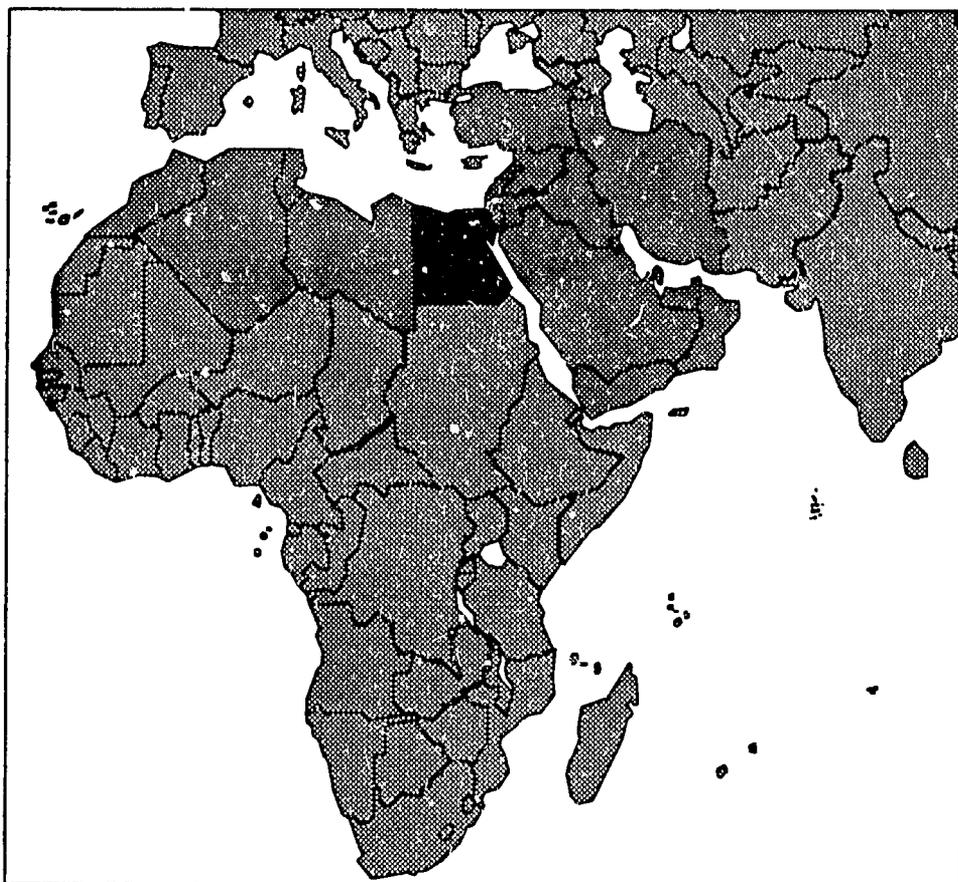


Country Health Profile

EGYPT

Health Situation & Statistics Report 1994



Center for International Health Information
1601 N. Kent Street, Suite 1014
Arlington, VA 22209

The Center for International Health Information (CIHI), a project managed by Information Management Consultants, Inc. (IMC), prepared this document under the Data for Decision Making Project, #936-5991.05 (CIHI-II), contract number HRN-5991-C-00-3041-00, with the Office of Health and Nutrition, Center for Population, Health and Nutrition, Bureau for Global Programs, Field Support and Research, U.S. Agency for International Development (USAID).

**The Center for International Health Information
1601 N. Kent Street, Suite 1014
Arlington, VA 22209
(703) 524 - 5225
FAX (703) 243 - 4669
E-Mail address: cihi@gaia.info.usaid.gov**

EGYPT

Country Health Profile

This is one of a series of Country Health Profiles produced by the Center for International Health Information (CIHI). Each profile contains descriptive information and tables on the country's health and demographic characteristics, health indicators and trends, and when available, the health care system. Profile information is compiled from CIHI's databases and reference library, as well as through research and analysis of other data sources and reports.

The profiles are intended to provide current and trend data in a concise format for policy and decision-making, planning and evaluation, and monitoring of health status for use by individuals and organizations. Contact CIHI at the address on the preceding page for information on the availability of other health profiles and standard reports.

