE) and the National Council on Childhood and Motherhood (NCCM), and passed a comprehensive law for childcare and protection. The NCCM, with the support of the UN system, is developing a strategy for promoting girls' education to be integrated into the current five-year national plan. The importance of education was further reflected in documents prepared by the Ministry of Education focusing on the challenges of scientific, technological and information revolutions, and the necessity of upgrading schools, quality of teachers, curricula, methods of teaching and the application of new technology.

Moreover several NGOs are helping the ministry of Education in establishing community schools all over the country.

4. Priorities for Development Assistance :

To help Egypt achieve the millennium goals, international development assistance needs to focus on:

- Increasing allocation of external assistance to basic education.
- Helping Egypt improve its education delivery system through solving the problem of resource misallocation and overcoming bureaucratic constraints.
- Supporting the Government's efforts in enhancing the efficiency of its educational system by improving the quality of teachers, methods of teaching, upgrading curricula and introducing new technologies.
- Addressing existing educational disparities, for example, between different educational levels, rural

and urban areas, males and females, short and long-term goals, revenues and expenditures, as well as other indices.

- Assisting in the development of an educational system that equips citizens with the skills required for dealing with the modern world, without disregard to the indigenous cultural and religious values.

- Assisting in decreasing the hidden cost of education for poor families, possibly by providing scholarships for students coming from deprived families, giving incentives to teachers to work in poor areas, and providing financial assistance to poor children attending literacy classes.

5. Tracking Progress in Education : Monitoring & Evaluation

Elements of Monitoring Environment	Assessment		
Data gathering capacity	Strong	Fair	Weak
Quality of recent survey information	Strong	Fair	Weak
Statistical tracking capacities	Strong	Fair	Weak
Capacity to incorporate statistical analysis into policy, planning & resource allocation mechanisms	Strong	Fair	Weak
Monitoring & evaluation mechanisms	Strong	Fair	Weak*

*Though many monitoring institutions and evaluation mechanisms exist, the process needs to be more systematic and less superficial

PROMOTE GENDER EQUALITY & EMPOWER WOMEN

Target : Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015

*Indicators : Ratio of girls to boys in primary, secondary, & tertiary education
Ratio of literate females to males of 15-24 year old
Share of women in wage employment in the non-agricultural sector
Proportion of seats held by women in national parliament*

1. Promoting Gender Equality — Status of Progress:

Representing nearly half of Egypt's population, and heading nearly a quarter of Egyptian households, Egyptian women are resourceful and contribute significantly to family income either through paid work or through unremunerated work, such as agriculture. However, in sheer numbers, the share of women in almost all sectors of life is minimal.

The ratio of girls to boys among primary school pupils has increased from 8 in 1990 to 9 in 2000. Their ratio has also increased in secondary school education from 7 in 1990 to 9 in 2000. Similarly, it increased in tertiary education from 7 in 1990 to 9 in 2000. Nevertheless, those rates conceal regional disparities as attitudinal and economic barriers still continue to hinder female education in Upper Egypt. Egypt has also succeeded in reducing the number of illiterate females. Statistics show that the ratio of literate females to males aged 15-24, increased from 6 in 1990 to 8 in 2000.

Despite the strong commitment to integrate women in development, official statistics (CAPMAS) indicate that female illiteracy stands at 46% (as opposed to 57% reflected in the UNDP Human Development Report 2001 — see Egypt's profile). The economic participation rate is 22% for females and 79% for males, and the unemployment rate among women is almost 20%.

Women count among the vulnerable groups affected by structural adjustment. The downsizing of government civil servants resulted in a drop in women employment in the non-agricultural sector from 33% in 1997 to 26% in 1999 i.e. over a two-year span only. Conditions of employment in the country are not gender sensitive, partly due to the prevailing unemployment in the country, and also because private employers prefer employing males to avoid maternal and other benefits granted to women by law.

Even though Egyptian women have been granted full constitutional rights, including the right to vote and to stand for elections since the 1950s, they occupy an insignificant number of seats in parliament. Studies demonstrated that this is due to lack of awareness of such rights, lack of access to resources, and/or lack of interest on women's part, partly because of their multiple roles and/or attitudinal barriers. In the 1970s women were granted a quota of 30 seats in parliament, which was discon-

tinued, resulting in a sharp drop in occupancy rate. Women participation in local councils also dropped from 10% in 1990 to 1.2% in 2000. Despite that, there are more women in administrative and/or other decision-making positions. The prevalence of women in such areas has increased from 7% in 1988 to 23% in 2000 (government/public sector).

Although the Islamic Sharia granted women unlimited power over their own wealth and many other family rights, the norms of a chauvinist society prevail.

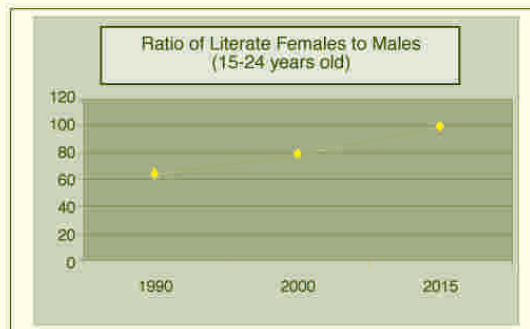
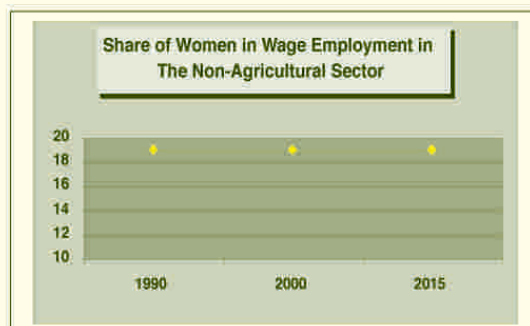
Status at a Glance

Will target be reached by 2005?

Probably **Potentially**¹ Unlikely Insufficient Data

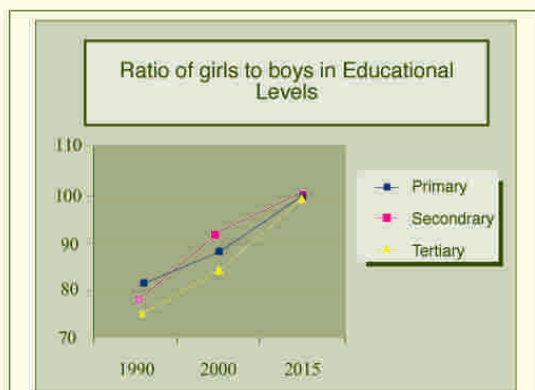
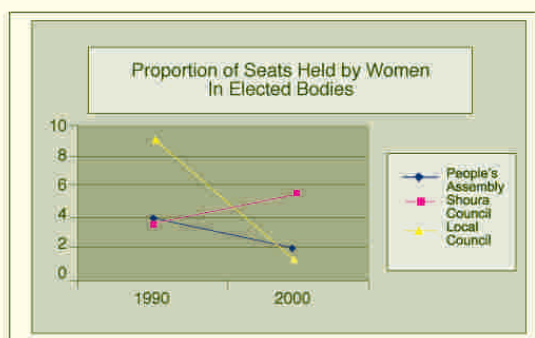
State of supportive environment

Strong² **Fair** Weak but improving Weak



¹ Potentially more applicable for indicators 1 & 2, but much more difficult to achieve for indicators 3 & 4.

