

Country Case Study: Egypt

Country case study prepared for the
***Center for Global Development Working Group on UNFPA's
Leadership Transition***

By

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* The content of this paper is the responsibility of the author and may not represent the views of the Center for Global Development.

Foreword

In August 2010—three months before a new executive director of the United Nations Population Fund (UNFPA) was announced—CGD formed a Working Group to examine UNFPA’s evolving role in sexual and reproductive health, reproductive rights, and the integration of population dynamics into development. The recommendations from the Working Group on UNFPA’s Leadership Transition were based on consultative meetings, one-on-one interviews, expert-panel deliberation, and literature reviews. In addition, we commissioned four country case studies to represent the diversity of country conditions in two of UNFPA’s most important regions: Asia and Africa. With 76 percent of its staff based outside of headquarters, understanding UNFPA’s role and performance in the field is essential to understanding UNFPA.

In this paper, Ahmed Ragaa A. Ragab provides a view into UNFPA’s role in population, gender, and reproductive health in Egypt. He offers a summary of population conditions and evolving population policy in Egypt; a review of population organizations and their roles in Egypt; key challenges and opportunities and how UNFPA can be engaged; and recommendations for UNFPA’s continued presence in Egypt.

This paper is part of the larger Demographics and Development Initiative at CGD and a contribution to CGD’s Working Group Report on UNFPA’s Leadership Transition. The work is generously supported by a grant from the William and Flora Hewlett Foundation.

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Executive Summary

The Arab Republic of Egypt is considered a middle-income country, relying on remittances from Egyptians working abroad, revenues from the Suez Canal and oil, as its main sources of income. The underlying contextual determinant of several evolving development issues in Egypt are population related. The perpetuation of poverty, increasing unemployment rates among youth and women, food shortfalls, the fragmentation of cultivable land, combined with high rates of illiteracy (especially among women), gender gaps in educational enrolment and dropouts, persistent unmet needs in reproductive health and family planning services, shortages in housing and water resources and environmental degradation are all predisposed and compounded by the nature of Egypt's population growth and composition. In 1991, almost a quarter of the Egyptians (24.3 percent) lived below the national poverty line. Around 2000, the number had been considerably reduced to 16.7 percent, but rose soon after to 20 percent in 2008. These explicit facts have greatly shaped the political commitment to invest increasing efforts to address population issues within the International Conference on Population and Development (ICPD) Program of Action and the Millennium Development Goals (MDGs) operational framework.

The trend in population growth over the last few years indicates that Egypt has reached a plateau. This plateau can be attributed to many factors including: the slowing of fertility decline (total fertility rate (TFR) at 3.0), high adolescent fertility rate, unmet need of 10 percent, about 30 percent of contraceptive users discontinue use within a year and the gap between urban TFR (2.7) versus rural (3.4) is still wide.

The impact of the world financial crisis will probably affect the health sector. The magnitude of the expected effects is hard to evaluate, however, the United Nations Population Fund (UNFPA) and the Government of Egypt should take actions now to secure funds needed to maintain and expand reproductive health coverage, as this is not a health issue but also a developmental issue.

The recent withdrawal of donor support for family planning and low involvement of men in reproductive health issues both need to be addressed by UNFPA.

Although there has been great progress in the reduction of the maternal mortality rate (MMR) in Egypt, it is still behind other countries in the region, such as Qatar, Kuwait and Israel. There is a need to reduce the MMR further and to improve and sustain the quality and use of reproductive health care services. A major challenge facing Egypt and UNFPA is the limited access to information of young people on sexuality and reproductive health issues. Left with many unanswered questions, young people are prey to misconceptions and often have unprotected sex. Delayed marriage opens the door to many problems related to lack of knowledge and protection. The information gap among youth is a key issue.

The growth of the HIV epidemic will put an additional burden on Egypt's economy, increasing direct costs of decreased adulthood longevity. This calls for looking ahead for the means to protect the country against the inescapable HIV economic consequences. The severe stigma and social exclusion against

people living with HIV and their families coupled with limited access to health care services is an emerging human right issue that calls for a review of laws and social interventions to eliminate all forms of discrimination and protect rights of all individuals to health and well-being.

Female Genital Mutilation (FGM)—also known as female circumcision and female genital cutting—is the partial or total removal of parts of the external genitalia. According to the Egypt Demographic and Health Survey in 2008, the percentage of women who were ever married that are circumcised is approximately 95.2 percent; more than 65 percent were performed by a medical doctor.

Despite some relative success in gender equality, Egypt's rank on gender empowerment in the United Nations Development Programme's (UNDP) Human Development Report in 2004 was very low, 75th out of 78 countries. In the Gender-Related Development Index, for 144 countries, Egypt was 99th and in an international study by the World Economic Forum (2005), Egypt came last, with a rank of 58th out of 58 countries.