This profile contains national level health and demographic statistics available in CIHI's databases as of the date noted in each section. In order to enable CIHI to report the most current health and demographic statistics, please provide any more recent or more accurate data by contacting the center at the address on the previous page or through USAID, Office of Health and Nutrition, Center for Population, Health and Nutrition, Bureau for Global Programs, Field Support and Research.

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** Sources in this profile are referred to by a seven-digit code. Generally, the first three letters refer to an organization, agency, etc., and the first two numbers indicate the year of the publication or other source document. A complete list of sources appears at the end of the profile.*

I: HEALTH & DEMOGRAPHIC OVERVIEW

Current Demographic and Health Indicators

JULY 1994

Demographic Indicators			
INDICATOR	VALUE	YEAR	SOURCE
Total Population	59,151,096	1993	CALXX02
Urban Population	24,931,000	1993	UNP9200
Women Ages 15-49	13,494,000	1993	UNP9200
Infant Mortality	43	1988	MRF9017
Under 5 Mortality	49	1986	MRF9017
Maternal Mortality	299	1985	WHM9126
Life Expectancy At Birth	62	1993	UNP9200
Number of Births	1,832,442	1993	CALXX02
Annual Infant Deaths	79,345	1993	CALXX01
Total Fertility Rate	3.9	1992	DHS9211

Child Survival Indicators			
INDICATOR	PERCENT	YEAR	SOURCE
Vaccination Coverage			
BCG	89	1992	DHS9308
DPT 3	73	1992	DHS9308
Measles	70	1992	DHS9308
Polio 3	75	1992	DHS9308
Tetanus 2	41	1992	DHS9308
DPT Drop Out	21	1992	DHS9308
Oral Rehydration Therapy			
ORS Access Rate	100	1993	WHD9401
ORS and/or RHF Use	33	1992	DHS9211
Contraceptive Prevalence			
Modern Methods (15-44)	46	1992	DHS9211
All Methods (15-44)	49	1992	DHS9211
Nutrition			
Adequate Nutritional Status	75	1992	DHS9308
Appropriate Infant Feeding	NA		
A) Exclusive Breastfeeding	54	1992	DHS9308
B) Complementary Feeding	52	1992	DHS9308
Continued Breastfeeding	76	1992	DHS9308

Other Health Indicators			
INDICATOR	PERCENT	YEAR	SOURCE
HIV-1 Seroprevalence			
Urban	0	1991	BUC9103
Rural	NA		
Access to Improved Water			
Urban	95	1990	WHO9200
Rural	86	1990	WHO9200
Access to Sanitation			
Urban	80	1990	WHO9200
Rural	26	1990	WHO9200
Deliveries/Trained Attendants	41	1992	DHS9211

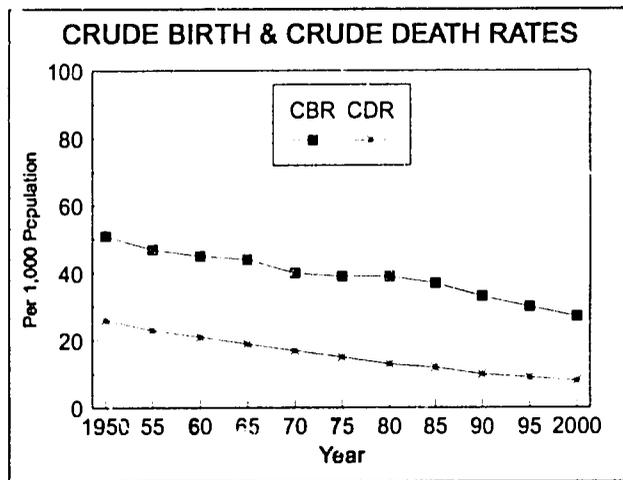
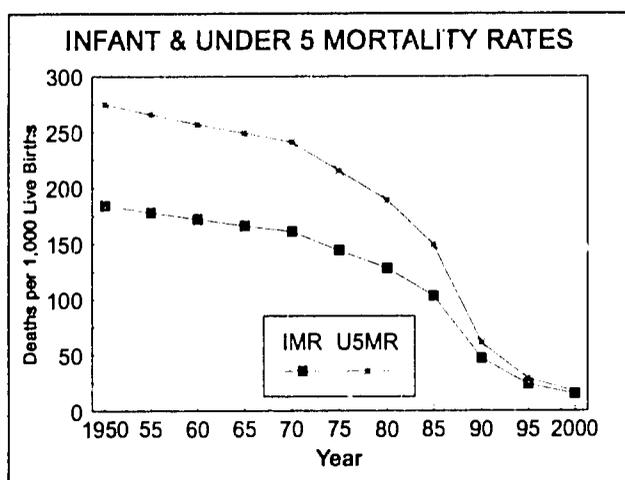
NA = Not available