² Political commitment is strong, but attitudinal barriers continue to exist.



Source :Central Agency for Public Mobilization & Statistics (CAPMAS)

Ratio of Literate Females to Males (15-24) by Region

Region	1990	2000
Urban Governorates	86.70	93.32
Urban Lower Egypt	84.12	94.81
Rural Lower Egypt	52.28	75.97
Urban Upper Egypt	74.38	86.18
Rural Upper Egypt	33.78	50.85
Frontier Governorates	69.58	71.12
Total Egypt	64.46	77.79

Share of Females in Wages Employment in Non-Agriculture Employment

Region	1990	2000
Urban Governorates	21.95	21.84
Urban Lower Egypt	22.69	27.74
Rural Lower Egypt	16.30	15.31
Urban Upper Egypt	21.90	21.04
Rural Upper Egypt	9.06	6.91
Frontier Governorates	26.01	24.72
Total Egypt	19.17	18.97

2. Major Challenges:

Recent calculation by CAPMAS (see Annex I) of the Gender Development Index (GDI) and Gender Empowerment Measure (GEM) for Egypt reveal a worsening picture with respect to the values reported in the global Human Development Report 2001. The GEM fell from 0.258 to 0.247 and the GDI from 0.620 to 0.591. These figures provide additional arguments to observe that, notwithstanding the positive environment surrounding the formulation of gender sensitive policies, reality still calls for renewed efforts to achieve greater gender empowerment in Egypt.

Prospects to reach millennium target in female education are highest provided that the following challenges are faced :

- Economic factors such as the prevalence of poverty among parents and attitudinal barriers should be removed. Such factors have lead to girls' drop out from schools.
- Attitudinal barriers and constraining traditions which give preference to males in employment, education and recreational benefits should be addressed. Many women lack awareness of their rights and enjoy little status or authority in areas of decision-making.
- General unemployment problems must be resolved and global recession improved.
- Public sector must be reformed and private sector must be fully developed.
- The dual role of women makes it difficult for them to enhance prospects of political participation.

3. Supportive Environment :

The establishment of the National Council for Women (NCW) in 2000 is a major step towards ensuring that gender concerns are systematically addressed during the formulation and implementation of national policies. The NCW directly reports to the presidency, is headed by Egypt's First Lady and has branches in Egypt's 26 governorates. NCW's agenda for the next Five Year National Plan includes an ambitious plan of action to be implemented in partnership with competent governmental and non-governmental organizations and the donor community. The plan includes programs for:

- Social empowerment (through an aggressive literacy campaign, improving women's health throughout the life cycle; improving self-image and girls' education)
- Economic empowerment (removing barriers to women's employment in the private sector, encouraging female entrepreneurship, vocational training and micro-credit); and eradicating the feminization of poverty, with special focus on poor women in the informal sector, rural women and female heads of households.
- Political empowerment (through advocacy and awareness raising), facilitating the issuance of I.D. cards for women, and encouraging women to actively participate in political life.
- The creation of an Ombudsman's office to listen

and react to the voice of ordinary women.

The NCCM has played an active role to bridge the gender gap in education, particularly through the preparation of the National Action Plan on girls education in close cooperation with the Ministry of Education and with the support of the UN system.

Egypt has been an active participant in international conferences on women from Nairobi to Cairo (ICPD) and from Cairo to Beijing and Beijing + 5, and ratified the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) in 1998 with few reservations.

The active participation of both the National Council for Childhood and Motherhood and the National Council for Women in the donors consultative group meeting in February 2002 reflected the interest and support given to gender issues by both the GOE and the donor community.

4. Priorities for Development Assistance :

- Fully repealing gender-discriminating legislation (e.g. the nationality law, the unified labor law, and the right to travel) in accordance with international conventions ratified by Egypt.
- Encouraging and facilitating women's access to positions of leadership and decision-making and opening up positions that are traditionally closed to women without any legal or constitutional grounds such as judges, rectors of universities, etc.
- Creating monitoring and evaluation system within NCW to evaluate legislation and government programmes with regard to gender mainstreaming. Improving women's image in the media and in the school texts.
- Further decreasing the gender gap in education, health, and employment.
- Eliminating all sorts of violence against women.
- Providing more income generation opportunities, especially for female heads of households.

5. Tracking Progress in Gender Equity : Monitoring & Evaluation

Elements of Monitoring Environment	Assessment		
	Strong	Fair	Weak
Data gathering capacity	Strong	Fair	Weak
Quality of recent survey information	Strong	Fair	Weak
Statistical tracking capacities	Strong	Fair	Weak
Capacity to incorporate statistical analysis into policy, planning & resource allocation mechanisms	Strong	Fair	Weak
Monitoring & evaluation mechanisms	Strong	Fair	Weak

REDUCE CHILD MORTALITY

Target : Reduce under-five mortality rate by 2/3 between 1990 and 2015

Indicators : Under five mortality rate

Infant mortality rate

Proportion of one year old children immunized against measles

1. Reducing Child Mortality — Status of

Progress:

Child and infant mortality rates are demographic indicators that reveal much about the status of health progress in a country, since infants and children are among the vulnerable groups of any population.

In the early 1990's, the Egyptian Ministry of Health and Population (MOHP) focused on child survival programs to control diarrhoea and acute respiratory infections, illnesses that are among the most common causes of child mortality in Egypt. Needless to say, expanding immunization coverage against major preventable diseases was at the center of all national programs. In addition, MOHP had set a target to eradicate poliomyelitis and neonatal tetanus by the year 2000.

Infant mortality rate (IMR) and under-five mortality rate (U5MR) declined rapidly since the 1980's. The rate of decline indicates that by 2015, Egypt will have achieved by far, the Millennium Development Goal of reducing child mortality.

However, the current rate of progress will not be sufficient to reach the target set by the government ,i.e. 20/1000 deaths by 2010, while progress is undermined by the fact that there is no data on the mortality of unregistered children.

Year	IMR	U5MR
1988	75	103
1995	63	81
2000	44	54
2015	8	17

Source: EDHS 2000

Vaccination against major preventable diseases was an important contributing factor to the progress. Egypt adopted WHO guidelines for childhood immunization, which require BCG vaccination (against TB), three doses of DPT (diphtheria, pertussis, and tetanus) vaccine, three doses of polio vaccine; and measles vaccine during the first year of life. In addition to these standard immunizations, children in Egypt also receive three doses of Hepatitis vaccine, due to the high rate of prevalence of the disease.

Surveys show that currently, immunization coverage is almost universal in the country. Percentage of children between 12-23 months, who were fully immunized, increased from 79% in 1995 to 93% in

2000. The proportion of one-year old children immunized against measles, 82% in 1990, and 97% in 2000, is expected to reach 100% by 2015, according to CAPMAS figures (see graph).