Capacity weaknesses are perhaps the most difficult bottleneck handicapping Egypt's accelerated and more socially oriented development efforts. Weak institutional capacities, poor performance appraisal systems and non-discriminating incentive practices have damaged institutional performance and caused substantial waste of public funds.

A chronic problem in the policymaking process and in implementation, in Egypt, has been the lack of coordination across sectors and agencies (i.e. horizontally) as well as in the vertical direction between central and local administrations. In addition, there is fragmentation in the institutional setup for monitoring, evaluating and reporting progress on development initiatives.

The civil society in Egypt is handicapped by NGO law. Egypt has a law that is far from the international standards as it contains many restrictions and controls on financial resources and excessive bureaucratic interventions.

Main Recommendations

- UNFPA and key partners should work to ensure political stability which is a key to development.
- Population growth remains a critical challenge. Effort to curb the population through different strategies is needed.
- Conservatism is sweeping all over the region, including Egypt. The impact of it is devastating—gender issues, family planning programmes and sex education programmes will be in danger. The government of Egypt should be supported in its efforts to curb this phenomenon by sustaining the assistance in such fields. The best strategy to work in this context is to make sure that the approaches/programmes are culturally sensitive. Creating alliances with respected and strong institutions, such as Al-Azhar University and promoting

and supporting right-based approaches are important. It is crucial to develop a sound partnership with community and religious leaders should reproductive health be improved and family planning programs be accepted.

- Greater efforts are required to address both constraints and gaps in provision of comprehensive reproductive health care in Egypt, including stronger coordination mechanisms among various stakeholders and the need for more effective partnership with civil society and the private sectors.
- The family planning donors' withdrawal (mainly USAID, on a wrong assumption that Egypt's economy has improved) should be re-visited and support for Egypt should be given.
- UNFPA had a strong monitor and evaluation policy; this should be supported, sustained and widely shared with other partners.
- Egypt needs to be supported to develop an explicit national strategy to development capacity at institutions.
- UNFPA, as a UN body, is the best among the international donors to work with civil society, as the law in Egypt does not support an enabling environment for it.
- As Egypt approaches the demographic window, the issues of population and development and their inter-linkages become increasingly important. UNFPA and its partners, through all of their programmes, should continue support sustainable development for Egypt.
- Efforts should be intensified to assist Egypt to prepare for the era following the demographic window in which it will have to deal with an aging population and an increasing dependency ratio.
- In solving population problems, Egypt and its donors concentrated on population control while other measures, such as population distribution and improving the quality of the population were marginalized. It is the time that Egypt should be supported to consider the other two measures. Since family planning programmes are implemented by the Ministry of Health, the new Ministry of Family and Population should tackle the other dimensions of solving population problems.
- Climate change and the rising sea level could have devastating effects on the south of Egypt and the Delta. UNFPA can play a role by providing training, in collaboration with the Inter Agency Working Group (IWAG) on reproductive health in emergency situation.
- Although Egypt has a low prevalence of HIV/AIDS, still the potential for rapid spread exists and there is a high stigma surrounding people living with HIV/AIDS. In this regard, UNFPA and its partners can help Egypt to reduce the stigma and provide prevention and care efforts.
- Although women's health has greatly improved in the last two decades with maternal mortality dropping and antenatal coverage increasing, Egypt still needs a lot of support in this area to improve it further. For example, they need to train health providers, and improve services, including clinics and equipment.
- FGM prevalence is still high despite marginal improvement; support is still needed in this area through publications, media messages, trainings and awareness raising.

- Help is needed in developing the skills and expertise in monitoring the financial and policy accountability of the Egyptian government on the implementation of the international objectives of sexual health.

Background

UNFPA, the United Nations Population Fund, is an international development agency that promoted the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries using population data for policies and programmes to reduce poverty and ensure that every pregnancy is wanted, every birth is safe, every young person is free from HIV/AIDS, and every girl and woman is treated with dignity and respect.

Within its activities, UNFPA makes sure that:

- The implementation of ICPD Programme of Action is advanced and monitored
- Reproductive health improves
- Population data are generated and utilized
- The MDGs are met
- Motherhood becomes safer
- Adolescent and youth are supported
- HIV/AIDS is prevented
- Gender equality is promoted
- Culturally sensitive approaches are used
- Human rights are protected
- Reproductive health supplies are secured
- Emergencies are assisted

UNFPA's strategic direction focuses on supporting national ownership, national leadership and capacity development, as well as advocacy and multi-sectoral partnership development for positioning the agenda of the ICPD. The strategic plan consists of: (a) a development results framework, which outlines goals and outcomes for UNFPA in the three focus areas, (b) a management results framework and (c) an integrated financial resources framework.