Trends in Selected Demographic and Health Indicators

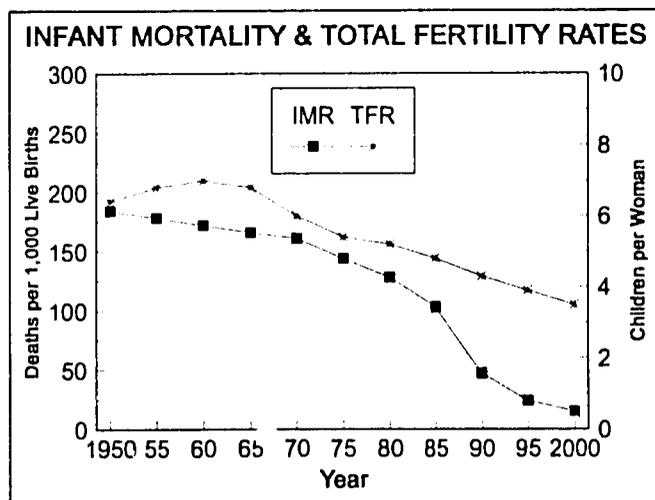
JULY 1994

INDICATOR	1950	1955	1960	1965	1970	1975	1980	1985	1990	1995	2000	SOURCE
Infant Mortality	184	178	172	166	161	144	128	103	47	24	15	WBK9302
Under Five Mortality	275	266	257	249	241	215	189	149	61	29	17	WBK9302
Crude Birth Rate	51	47	45	44	40	39	39	37	33	30	27	UNP9200
Crude Death Rate	26	23	21	19	17	15	13	12	10	9	3	UNP9200
Avg. Annual Growth Rate	3	2	3	2	2	2	3	3	2	2	2	UNP9200
Total Fertility Rate	6.4	6.8	7.0	6.8	6.0	5.4	5.2	4.8	4.3	3.9	3.5	UNP9200



IMR and TFR

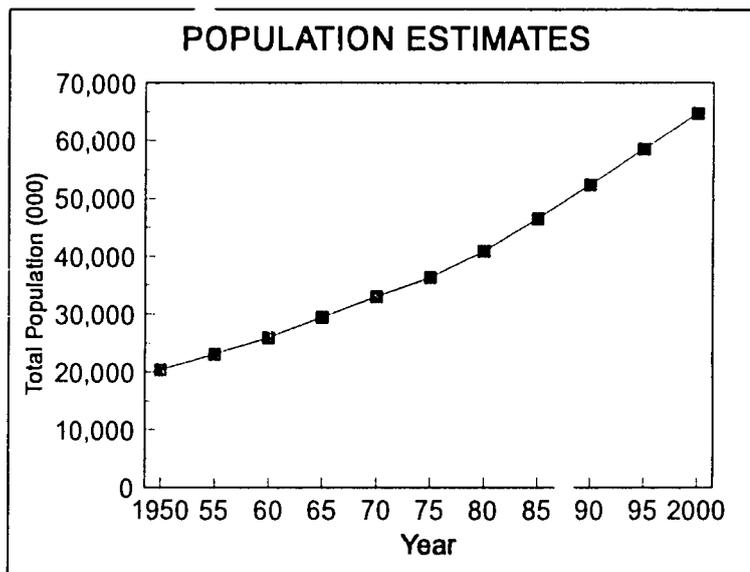
The relationship between IMR and TFR is currently a subject under review by the scientific community. While there is not conclusive evidence that the IMR and TFR are causally linked and necessarily decline together, there is empirical evidence for suspecting that such a reinforcing relationship exists as the pattern is observable in most countries.