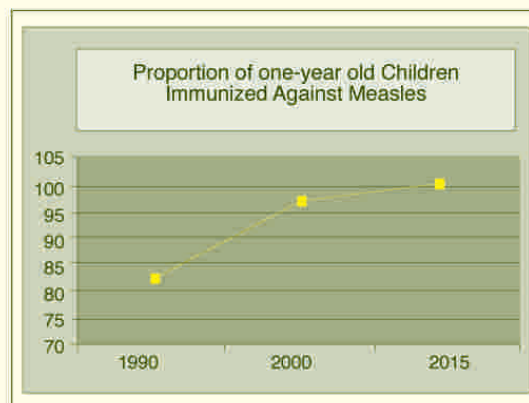
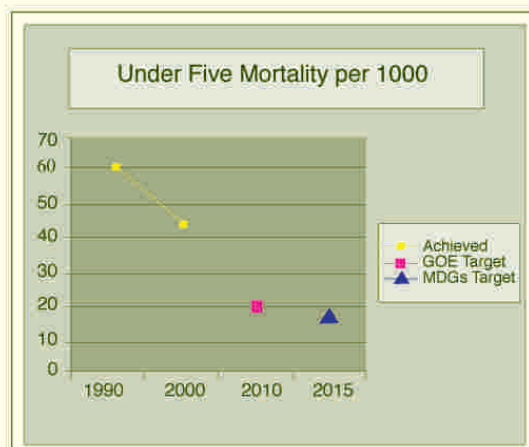
Status at a Glance

Will target be reached by 2015?

Probably Potentially Unlikely Insufficient Data

State of supportive environment

Strong Fair Weak but improving Weak



Source :Central Agency for Public Mobilization & Statistics (CAPMAS)

**Infant and Under-Five Mortality Rate
(Per 1,000) by Place of Residence**

Region	DHS 1992		DHS 2000	
	Infant Mortality	Under five Mortality	Infant Mortality	Under five Mortality
Urban Govern orates	45	49	30	35
Lower Egypt	58	77	36	46
Urban	46	57	32	41
Rural	62	84	38	47
Upper Egypt	90	110	57	70
Urban	53	70	44	51
Rural	106	129	62	77
Frontier Govern orates	-	-	30	36
Total	68	85	44	54

Sources: Egypt, Demographic and Health Survey 1992,2000

2. Major Challenges:

Although IMR and U5MR indicators have improved, further analysis of survey results show persisting disparities attributed to demographic and background differentials like age, gender, urban/rural residence, and the level of parental education.

Child mortality rates for all age groups are higher in rural than in urban parts of the country. They reach the highest levels in rural Upper Egypt, where IMR is 64% higher than rural Lower Egypt. Postneonatal mortality in rural Upper Egypt is twice the rate in rural Lower Egypt. Furthermore, comparative analysis of the figures implies the possibility of favoring boys over girls in general care and health services during childhood.

Death rates at all ages are highly affected by the mothers' education. Mortality rates for children born to uneducated mothers, was found to be double the rates for those born to mothers with secondary education.

Neonatal, postneonatal and infants survival depend to a large extent on events associated with pregnancy and childbirth, such as delivery in a health facility, receiving tetanus toxoid injections, antenatal and postneonatal care. These factors contribute significantly to decreasing the under-one mortality rate.

Cultural and attitudinal factors, such as early marriage and fertility preferences, affect childhood survival in Egypt. Inadequate spacing between births has been found to increase the risk of mortality, where a child born less than two years before a previous birth carries triple the risk of dying before the fifth birthday. In addition children born to mothers under 20 years of age are at a higher risk of mortality.

3. Supportive Environment:

The Government of Egypt declared the period 1989-1999 the decade for the protection and development of the Egyptian child. In February 2000, the commitment was renewed. The NCCM was established to initiate, coordinate and support national programs for meeting childhood and motherhood needs, since maternal health and knowledge are integral ingredients of child health and survival.

Family planning services are publicized and provided abundantly by the government, with attempts to address the problem of inadequate spacing between children, since Egyptian mothers are severely exposed to the risk of another pregnancy within four months of giving birth.

Immunization against common childhood diseases has been the subject of many awareness campaigns. Vaccinations, provided by the government at no cost, are recorded (with dates) on the child's birth certificate. This has also made it easier to collect data on immunization trends and to monitor unimmunized children. The direct tangible outcome of collective efforts is the disappearance of polio cases all over the country.

Public awareness campaign about the risks associated with neglected diarrhoea attacks contributed to the reduction in childhood mortality over the past decade.

These efforts must be maintained in order to sustain the impressive results obtained and prevent the reoccurrence of particularly dangerous diseases such as polio.

4. Priorities for Development Assistance :

Improved water supplies, changes in parental knowledge and attitudes, accessibility and use of health services (including by unregistered children), all represent a set of interwoven factors that affect child health and survival.

Special attention needs to be given to programs that advocate female education and awareness, since indicators reveal a strong relationship between the mother's education and awareness and childhood survival.

Disparities in mortality rates based on gender, age, and place of residence also need to be addressed and eliminated through analysis and coordination of interventions between all involved stakeholders.

5. Tracking Progress in Childhood Mortality: Monitoring & Evaluation

Elements of Monitoring Environment	Assessment		
Data gathering capacity	Strong	Fair	Weak
Quality of recent survey information	Strong	Fair	Weak
Statistical tracking capacities	Strong	Fair	Weak
Capacity to incorporate statistical analysis into policy, planning & resource allocation mechanisms	Strong	Fair	Weak
Monitoring & evaluation mechanisms	Strong	Fair	Weak

IMPROVE REPRODUCTIVE HEALTH

Target: Reduce the maternal mortality ratio by 3/4, between 1990 and 2015

Indicators: Maternal mortality ratio

Proportion of births attended by skilled health personnel

1. Improving maternal health — Status of Progress:

Health policies in Egypt over the past decade targeted universal coverage of basic healthcare and access to quality medical services for all. A strongly supported national family planning program contributed to a rapid decline in fertility since the 1980's, although population dynamics still place a considerable pressure on the ability of the country to achieve the MDGs. The concept of "Safe-Motherhood", addressed through the Reproductive and Child Health program, showed positive results in some areas of service delivery.

Public awareness campaigns, family planning clinics and women's education helped modify attitudes that directly affect reproductive healthcare in Egypt. Reproductive mortality rates (RMR) have decreased and other reproductive health indicators have improved significantly over the last 10-12 years. CAPMAS and MOHP data for RMR indicate a decrease from 174/100,000 live births in 1992-1993 (first national reproductive mortality study), to 96/100,000 in 1997, and 84/100,000 in 2000 (national reproductive mortality study 2000). 92% of deaths are caused by avoidable factors, with higher rates in Upper Egypt and in rural areas.

In a cultural environment where pregnancy and childbirth are regarded as natural events that do not require medical services, the involvement of trained medical professionals at birth has been a great challenge in Egypt. The more conservative refuse to allow females to be examined by male health professionals. Access to medical assistance at birth can vary significantly according to women's level of education and their region of residence. The least likely to get assistance were uneducated women in rural parts of Upper Egypt. However, national awareness campaigns, dissemination of reproductive and child healthcare units in every region, and improvements in women's literacy rates have had their positive effects. According to EDHS 2000 the proportion of medically assisted births increased slowly from 35% in 1988, to 41% in 1992, to 46% in 1995 and 61% in 2000 (while CAPMAS data show a different trend over the past years).

Other reproductive health indicators have improved over the past decade as evidenced by all statistics. Regular antenatal care (also affected by the level of education) increased from 23 % in 1992, to 28 % in 1995, and 37% in 2000 — with the lowest level being in rural Upper Egypt (19 %).