The development results framework defines three goals and 13 outcomes and indicators in the three focus areas of the strategic plan:

- Goal 1: The systematic use of population dynamics analysis to guide increased investments in gender equality, youth development, reproductive health and HIV/AIDS for improved quality of life and sustainable development and poverty reduction.
- Goal 2: Universal access to reproductive health by 2015 and universal access to comprehensive HIV prevention by 2010 for improved quality of life.
- Goal 3: Gender equality advanced and women and adolescent girls empowered to exercise their human rights, particularly their reproductive rights, and live free of discrimination and violence.

Population Conditions, Evolving Population Policy, and Continuing Needs in Egypt

Egypt was one of the first countries to sign an agreement with UNFPA to initiate population activities. The country office was established in 1972 and UNFPA has supported Egypt through seven 5-year country programmes.

The Arab Republic of Egypt is considered a middle-income country, relying on remittances from Egyptians working abroad, revenues from the Suez Canal and oil, as its main sources of income. It covers an area of 1,001,449 square kilometers which is mostly desert. Only 6 percent of Egypt's area is inhabited. Administratively, Egypt is divided into 29 governorates. The seven Urban Governorates have no rural population. Each of the other 23 governorates is subdivided into urban and rural areas. Nine of these governorates are located in the Nile Delta (Lower Egypt), nine are located in the Nile Valley (Upper Egypt) and the remaining five Frontier Governorates are located in the eastern and western boundaries of Egypt. The majority of Egyptians (43.3 percent) live in Lower Egypt (North of the country) whereas 37.1 percent live in Upper Egypt (South). Less than 2 percent occupy the frontier Governorates and 18.1 percent inhabit the Urban Governorates.

Egypt's population has witnessed a remarkable increase over the previous decades. The population rose from 35.3 million in 1970 to around 80 million today, doubling in less than 40 years. Hence, population issues are of the highest priority to the Government of Egypt.

Evolution of Population Policy in Egypt and the Role of UNFPA

The formulation and development of the population policy in Egypt passed through stages to arrive at the current policy. The National Commission for Population Matters was established in 1953. In 1973 the Council's name was changed to the "Supreme Council for Population and Family Planning." The first national Population Policy statement was then issued. It emphasized the importance of socioeconomic development as a key factor in reducing fertility in addition to providing family planning services. The policy statement stressed that an increase in the demand for family planning services depend critically on the rate and nature of socio-economic change, including the following aspects:

1. Upgrading family planning services
2. Raising the general standard of living
3. Expanding functional education
4. Upgrading the status of women and increasing their participation in the labor force
5. Mechanizing agriculture and spreading cottage and agro-industries
6. Extending social security
7. Reducing infant mortality
8. Informing the public of family planning services

In 1975, the policy was developed to recognize the importance of three dimensions of population: its growth rate, its unbalanced spatial distribution and its unavoidable characteristics. In 1977, calculation of the target number of family planning acceptors was introduced, and family planning activities became more organized and well managed and the goals became more qualified than before. In December 1980, the council adopted a new “National Strategy Framework for Population, Human Resources Development and the Family planning Program.” The Strategy aimed at:

- Promoting family planning services;
- Mobilizing local resources and human participation to increase the pace of socioeconomic development; and
- Upgrading management capabilities at the local level.

In March 1984, a “National Population Conference” was held, headed by the President of Egypt. One of the most important recommendations of the conference was to form the “National Population Council,” which was established in January 1985. The council was directed by the President of Egypt at the beginning, then the Prime Minister and then under the auspice of the Minister of Health and Population. Currently, it is led by the new Minister of Family and Population.

In 2008, Egypt held a large National Population Conference that was attended by the President, H.E. Mr. Hosni Mubarak. The conference brought together different ministries, parliamentarians and development partners to create a multi-sectoral dialogue and further advance population policies in Egypt to reinforce the Government's commitment to population issues.

The trend in population growth over the last few years indicates that Egypt has reached a plateau. This plateau can be attributed to many factors including: the slowing of fertility decline (total fertility rate (TFR) at 3.0), high adolescent fertility rate, unmet need of 10 percent, 30 percent of contraceptive users discontinue within a year and the gap between urban TFR (2.7) versus rural (3.4) is still wide.

UNFPA Egypt works with the Government to ensure access of decision makers to evidence-based population information and an in-depth knowledge of population dynamics to guide the decision-making process. UNFPA supports the Government to ensure national policies address the goals and targets of the ICPD Programme of Action and MDGs. UNFPA also supports institutional capacity building in communicating information and data accurately in order to promote dialogue.

To attain these goals, UNFPA Egypt supports:

- The Information and Decision Support Center (IDSC) in the production of an annual population report to be utilized in policy dialogue, which highlights emerging issues in the country. The 2009 report focused on ICPD at 15 and the achievements and challenges that lie ahead.
- The development and updating of a national population database that is user friendly and accessible to policy and decision makers at the national, regional and local levels, through capacity building at the governorate level on data collection, utilization and monitoring and

- evaluation of progress on population indicators, and establishing a cadre of media personnel to advocate and disseminate accurate information on population issues according to national policy.
- The National Council for Women support the development and use of gender disaggregated indicators in policy dialogue. Build capacity in central ministry personnel and Governorate planners for gender budgeting Monitor and evaluate gender projects from the national plan in 27 governorates to provide evidence of the progress achieved.

Globally, the population growth rate has decreased from the 1960's, but Egypt is among countries that are growing fast with an average of 3 children per women. The population is still young, as more than a half (57.2 percent) of nationals are fewer than 25 years old and 37.3 percent are under 15. That is to say that 33.5 percent of the whole population is between 10 and 25. In 1991, almost a quarter of the Egyptians (24.3 percent) lived below the national poverty line. Around 2000, the number had been considerably reduced to 16.7 percent, but has since risen to reach 20 percent in 2008.

The country has made significant improvements in overall economic development. The steady improvement has pulled Egypt from the category of low to medium of human development. Indeed, the underlying contextual determinant of several evolving development issues in Egypt are population related. The perpetuation of poverty, increasing unemployment rates among youth and women, food shortfalls, the fragmentation of cultivable land, as well as high rates of illiteracy (especially among women), gender gaps in educational enrolment and dropouts, persistent unmet needs in reproductive health and family planning services, shortages in housing and water resources and environmental degradation are all predisposed and compounded by the nature of Egypt's population growth and composition. Those explicit facts have greatly shaped the political commitment to invest increasing efforts to address population issues within the ICPD Programme of Action and MDGs operational frameworks.

The 8th Country Programme (2007-2011)

The current country program in Egypt is its eight. It is based on a Common Country Assessment and aligned with UN Development Assistance Framework outcomes. Among the five identified outcomes to be achieved by 2011, UNFPA is contributing to three:

- Improved performance and accountability of the Government in programming, implementing and coordinating actions, especially those that reduce exclusion, vulnerabilities and gender disparities.
- Reduced regional human development disparities, including reduction in the gender gap and the promotion of environmental sustainability.
- Increased women's participation in the work force, political sphere and in public life and the fulfillment of their human rights.

Accordingly, the Country Programme was developed based on six outcomes and seven corresponding outputs in the areas of population and development, reproductive health and gender. The overall focus shifted from the traditional service delivery model to one focusing on population policies and strategies, advocacy for population issues and strengthening partnerships. Emphasis has been on capacity development of systems rather than of individuals. Human rights have been an overarching framework for promoting reproductive rights and for addressing the needs of the vulnerable segments of the population, including young people. Culturally sensitive approaches have been employed in terms of the selection of partners and the strategies selected to address key population challenges through the various projects.

The population and development programme focused on ensuring access of decision makers to evidence-based population information and an in-depth knowledge of population dynamics to guide the decision-making process. The programme also focused on strengthening the monitoring of the national plan for empowering women at sub-national levels by women committees.

The reproductive health programme focuses on ensuring that relevant measures to uphold the quality of reproductive health services within health sector reform are followed and that the capacity of the Ministry of Health for commodity security is maintained. The programme is also taking the lead on increasing access to and improving the quality of voluntary counseling and testing services for STIs and HIV/AIDS, including the vulnerable segments of the population, and contributing to the introduction of Youth Friendly Reproductive Health Services.

On the gender dimension, the programme is focusing on supporting efforts for the abandonment of Female Genital Mutilation/Cutting, combating sexual harassment, creating a more conducive cultural environment for the advancement of women and safeguarding the reproductive rights of individuals.

The 8th Country Program has 6 outcomes, two for each area: population and development, reproductive health and gender and seven corresponding outputs.

Population and Development

Outcome (1): Population policies and strategies reflect a human rights-based approach to program implementation.

- Output (1): Multi-sectoral population policies and strategies revised to address poverty reduction, HIV prevention, youth reproductive health and needs of vulnerable groups.

Outcome (2): Poverty reduction strategies are monitored to ensure progress and the integration of a gender perspective.