The percentage of pregnant females receiving Tetanus Toxoid injections to prevent Reproductive and neonatal tetanus (RNT) has increased from 11% in 1988, to 70% in 1995, and 73% in 2000 (EDHS).

Comparative studies showed that women in urban governorates were less likely to receive the injections than in rural governorates.

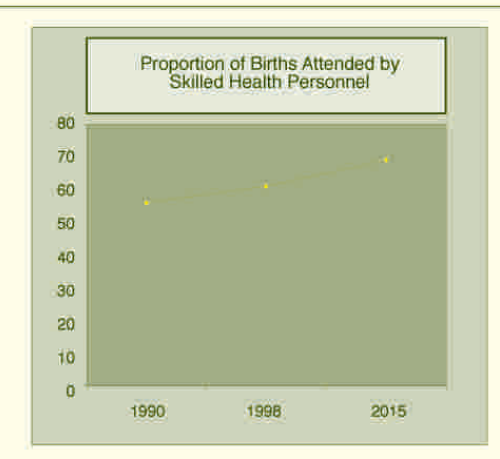
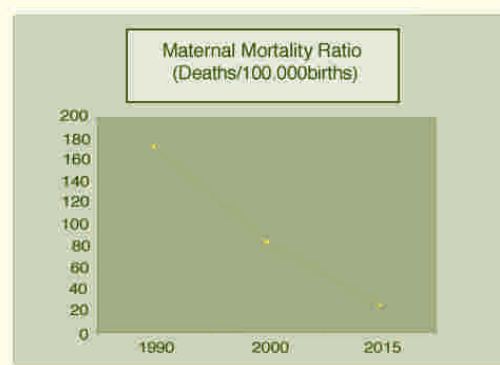
Status at a Glance

Will target be reached by 2015?

Probably Potentially Unlikely Insufficient Data

State of supportive environment

Strong Fair Weak but improving Weak



Source :Central Agency for Public Mobilization & Statistics (CAPMAS)

Notwithstanding significant progress over the past decade, national policies need to further ensure a

comprehensive approach to reproductive health, improve planning and management capacities and achieve better inter institutional co-ordination.

**Maternal Mortality Rates by Region
(Per 1000.00 Live Birth)**

Region	1992/1993	2000
Total	174	84
Metropolitan	233	48
Lower Egypt	132	93
Upper Egypt	217	89
Frontier	-	120

Source :Ministry of Health & Population &CAPMAS Maternal Mortality Survey,1992 / 1993 & 2000.

2. Major Challenges:

The major cultural challenges to reproductive and child care are the incidence of early (under-16) marriages and teenage pregnancies. Teenage childbearing decreased from 10% (EDHS 1995) to 9% (EDHS 2000). The median age at first birth has shown a steady increase, with urban subgroups showing a 3-year delay compared to their rural counterparts.

While the existence of healthcare services was the major concern in the past, today's main challenge for the government is rather the utilization of services it has made readily available to most pregnant females.

Cultural and attitudinal factors cannot be ignored in addressing reproductive healthcare problems in Egypt. Many females regard what would be considered minor problems as significant obstacles in seeking proper healthcare, such as for instance the distance of the health unit from their residence, obtaining the husband's permission and someone to accompany them, as well as the availability of a female health personnel. Considering the above, the authorities will have to strengthen outreach services and home visits to ensure greater coverage of RH services.

Female illiteracy is also an important factor in determining access to health services and seeking medical advice, and a direct link between the level of education and reproductive health indicators was revealed by several studies.

Total Fertility Rates (TFR) over the past 3-4 years have decreased slightly (to reach around 3,5) and it will be difficult to reach the target set for the year 2017. More aggressive awareness campaigns will be needed on discouraging early marriages, promoting spacing between births, as well as addressing unmet family planning needs and improving the quality of counselling and services offered at family planning clinics.

3. Supporting Environment:

Women are at the heart of all development plans in Egypt, as evidenced by the mainstreaming of

women issues in all components of the National Development Plan 2002-2007.

Efforts have been concerted to eliminate all forms of discrimination and harmful practices against women and implement the provisions of the UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). The government decree prohibiting physicians from performing Female Genital Mutilation (FGM) was a positive sign of commitment to the well-being of women, but these regulations are not systematically enforced, and country wide awareness campaigns need to be implemented to substantially reduce the incidence of this problem.

Within its broad mandate of achieving "health for all by the year 2000", MOHP integrated family planning, reproductive and child health services into a single aggressive national health promotion program. The services of the program are offered through family planning units or primary healthcare units established in every region of the country-totalling almost 4000. A wide range of contraceptive methods has been made available and efforts are exerted to increase the number of acceptors and users.

The MOHP set a target of reducing reproductive mortality by half between 2000 and 2010. However, the government realizes the challenges ahead, and that economic, cultural, and sometimes geographic factors may hamper the ability of the country to cope with the challenge.

The new Family Health Model, introduced through the Health Sector Reform, is a promising approach to providing a basic package of integrated health services through a 'family physician', with emphasis on quality and affordability of health care services.

Recognizing the indispensability of addressing geographical, attitudinal and acceptance barriers, the MOHP disseminated health care messages by embedding them in other ongoing discourses (e.g. agricultural extension messages). In some cases, officials had to resort to personnel from the community to ensure acceptance of a healthcare message by the targeted groups. Examples include using political or religious figures from the community to raise awareness, or training local females to overcome resistance to health personnel in local facilities.

4. Priorities for Development Assistance :

The authorities need to fully involve different players in society (e.g. NGO's and private sector) in upgrading national capacities for providing integrated quality RH services.

Despite the gradual improvement in indicators of maternal health, there is still a need to intensify interventions in order to achieve the millennium

development goals. These efforts are to focus on increasing the availability and accessibility of RH information and services for adolescents and youth and enhancing awareness of reproductive rights and reproductive tract conditions requiring medical attention.

A more systematic screening for cervical and breast cancer, sexually transmitted diseases and reproductive tract infections needs to be developed, along with a strong emergency referral system to eliminate reproductive mortality threats.

The level of antenatal care is still low and requires

urgent attention and special awareness campaigns, while the importance of postnatal care for the mother and child is to be further promoted.

A special program directed to further increase the number of medically assisted deliveries should be supported.

The issues of teenage marriages and the impact of female illiteracy need to be seriously addressed as these may hinder the success of national reproductive healthcare initiatives.

5. Tracking Progress in Reproductive Health: Monitoring & Evaluation

Elements of Monitoring Environment	Assessment		
Data gathering capacity	Strong	Fair	Weak
Quality of recent survey information	Strong	Fair	Weak
Statistical tracking capacities	Strong	Fair	Weak
Capacity to incorporate statistical analysis into policy, planning & resource allocation mechanisms	Strong	Fair	Weak
Monitoring & evaluation mechanisms	Strong	Fair	Weak

COMBAT HIV/AIDS

Target: Halt by 2015 and begin to reverse the spread of HIV/AIDS

*Indicators: HIV prevalence among 15-24 year old pregnant women
Contraceptive Prevalence Rate
Number of Children Orphaned by HIV/AIDS*

1. HIV/AIDS — Status of Progress :

In a fairly conservative society like Egypt, the exchange of information about reproductive and sexual health issues remains a major obstacle to identifying and addressing some important problems, such as the prevalence and spread of HIV/AIDS and Sexually Transmitted Diseases (STDs). Statistical figures in this area are insufficient or unavailable.