- Output (1): Gender analysis and gender disaggregated indicators developed and used in policy dialogue.

Reproductive Health

Outcome (3): The sustainability and quality of reproductive health services at the national level and at service delivery points are improved.

- Output (1): Capacity of the government and non-government health organizations is strengthened in management, planning and monitoring.
- Output (2): Capacity of health care providers is strengthened to provide high-quality reproductive health services, including voluntary counseling and testing and youth-friendly services, especially to vulnerable groups.

Outcome (4): The utilization of integrated reproductive health services is increased in Upper Egypt with a focus on underprivileged communities in rural areas.

- Output (1): Primary and reproductive health care services strengthened within the framework of the Health Sector Reform.

Gender

Outcome (5): Girls and women's rights to access information and services progressively fulfilled.

- Output (1): Increased effective advocacy strategies in promoting sexual and reproductive health and gender equity, addressing men, women and youth.

Outcome (6): Incidence of all forms of violence against women is reduced.

- Output (1): Community, religious leaders and media sensitized through active alliance to combat gender-based violence.

A Landscape Review of Population Organizations and their Relative Roles and Impacts

UN organizations, including UNDP, UNFPA, WHO, UNIFEM, UNICEF, UNAIDS and WFP, work in harmonized cycles in accordance with the national planning framework. There is a large Donors Advisory Group (DAG) that serves as a coordinating body between the Government of Egypt and the donors to various sectors of the government. A subgroup of the DAG serves as a coordinating body between the Ministry of Health and donors that are active in the field of health. This subgroup coordinates relations between donors and the Ministry of Health and among the donors themselves. It also supports the Ministry of Health in developing a strategic plan to demonstrate gaps in external support and to coordinate actions to fill the gaps identified. Within the Ministry of Health, there is a department of projects that coordinates and regulates all health and population projects with the Ministry in order to prevent duplication and to ensure better mobilization.

However, other international organizations, like USAID, the Ford Foundation, Population Council, IDRC, European Community, Swiss Fund, Pathfinder, FHI, DANIDA, IPPF and others, have their own programmes and agendas. In this regard, some of the programmes are repetitive and there are sometimes similar programmes carried out in the same Governorate. Minia Governorate, for example, hosted a host of programmes for many years for different international organizations, working on the same issues with the same local NGOs without a coordinating mechanism. Some of the reasons for this was because Minia was governed by an excellent governor, it is near Cairo and it is considered one of the Upper Egypt governorates. However, other Upper Egypt governorates did not have this chance. There is a need for a coordinating mechanism to liaise between organizations. UNFPA, with its capacity and relationships, can play this part.

Key Challenges and Opportunities in Egypt and UNFPA's Engagement

The make-up of the population in the coming decades will give Egypt a window of opportunity where, if capitalized, could change the future of Egypt dramatically. However, at the same time, the world is in the midst of a global financial crisis, which is expected to impact all countries, including Egypt. Trade and trade prices, remittances, foreign direct investment, commercial lending and foreign aid are starting to show weakness. Each of these channels needs to be monitored, as changes in these variables have direct consequences for growth and development. Impact of this crisis would lead to weaker export revenues, further pressure on current accounts and balance of payment, lower investment and growth rates, lost employment and lower growth translating into higher poverty.

The impact of the world financial crisis will also affect the health sector. The magnitude of the expected effects is hard to evaluate. Regardless, UNFPA and the Government of Egypt should take actions now to secure funds needed to maintain and expand reproductive health coverage, as this is not a health issue but, more importantly a developmental issue.

In March 2009, a new Ministry was formed to work on family and population issues. The Ministry's mandate covers population issues, youth, mothers, children and family welfare. Although family and population are interrelated, the matter is more complex. Population is a complex issue that has social, cultural, health, religious, demographic and economic dimensions. Consequently, it needs a strong body to coordinate between different concerned Ministries, rather than a centralized body of authority. The Ministry could lead the process of partnership with other Ministries and act as the liaison between governmental and civil society organizations and associations to work together towards achieving the ICPD goals and MDGs. In this regard, UNFPA should have a stronger relation with this newly established Ministry.

With the establishment of the Ministry of Family and Population, the board of National Population Council is no longer headed by the Prime Minister and does not include ministerial representation from line ministries as it previously had. Currently, the board is headed by the Minister of Family and Population and includes the deputies of the line ministries. The implications of this change in structure are yet to be observed.

Reproductive Health

The critical importance of reproductive health to achieving international development goals was affirmed at the highest level at the 2005 World Summit. UNFPA's vision highlights that: every child is wanted; every birth is safe, every young person is free of HIV; and every girl and woman is treated with dignity and respect. In the following subsections, the challenges facing Egypt in components of reproductive health are highlighted.