Officially reported figures of HIV/AIDS cases are still low, compared to the estimates made by the Ministry of Health and Population (MOHP), which expect the actual number to be anywhere between 3000 and 8000 cases. The number of reported cases, totalling 235 from 1980's till the end of 1999, was 928 in December 31st 2000, and 1,501 in June 2001 among the age group 20-39. The male to female ratio was 8:1, and 300 of the reported cases were diagnosed as AIDS.

UNAIDS/WHO estimates of the number of individuals living with HIV/AIDS in 1999 pointed to 8,100 cases i.e. 0.02% prevalence rate. These estimates were calculated using the 1994 prevalence rate published in the WHO Global Program on AIDS-1995.

The evident gap between estimates for the country and actual reported HIV cases is indicative of the limited surveillance, reluctant reporting, and gaps in diagnosis. There are no estimates on the number of deaths due to AIDS, or AIDS orphans.

Sporadic HIV surveillance tests were conducted in major urban areas from the late 1980's through 1996. No cases were detected among women visiting antenatal clinics in Alexandria, Cairo, or Aswan. Sex workers tested between 1990-1999 showed no evidence of HIV infection, except in 1996 (0.7% prevalence). In 1994 in Cairo, 8% of intra venous drug users resulted positive to tests, but no more cases were detected between 1995-1999. In male STD clinics (between 1988 and 1996), some men were found HIV positive (the rate was less than 1%). Most astounding was the unexplained high level (0.3%) of HIV infections among TB patients in 1999.

The religious mores in Egypt, which forbid sex outside marriage, have undoubtedly contributed to limiting the spread of HIV in the past. However, a considerable proportion of the new generation bears signals of revolutionized principles and a shift from the traditional beliefs of older generations. This fact calls for a new approach of openness and tact in analyzing and addressing sensitive sexual health issues.

Status at a Glance

Will target be reached by 2015?

Probably Potentially Unlikely **Insufficient Data**

State of supportive environment

Strong Fair **Weak but improving** Weak

According to studies conducted on STDs awareness and mode of transmission, many young adults expressed limited knowledge, but affirmed their desire to have easier access to information in this issue.

Contraceptive use in Egypt has been the target of many public awareness campaigns to introduce and eliminate resistance to it. The EDHS 2000 results indicated that the Contraceptive Prevalence Rate (CPR) is 56% among married women; condom resulted among the least preferred forms of contraceptive.

2. Major Challenges:

The most liable modes of transmission of HIV/AIDS in Egypt are heterosexual relations, contaminated syringes, and transfusion of blood or blood products.

Public awareness about the epidemiology and spread of HIV exists but is sporadic and unsystematic. Most messages are confined to health personnel, diagnosed HIV/AIDS patients, and their families. Awareness and understanding of the problem among the general public remains limited and insufficient, more so among young adults, especially females. Additionally, religious authorities should be regarded as key partners in HIV/AIDS related campaigns and programs.

The risk of HIV infection has been found to be higher in the presence of another untreated STD. Where target audiences and measures for prevention of STDs and HIV are the same, STD care centres, which provide diagnosis, adequate treatment, and education about high risk behaviour, are key to monitoring and controlling the spread of HIV.

The liability of HIV transmission following transfusion of contaminated blood, weak sterilization procedures and unsafe injection practices need more attention, considering that Hepatitis C (transmitted through the same modes) is epidemic in Egypt, its prevalence rate being one of the highest in the world.

Improving the capacity for data collection and analysis, and putting in place a functioning monitoring system is a fundamental requirement for an effective response to HIV/AIDS.

3. Supportive Environment:

Several studies on the prevalence of STDs and HIV/AIDS have been conducted in limited areas and among small selected groups in Egypt since the early 1990's. Surveillance has been incomplete, a fact that makes any interpretation of the epidemic situation difficult. There is little understanding of risk behaviors among certain groups.

Thanks to international assistance, the MOHP undertook a number of research and capacity building interventions to improve blood safety. After reports of HIV transmission through contaminated blood from private blood banks, the government has taken measures to close blood banks that do not have facilities for HIV screening.

The National AIDS Program in MOHP seeks to raise awareness, distribute information materials, and foster an inter sectorial response to HIV/AIDS.

The HIV/AIDS hotline control program, which is considered to be one of the most innovative in the region, receives 30-40 calls/day.

Training workshops have been organized to disseminate information about infection control, but were

largely directed towards service providers. Screening of donated blood is universal and voluntary remunerated blood donations are promoted through campaigns.

4. Priorities for Development Assistance :

Interventions to raise public awareness about the risks and spread of HIV and STDs need to be multiplied and implemented through a national strategy to be developed with key stakeholders.

STD care and counselling centres should be established and heavily promoted for adequate management of STDs, education about risky behavior, the importance of protection use and partner notification.

Surveillance systems need to be more robust and expand to take account of all groups for proper HIV/AIDS screening all over the country. Special attention should be given to high-risk groups and intra venus drug users.

A comprehensive assessment on HIV/AIDS needs to be supported in order to obtain updated information on the epidemiological situation, determinants of risk and vulnerability, as well as reviewing the effectiveness of the national response.

5. Tracking Progress in HIV/AIDS Spread: Monitoring & Evaluation

Elements of Monitoring Environment	Assessment		
Data gathering capacity	Strong	Fair	Weak
Quality of recent survey information	Strong	Fair	Weak
Statistical tracking capacities	Strong	Fair	Weak
Capacity to incorporate statistical analysis into policy, planning & resource allocation mechanisms	Strong	Fair	Weak
Monitoring & evaluation mechanisms	Strong	Fair	Weak

COMBAT MALARIA & OTHER DISEASES

Target : Halt by 2015 and begin to reverse the incidence of malaria and other major diseases

Indicators : Prevalence & Death Rates Associated With Malaria

Proportion of Population in Malaria Risk Areas Using Effective Malaria Prevention & Treatment Measures

Prevalence & Death Rates Associated With Tuberculosis

Proportion of TB Cases Detected & Cured Under DOTS

1. Communicable Diseases - Status of Progress

The incidence and prevalence of malaria in Egypt was high until 1946, when it receded with the introduction and application of DDT. There was a dramatic decline in the 1960's, which led to its disappearance from the whole country, except in two localized districts of the Fayoum governorate (20 meters below sea level). The year 1994 witnessed an increase in the incidence of malaria. Its persistence in the mentioned districts was attributed to the abundance of swamps, subsoil water, land excavation for brick industry, houses alongside water streams and diminished use of pesticides in agriculture. However, with efforts to improve the situation, mainly through environmental vector control, the number of malaria cases reported was 23 cases in 1996, 11 in 1997 and by 1998 no new cases were found, even in Fayoum. The Epidemic Risk was 0%, and Endemic Risk 1.6%

Tuberculosis was a major problem in Egypt in the first half of the last century. Although statistics indicate that the number of TB cases has gone down from 160 per 100,000 in 1952, to 16 cases per 100,000 in 2000, TB is still considered to be the second most important public health problem in Egypt, with 20,000 new cases diagnosed each year according to 1999 figures. The National TB Program (NTP) of the MOHP has worked to find the optimal solution for tuberculosis control in all 26 governorates of Egypt. NTP introduced DOTS in five demonstration sites in 1996, and with high patient compliance to treatment, the cure rates in these sites were more than 85%. Cure rates in non-DOTS areas were less than 70%. Encouraged by the positive results, progress has been made to develop DOTS expansion strategies to cover the entire country. It was found that the best way to do it was to integrate TB care into primary health care services and to develop intersectoral collaboration. Currently, nearly 100% of the country is covered.