Family Planning

UNFPA and Egypt need to work harder to fill the gap from a withdrawal of donor support for family planning in a sustainable way and to overcome the problem of the low involvement of men in reproductive health issues.

Maternal Mortality

In spite of the great progress in the reduction of the maternal mortality rate, Egypt still lags behind other countries in the region, such as Qatar, Kuwait and Israel. There is a need to reduce the MMR further and to improve and sustain the quality and use of reproductive health care services.

Young People

A major challenge facing Egypt—and one in which UNFPA can play a role—is the limited access to information on sexual and reproductive health issues for young people. Left with many unanswered questions, young people are prey to misconceptions and often engage in unprotected sex. Delayed marriage opens the door to many problems related to a lack of knowledge and access to protection. The information gap among youth is a key issue for youth and reproductive health. In this regard, the International Islamic Center for Population Studies and Research at Al-Azhar University in collaboration with Ford Foundation is paving the way by preparing a manual for religious leaders on youth and adolescents reproductive health. UNFPA should support such an initiative.

HIV/AIDS

The growth of the HIV epidemic will put an additional burden on the country's economy, increasing direct costs of decreased adulthood longevity. Egypt must identify the means to protect the country against the inescapable economic consequences of HIV. The severe stigma and social exclusion against people living with HIV and their families coupled with limited access to health care services is an emerging human right issue that calls for a review of laws and social interventions to eliminate all forms of discrimination and protect rights of all individuals to health and well-being. Despite the Ministry of Health and Population's efforts to combat the HIV epidemic, there is much debate about the HIV epidemic status in Egypt, including numerous misconceptions that limit the use of condoms.

Female Genital Mutilation (FGM)

FGM (also known as female circumcision and female genital cutting) is the partial or total removal of parts of the external genitalia. According to the Egypt Demographic and Health Survey from 2008, the percent of ever married women that are circumcised is 95.2 percent, and more than 65 percent of them are carried out by medical doctors.

Egypt has been actively fighting this practice and in 2008 new legalization to criminalize the procedure was issued. Leading religious institutions and senior religious leaders have spoken against it; however, at the grass roots level, communities and local religious leaders support and demand it.

Hepatitis C

Egypt has the highest Hepatitis C prevalence rate in the world: 12.2 percent of women and 17.4 percent of men have tested positive for the Hepatitis C antibody, for a total of 14.7 percent of 15-49 years old.

Gender Equality

Despite some relative success in gender equality, Egypt's rank on gender empowerment in the UNDP Human Development Report in 2004 was 75th out of 78 countries. In the Gender-Related Development Index, out of 144 countries, Egypt was 99th. In an international study by the World Economic Forum (2005), Egypt came in last, with a rank of 58th out of 58.

Structural Challenges

Capacity weakness are perhaps the most difficult bottleneck handicapping Egypt's accelerated and more socially oriented development efforts. Weak institutional capacities, poor performance appraisal systems and non-discriminating incentive practices have damaged institutional performance and caused a substantial waste of public funds, as evidenced by the annual reports of the Central Audit Agency and similar watchdogs. The tasks of upgrading the capacities of Egypt's development and regulatory institutions require much more commitment from senior levels of the government and persistent follow up to ensure that such efforts are effective.

A chronic problem in the policymaking process and in implementation has been the lack of coordination across sectors and agencies (i.e. horizontally) as well as in the vertical direction between central and local administrations. In addition, there is fragmentation in the institutional setup for monitoring, evaluating and reporting progress on development initiatives.

The civil society in Egypt is handicapped by NGO law. Egypt's law is far from the international standards—it contains many restrictions and controls on financial resources and excessive bureaucratic interventions.

Looking Forward: Egypt's Needs and UNFPA's Engagement

The latest Demographic and Health Survey in Egypt (2008) acknowledged that many Egyptian women are having more births than they desire. Overall, 14 percent of births in the five years prior to the survey were reported unwanted. If Egyptian women were to have the number of children they consider ideal, the total fertility rate would fall from 3.0 births to 2.4 births per women.

Although Egypt has a good supply of subsidized reproductive health commodities through a well-established system, challenges remain. Challenges include: the withdrawal of donor funds, pressure on public resources, the global financial crisis, limited information for policy makers, a lack of appropriate collaboration between sectors and partners working toward contraceptive security and inadequate quality control measures in commodity testing and service delivery.

In a series of policy reports sponsored by UNFPA on emerging population issues, aimed to strengthen the evidence base for policy making, they found that death rates in Egypt have stabilized at a low level while fertility rates are continuing to drop due to increasing access to contraception, increasing age at first marriage, an increase in the status and education of women, etc. As a consequence, Egypt's growth is decreasing while the relative size of Egypt's potential labor force (15-64 years) is slowly starting to increase in comparison to the size of the dependent population (those younger than 15 years or older than 65 years). Demographers call this period, in which the proportion of population of productive age is particularly high due to a nation's demographic evolution, the demographic window of opportunity.

Such a demographic dividend is not automatic and requires a favorable policy environment. Observers in Egypt notice that Egypt is not yet profiting the potential benefits its demographic window offers, and that absorption of skilled entrants in the labor market is particularly poor. Egypt is not yet successful in creating adequate employment due to weak export performance, insufficient economic diversification, insufficient domestic savings, limited investments and an inflexible labor market in which working hours are rigid and firing of staff is difficult.

In the same series, a second report demonstrates a need for Egypt to prepare for the era following the demographic window in which it will have to deal with an aging population and an increasing dependency ratio.

Climate changes and rising sea level would have devastating disasters on the south of Egypt and Delta. Although scientists are sounding warning bells, there is no evidence so far on long term plans/strategies to combat these changes. UNFPA can play a role by providing training, in collaboration with Inter Agency Working Group, on reproductive health in emergency situations.

Egypt needs to achieve health and wellness for its population throughout the country. This requires organized efforts that reach down to the community level. UNFPA's mission is in line with strategies

aimed at reaching the MDGs and more. They can spearhead efforts towards fulfilling such goals. UNFPA can work at different tiers:

National Level

- Institutional development and capacity building for key institutions
 - Ministry of Health: Mainly the primary health care sector (including family practice) and the family planning sector.
 - Ministry of Family and Population: Mainly the National Population Council and the National Council for Childhood and Motherhood.
- At the institutional level, UNFPA can support intra-sectoral cooperation that will be reflected in a common vision and integrated strategies.
- Donors coordination: This is needed among United Nations agencies working in Egypt (UNDP, UNFPA, WHO, UNICEF, WB and others), and—as appropriate—with other donors and bilaterals. The experience of the Donors Assistance Group and the National Population Council with the Tripartite Review Meetings are good examples that should to be reconsidered in an appropriate format.

Local Level

The district level represents mid-level management where central policies and strategies are to be translated into local plans to be implemented on the community level. The district level represents the link and provides an enabling environment to support local communities in implementing activities. UNFPA should work with different agencies, organizations and institutions to develop integrated district plans.

Community Level

This is the most important level, and UNFPA should support efforts to develop an integrated plan at the level of the community. Such plans should be developed with full involvement of local communities with all its organizations, endorsed by national and international organizations and supported by middle level management.

At the community level, integrated plans will take into consideration local needs, resources, ongoing activities, programmes and projects. Partnership between governmental organizations, civil society, including NGOs, and private sector institutions should pave the way for successful activities. Community involvement and community-based initiatives will be encouraged. Local planning, monitoring and evaluation and demonstrating how to ensure sustainability and replicable interventions are important issues.

Required Resources

- Human resources: Local experts are available; however, international experts could be recruited in special tasks, on short term basis.
- Financial resources: According to plans.
- Commodities: According to plans.

Recommendations for UNFPA's Contributions in Egypt and Key Partnerships

- UNFPA and key partners should work to ensure political stability, which is a key to development. Addressing population growth, reducing disparities, improving access to productive, remunerative employment and promoting inclusion is essential to political stability and continued growth.
- Population growth remains a critical challenge. Efforts to curb the population through different strategies are needed. A client-oriented and needs-based comprehensive health and family planning programme should be continued, with an emphasis on quality of care.
- Conservatism is sweeping all over the region, including Egypt. The impact of it is devastating for gender issues, family planning programmes and sex education programmes. The government of Egypt should be supported in its efforts to curb this phenomenon by sustaining the assistance in such fields. The best strategy to work in this context is to make sure that approaches and programmes are culturally sensitive and alliance are made with respected and strong institutions, such as Al-Azhar, to promote and support rights-based approaches. It is crucial to develop a sound partnership with community and religious leaders should reproductive health be improved and family planning programs be accepted.
- Egypt is making over-all progress in the field of reproductive health. However, greater efforts are required to address both constraints and gaps in the provision of comprehensive reproductive health care in Egypt, including stronger coordination mechanisms among various stakeholders and the need for more effective partnerships with civil society and the private sectors.
- The family planning donors' withdrawal (mainly USAID, on a wrong assumption that Egypt's economy has improved) should be re-visited. Although, the economy of Egypt has improved, disparities and the lack of social justice widen the gap between the rich minority and the poor majority. The rich became richer and the poor, who also need the family planning, became poorer.
- UNFPA had a strong monitoring and evaluation policy. This should be supported, sustained and widely shared with other partners. It should be an essential part of all the projects and programmes of UNFPA. In all the programmes and projects, a separate budget should be allocated for monitoring and evaluation activities. Grantees should be encouraged to set their own plans for internal and external monitoring and evaluation for their projects.
- Egypt needs to be supported to develop an explicit national strategy for capacity development of institutions. In this regard, the Accra Agenda for Action on Aid Effectiveness, which Egypt endorsed in 2008, makes provisions for development partners to support Egypt's capacity building efforts.
- UNFPA, as a UN body, is the best among the international donors to work with civil society. The law for NGOs in Egypt includes undue restrictions and controls on financial resources, for fear of foreign interference in the politics of Egypt. However, UN organizations' assistance is accepted and welcomed. In this regard, UNFPA, in order to achieve its mandate, needs to be engaged