Several other communicable diseases pose major threats to public health in Egypt such as acute viral hepatitis, the gravest of which is Hepatitis C which is epidemic in Egypt. Its high incidence rate, while still uncertain, has been attributed to unsafe injection practices in earlier decades, especially those used in the treatment of schistosomiasis (another endemic disease in Egypt). The speculation is enforced by the high unexplained co-existence of both diseases in many cases. Treating schistosomia-

sis with injections was stopped in the mid 1980's and was replaced by orally administered medications.

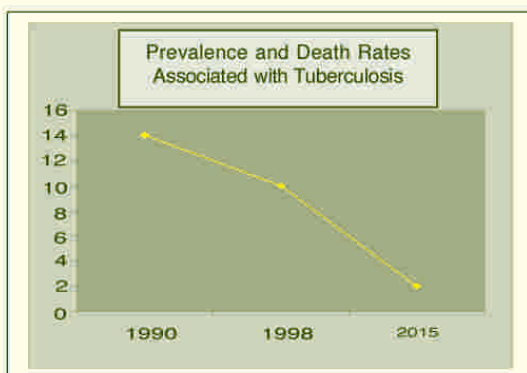
Status at a Glance

Will target be reached by 2015?

Probably Potentially Unlikely Insufficient Data

State of supportive environment

Strong Fair Weak but improving Weak



Source :Central Agency for Public Mobilization & Statistics (CAPMAS)

2. Major Challenges:

The major challenge facing Egypt with malaria is the residual transmission in Fayoum, the risk of reintroduction of malaria into agricultural areas, and the liability for spread of a very efficient vector from Sudan along the Nile Valley. It was recommended that malaria care be extended beyond malaria control units, to be offered by all primary health care facilities for early detection of malaria threats and proper guidance for the vector control.

Tuberculosis control strategies in Egypt are strong. However, some cultural obstacles, such as the deep-rooted stigma associated with TB, hinder these efforts especially among women, who are considered unfit for marriage if diagnosed with the disease. Life styles of certain groups such as migrating Bedouins make it difficult to diagnose, treat, and follow up TB cases among desert nomads.

Hepatitis C virus infection is a serious public health threat in Egypt, endangering many lives with its complications: chronic liver disease, cirrhosis and

liver cancer. The high cost of diagnosis and treatment of the disease poses a strenuous burden to the country's economy. There are limited figures for the rate of prevalence, and most cases are accidentally discovered.

3. Supportive Environment:

Egypt is committed to the interruption of malaria transmission through activities at national and local levels with the cooperation of other concerned sectors and agencies. Activities include training of PHC personnel on malaria management, surveillance and control. A multicultural national task force was set up and a strategy is developed for interruption of malaria transmission and prevention of its re-introduction.

For TB control, the NTP has developed strong collaboration with other sectors of society, such as the establishment of the HIO* in 1994 (which provides health insurance coverage to employees, primary and secondary school children), prison authorities and NGO health workers who have joined in the

effort of reporting, controlling, and keeping track of cases all over Egypt (also among migrating Bedouins). Most significant was the collaboration with private sector physicians and medical faculty professors, which led to providing DOTS through private clinics.

4. Priorities for Development Assistance :

Surveillance systems need to be strengthened for major communicable diseases. Interventions directed towards studying hepatitis C prevalence and trends need to be implemented on national and local scales for more understanding of its epidemiology in Egypt. A strategy for early detection and management needs to be considered and developed with all stakeholders, including ministry of health, medical faculties and private clinic physicians.

5. Tracking Progress in Combating Malaria and other Diseases — Monitoring & Evaluation

Elements of Monitoring Environment	Assessment		
Data gathering capacity	Strong	Fair	Weak
Quality of recent survey information	Strong	Fair	Weak
Statistical tracking capacities	Strong	Fair	Weak
Capacity to incorporate statistical analysis into policy, planning & resource allocation mechanisms	Strong	Fair	Weak
Monitoring & evaluation mechanisms	Strong	Fair	Weak

* HIO= Health Insurance Organization

ENSURE ENVIRONMENTAL SUSTAINABILITY

Target : Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Indicators: Proportion of land area covered by forest

Land area protected to maintain biological diversity

GDP per unit of energy use (as proxy for energy efficiency)

CO2 emissions (per capita) [+2 figures of global atmospheric pollution ozone depletion and the accumulation of global warming gases]

Target: Halve by 2015 the proportion of people without sustainable access to safe drinking water

Indicator : Proportion of population with sustainable access to an improved water source

Target : To achieve by 2020 a significant improvement in the lives of at least 100 million slum dwellers

Indicators : Proportion of people with access to improved sanitation & secure tenure

1. Ensure Environmental Sustainability - Status of Progress :

In pursuing a nation wide strategy for development, the Egyptian government has come to acknowledge the indispensability of environmental protection as a requisite for sustainable development. Indeed the GOE has realized that sustainable development is vitally necessary to deal with the imbalance between the country's overpopulation and its limited resources. The creation of the Egyptian Environmental Affairs Agency (EEAA) in 1982, the issuance of law No.4/94 for environmental protection, the formulation of the national environmental action plans in 1992 and 2001, and the appointment of a minister of state for environmental affairs constitute the institutional framework for environmental policy in Egypt.

Since the 90s, EEAA's strategic objective has been to mainstream the environmental dimension in national policies, plans, programs and practices within a sustainable development context. This strategic goal was translated into two immediate objectives:

(1) To preserve the national resource base, cultural heritage and biodiversity. Currently Egypt has 21 natural protectorates that constitute 8% of the country's total area. The ultimate goal is to increase the number of protectorates to reach 25% of Egypt's area by the year 2015.

(2) To reduce current pollution levels and thereby

	1988	1997	2015
% of area covered by natural protectorates	3%	8%	25%

minimize health hazards and improve the quality of life. To achieve this objective, attention is focused on industrial pollution. The most polluted establishments have been identified (500 out of 25,000) and efforts are being directed towards 35 factories on

the Nile to prevent them from dumping industrial waste in the river. Moreover, the industrial sector contributes to Egypt's air pollution problem by producing CO2 emissions especially from the steel and cement industries.

Status at a Glance

Will target be reached by 2015 ?

Probably **Potentially Unlikely Insufficient Data**

State of supportive environment

Strong Fair Weak but improving Weak

Source :Central Agency for Public Mobilization & Statistics (CAPMAS)

In 1990, Egypt's total GHG emissions were equal to 116.608 Gg of CO2, the net emissions 106.708 Gg of CO2, and Carbon dioxide emissions per capita were 1.627 Gg. The energy sector is the main source of GHG emissions because Egypt is 92% dependent on fossil fuels, followed by agricultural and industrial sectors. Carbon dioxide sink actions are being taken to increase the country's CO2 absorptive capacity through planting trees. In the last 10 years around 2200 feddans were cultivated as forests. Most of these forests are located in Upper Egypt (Qena, Luxor, and Idfu) and in the New Valley. It is clear that the proportion of land area covered by forest is still very limited in comparison to the inhabitable area of Egypt (9 KM2: 400.000 KM2).

Egypt is characterized by a high level of energy con-

Energy type	Year		
	1990	2000	2015
Electricity consumption per capita	620 K/H	864 K/H	1230 K/H
Oil equivalent per capita	502 KG	651 KG	875 KG

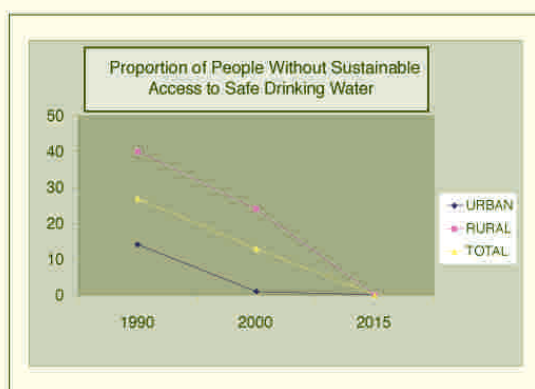
sumption and limited energy resources. For instance, the GDP per unit of energy use is \$ 2.8. The energy consumption indicator shows the following:

As a result of this critical energy situation, it became imperative to ration the use of its energy resources and implement energy conservation policies.

Despite the rapid population growth and the limited resources available, the government of Egypt considers expanding access to water and sanitation a top priority of its national plan. Consequently the proportion of population with sustainable access to an improved water source has increased from 73% in the year 1990 to 87% in the year 2000, and if this trend is sustained Egypt will most likely meet the target.

Service coverage varies regionally and from one governorate to another. While 97% of the population in urban areas have access to piped water, the figure is only 65% in rural areas. Though some governorates managed to reach 100% service coverage (Port Said & Damietta), other governorates in Upper Egypt still lag behind (Menia & Suhag)³.

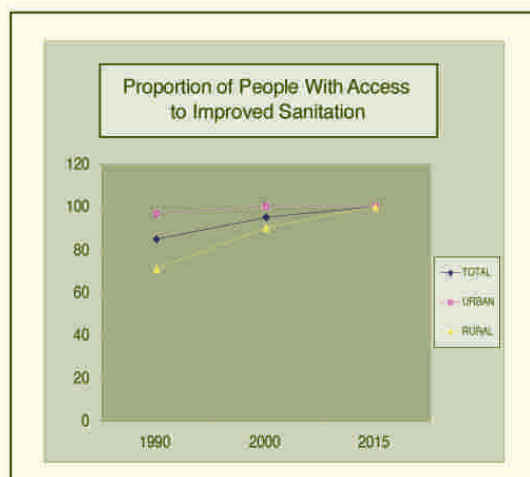
The proportion of population with access to improved sanitation also increased from 85% in 1990 to 95% in 2000 and is expected to reach 100% by 2015. However these figures do not reveal the large disparities that exist between Upper Egypt, Lower Egypt and frontier governorates. It was also estimated that in order to achieve 100% coverage on water and wastewater services, an investment of US\$19.2 billion is required, of which US\$4 billion are needed just to maintain current levels of service⁴.



While there is no available data on slum dwellers, data on proportion of people with access to secure tenure present a rosy picture where 83% in 1990 and 91% in 2000 have access to secure tenure.

³EDHS 2000

⁴DAG Position Paper on Social Development in Egypt for the Consultative Group Meeting, December 2001



Source: Central Agency for Public Mobilization & Statistics (CAPMAS)

2. Major Challenges:

Solid waste management, land degradation, air and water pollution are major environmental challenges for Egypt. While the Government recognizes that ensuring environmental sustainability cannot be achieved without a clear understanding of the synergies between poverty, population, employment, health and the environment, there is no clearly defined strategy that takes these synergies into account.

- It is important to strike the balance between tourism as an important source for foreign currency, on one hand, and environmental protection, on the other hand. Eco-tourism could be a solution for uncontrolled tourism.
- The coastal zone of the Nile delta is perceived as vulnerable to the impacts of climate change, not only because of the impact of sea level rise, but also because of the impact of climate change on water resources, agriculture, tourism and human settlement.
- There is a great need to strengthen the role of the EEAA by increasing its executive powers and enhancing its coordination function.
- Though EEAA has successfully completed the formulation of the National Environmental Action Plan (NEAP) using a participatory approach, the proposed plan is pending endorsement, and inter institutional coordination in the implementation process will be crucial for its success.
- Monitoring the state of the environment over time is hindered by data deficiencies and lack of comparability between data sets.
- Environmental laws and standards need to be strictly enforced.

3. Supportive Environment:

- Environmental issues are today solidly on the national agenda of the Government, also thanks to the support of the international community .
- Statements by the political leadership emphasize the urgency to ration the use of resources in a sustainable way, and the importance of enforcing environmental laws and regulations.
- An additional sign of strong political will is the development of national strategies to address environmental problems such as the national strategy for biodiversity, energy conservation plan, climate change mitigation and adaptation policies, and the initial national communication on climate change, etc.
- Environmental education was integrated in the educational system while the number of environmental NGOs has increased significantly.
- The participatory approach in formulating environmental action plans and drafting law 4/94 for environmental protection.
- Large investment that have been allocated to increase access to water and sanitation services in the villages

4. Priorities for Development Assistance :

- With a view to further advance in ensuring environmental sustainability, the following issues should be given consideration and be supported by the international community:
- Improved solid waste management.
 - Capacity building for environmental management as a tool to achieve sustainable development.
 - Capacity building for managing the natural protectorates.
 - Integration of the National Environmental Action Plan (NEAP) in the five year development planning process to ensure that environmental protection will be embedded into local planning on equal grounds with economic concerns.
 - Bridging geographical disparities and guaranteeing equal access to resources and services.
 - Increasing the level of environmental awareness through the encouragement of consumer awareness initiatives and community based environmental intervention.
 - The development of renewable sources of energy.

5.Tracking Progress in Environmental Sustainability — Monitoring & Evaluation

Elements of Monitoring Environment	Assessment		
	Strong	Fair	Weak
Data gathering capacity	Strong	Fair	Weak
Quality of recent survey information	Strong	Fair	Weak
Statistical tracking capacities	Strong	Fair	Weak
Capacity to incorporate statistical analysis into policy, planning & resource allocation mechanisms	Strong	Fair	Weak
Monitoring & evaluation mechanisms	Strong	Fair	Weak

Methodological Note

A Note on Subjectivity/Objectivity

Maximum effort has been exerted to ensure that the highest levels of objectivity were maintained given available data and statistical projections. However, in the absence of a monitoring and evaluation system, and as expected in the Guidance Note, some room for subjectivity has been allowed. Any element in this report which is deemed 'subjective', was in fact, not based on wild assumptions or ill-informed speculations, but was structurally guided by data, personal experience, team discussions and valuable feedback from resident representatives of UN agencies in Egypt.

Definition of 'Supportive Environment'

Throughout the report, supportive environment was defined as 'enabling environment', i.e. the existence of a legislative/legal framework. More specifically, it involves:

- Institutional framework
- National plans & strategies
- Involvement of NGOs, political parties and other elements of civil society.
- Societal awareness, attitudes, and public perception of the issues at stake.