closely with civil society, community organizations and the private sector, in addition to the Government. UNFPA Egypt must help the Egyptian civil society to bring its voice to the table in the international fora.

- UNFPA, the Government of Egypt and other organization need to promote volunteerism in its many forms, especially among youth. From national perspectives, promoting youth volunteerism will be a means of engendering a sustainable volunteer culture and making youth active agents of development.
- As Egypt approaches the demographic window, issues of population and development and their inter-linkages become increasingly important. UNFPA Egypt and its partners, through all of their programmes, should continue support sustainable development for Egypt. In addition, efforts should be intensified to assist Egypt to prepare for the era following the demographic window in which it will have to deal with an aging population and an increasing dependency ratio.
- In solving population problems, Egypt and its donors concentrated on population control while other measures, like population distribution and improving the quality of population were marginalized. It is the time that Egypt should be supported to consider the other two measures. Since family planning programmes are implemented by the Ministry of Health, the New Ministry of Family and Population should tackle the other dimensions of solving the population problems.
- Climate changes and rising sea level would have devastating disasters on the south of Egypt and Delta. Although scientists are sounding warning bells, there is no evidence so far on long term plans/strategies to combat these changes. UNFPA can play a role by providing training, in collaboration with Inter Agency Working Group, on reproductive health in emergency situations.
- Although Egypt is among the lowest countries in the prevalence of HIV/AIDS, the potential for rapid spread exists and there is a high stigma surrounding people living with HIV/AIDS. In this regard, UNFPA and its partners can help Egypt in realizing the problem, reducing the stigma and increasing prevention and care efforts.
- Although women's health has greatly improved in the last two decades—maternal mortality has dropped and antenatal coverage is greater—Egypt still needs a lot of support in this area to improve it further. For example, they should train health providers and offer better services, including improved clinics and equipment.
- FGM prevalence is still high despite marginal improvements. Support is needed in this area through publications, media messages, training and awareness-raising.
- UNFPA should help develop skills and expertise in monitoring the financial and policy accountability of the Egyptian government to the implementation of the international objectives of sexual health. Right now the visibility of UNFPA in this area is minimal while the commitment by the government is fading away. No agency is in a better position to raise the flag and bring this to the attention of policy makers than UNFPA.
- UNFPA needs to have a real long-term ability to scale-up small pilots. Right now, this expertise is lacking in the government, NGOs and UNPFA. It is not enough for them to support small-scale pilots of key issues and leave them to go under when their funding stops. If it is part of a

national agreement, then, these have to be agreed with their counterparts in the government and have to be taken up at a larger scale by the government.

- UNFPA staff must get out and be more vocal. Key programme officers in the Cairo office affirmed the demand, which is increasing, is more than the resources.

Appendix I: People Interviewed

1. Professor Dr. Gamal Serour: Director of the International Islamic Center for Population Studies and Research, Al-Azhar University
2. Dr. Ziad El-Rifai: UNFPA Representative Cairo Office
3. Dr. Magdy Khaled: UNFPA Deputy President
4. Gihan Shokry: Program Officer, UNFPA Office, Cairo
5. Profess. Dr. Abdel-Salam Hassan: Professor of Health Management, Cairo Demographic Center
6. Professor Dr. Laila Kamel: Professor of Community Medicine, Cairo University and freelance consultant, reproductive health
7. Dr. Mawahib El-Moulhy: A member of the Board of Cairo Family Planning Association and freelance consultant
8. Dr. Hanan Girgis: Information and Decision Making Support Center
9. Prof. Dr. Ezz El Deen Osman: National and International Expert in Reproductive Health and Population
10. Dr. Montasser Kamal: Reproductive Health Programme Officer, Ford Foundation, Cairo Office

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