Due to the absence of precise measurements, the report used the term 'potentially' or 'probably', to indicate the strength of supportive environment, data availability, and the degree by which data approaches intended goal. For example, 'probably' indicates a stronger supportive environment, higher data availability, and stronger potential of achieving intended goal.

Methodology of Population Projection

In 2000 CAPMAS and the Cairo Demographic Center published a population projection covering a period of about twenty-five years (1996-2021). The base for such population projections was the 1996 census. The most accurate projection method — the projection component method — was used. It takes into consideration future fertility and mortality trends.

Three assumption levels of fertility were used (high, medium, and low). The high assumption level considers that fertility will gradually decrease till it reaches 2.52 children/mother by 2021. The medium level assumption supposes that fertility will decrease till it reaches 2.32 children/mother by 2021. The low level assumption considers that fertility will gradually decrease to only 2.09 children/mother by 2021. This last assumption is the one targeted by the government's population policy.

In most cases, when only one figure for population in a certain year is needed, the figure corresponds to the medium assumption of population projection is used. Hence, in Egypt's Millennium Development Goals Report we used an estimated population figure in 2015 which corresponded to the medium assumption of fertility.

More specifically, the equation used to estimate the population in any year is:

$$P_t = P_o e^{rt} \quad \text{(The exponential equation)}$$

Where:

P_t : Population in year (t)

P_o : Population in year (o) (base year)

t : Number of years

r : Rate of Change

* All figures refer to population residing INSIDE Egypt.

The Equation of Linear Interpolation

For the purpose of the baseline report the simplest method of calculating projections was used. In the future, a more sophisticated system will be developed, including the use of values for intermediate years between 1990 and current year, with a view to better reflect trends and fluctuations of any given indicator.

$$P_t = P_o + rt \quad \text{Therefore, } r = \frac{P_t - P_o}{t} \quad (1)$$

Where :

- P_t : Value of measurement in 2000
- P_o : Value of measurement in 1990
- t : Number of years between 2000, 1990, ie. 10 years
- r : Rate of Change

After the value of r is known, we can interpolate the value of the measure in 2015 (P_1) in this case, keeping in mind that P_0 (the value in 2000), r : calculated from equation (1) and $t = 15$ years.

Maternal Mortality Ratio Per 100,000 Live Births

The following are maternal mortality ratios of some Middle Eastern countries, according to World Bank statistics. These values are close to those of Egypt's future projection, indicating that the latter is realistic.

Jordan	41	
Iran	37	
Oman	19	
AVERAGE	32 (1990-98)	Egypt's Projection (2015) : 25

Poverty Measurement & Definitions

The definition of poverty depends very much on its interpretation. Nowadays, poverty is broadly interpreted as multi-dimensional, yet its principal measure remains one-dimensional. As the \$1 day per person has become the international benchmark for measuring poverty in developing countries - expressed in purchasing power parity (PPP) of 1985 and later on updated using an expanded set of PPP-conversion rates at 1993-prices - it is nevertheless considered a limited measure of how many people are affected by the daily grind of hunger, ignorance and disease.

More comprehensive measure of poverty have been developed over the past years, such as for instance the Human Development Index (HDI) and the Human Poverty Index (HPI).

Egypt Human Development Report (EHDR) 1996 focused on poverty as a central theme. It used three poverty lines to measure poverty: (1) A "Food Poverty Line" used as a proxy for the less than \$1 per day; (2) A "Lower Poverty Line" to estimate the number of people unable to afford the cost of essential food and other basic needs requirements, such as education. (3) An "Upper Poverty Line" to reflect actual consumption expenditures of the poor that are not limited to essential needs.

Hence, the report uses the food poverty line or the ratio of ultra poor to represent the ratio of population having less than one dollar per day. The report also uses the lower poverty line since it represents the ratio of population who do not have sufficient food and non-food requirements.

Acronyms & Abbreviations

BCG= Tuberculosis Vaccination
 CAPMAS = Central Agency for Public Mobilization and Statistics
 CG = Consultative Group
 CPR= Contraceptive Prevalence Rates
 DAG = Donors Assistance Group
 DPT3= Diphtheria, Pertussis, Tetanus
 EEAA = Egyptian Environmental Affairs Agency
 EDHS= Egypt Demographic & Health Survey
 ERSAP = Economic Reform and Structural Adjustment Program
 GAD= Gender & Development (A sub-group of DAG)
 GALAE = General Authority for Literacy & Adult Education
 GHG = Greenhouse Gases
 GOE = Government of Egypt
 HCV = Hepatitis C Virus
 HIO = Health Insurance Organization
 IMR = Infant Mortality Rate
 RMR = Reproductive Mortality Rate
 RNT = Reproductive & Neonatal Tetanus
 MOHP = Egyptian Ministry of Health & Population
 NEAP = National Environmental Action Plan
 NCCM = National Council for Childhood & Motherhood
 NCW = National Council for Women
 NTP = National Tuberculosis Program
 PHC = Public Health Care
 SFD = Social Fund for Development
 STDs = Sexually Transmitted Diseases
 U5MR = Under-five Mortality Rate

Main Documents Consulted & Data Sources

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KEY DOCUMENTS

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Poverty Reduction Strategy Paper (PRSP) Framework, Summary of WB Seminar (Nov.28-29, 2001)

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A Better World for All, 2000 (24 pages) Report on progress towards the Development Goals, published by IMF, OCED/DAC, World Bank, and UN (June 2000 for the World Social Summit in Geneva and G8

Summit in Okinawa)

<http://www.paris21.org/betterworld/>

Development Goals

Complete page of the Goals and Targets, Including data by the WB, Country Tables, goal Tables by Region, Definitions and Sources, Maps, etc. Data is presented for 4 of the last 10 years, starting with 1990, as available. Each of seven Goal tables represents the relevant indicators for every country in alphabetical order within regions.

<http://www.developmentgoals.org/>

ECD/DAC RESOURCES

OECD/DAC Indicators home page. The site provides regional and country progress charts (updated in August 2001), links to maps on the development goals web site and to data sources for all indicators in the core set. Includes Regional Charts, links to data sources, Goals, country progress charts, and other relevant sites.

<http://www1.oecd.org/dac/Indicators/index.htm>

OECD's statement in support to the MDGs (September 2001)

http://www1.oecd.org/media/release/un_millennium1909.htm

Description of the Millennium Declaration, the full 8 goals, 18 targets and 40+ indicators

<http://webnet1.oecd.org/pdf/M00017000/M00017310.pdf>

Team of Authors

Dr. Salwa Sharawi Gomaa — Director, Public Administration Research & Consultation Center

Ms. Soheir Kansouh-Habib — Development Advisor

Dr. Dalia Moawad — Health Informatics Office, Ministry of Communications & Information Technology

Dr. Botheina Mahmoud El Deeb — Deputy Minister CAPMAS/Head of Population Studies

Mr. Kareem Kamel — Research Assistant

Mr. Mamdouh Ismail- Research Assistant

The team benefited from the substantive contribution of the UN country team in Egypt, and was constantly assisted by Michele Ribotta and Zeinab Weng from the Office of the Resident Coordinator at UNDP.