Population Estimates/Pyramid

JULY 1994

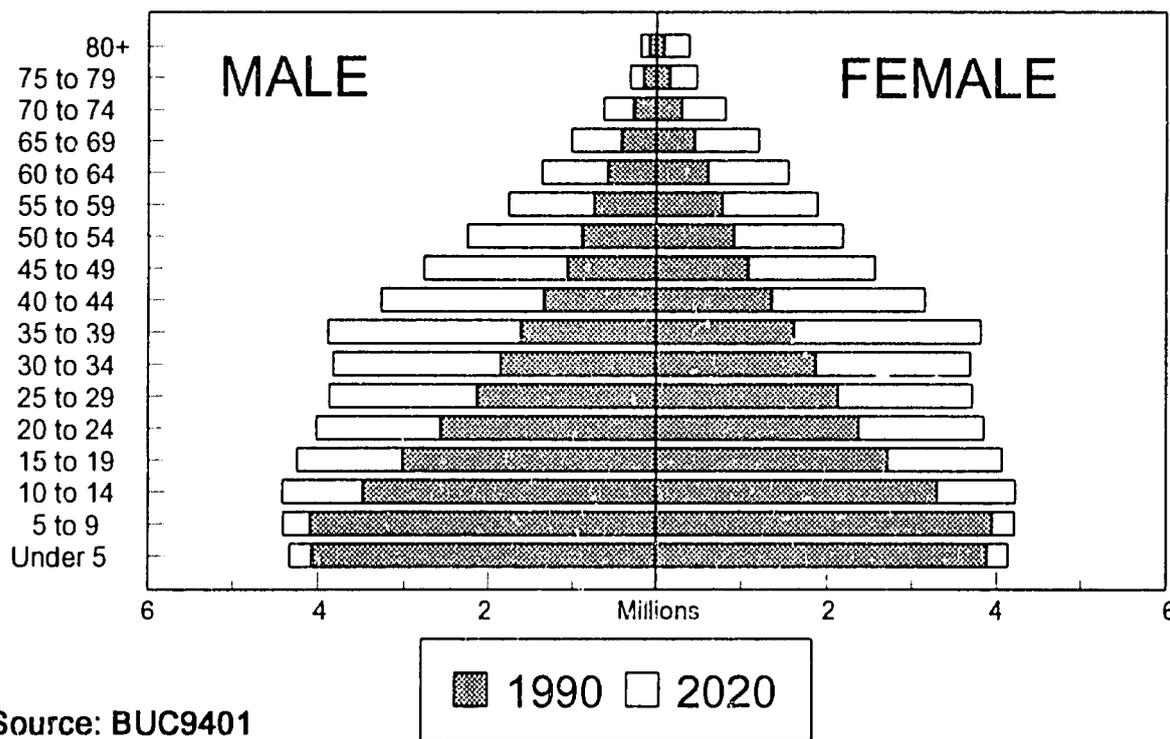
POPULATION ESTIMATES (000's)		
YEAR	VALUE	SOURCE
1950	20,330	UNP9200
1955	22,990	UNP9200
1960	25,922	UNP9200
1965	29,389	UNP9200
1970	33,053	UNP9200
1975	36,289	UNP9200
1980	40,875	UNP9200
1985	46,511	UNP9200
1990	52,426	UNP9200
1995	58,519	UNP9200
2000	64,810	UNP9200



CURRENT & PROJECTED POPULATION

By Age & Gender: 1990 - 2020

Total Population 1990: 55,882,557 Total Population 2020: 92,604,379

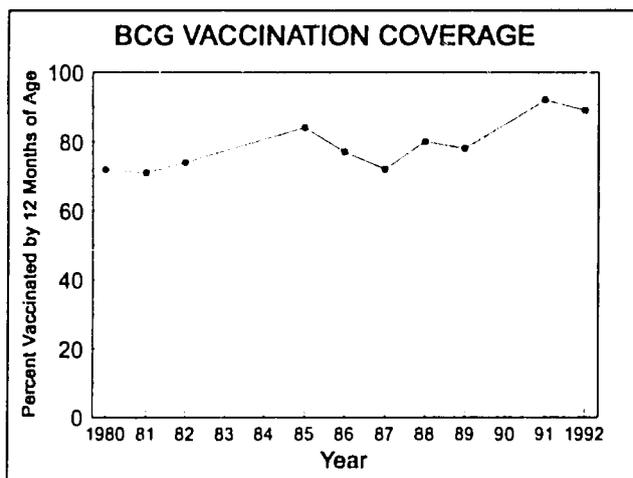




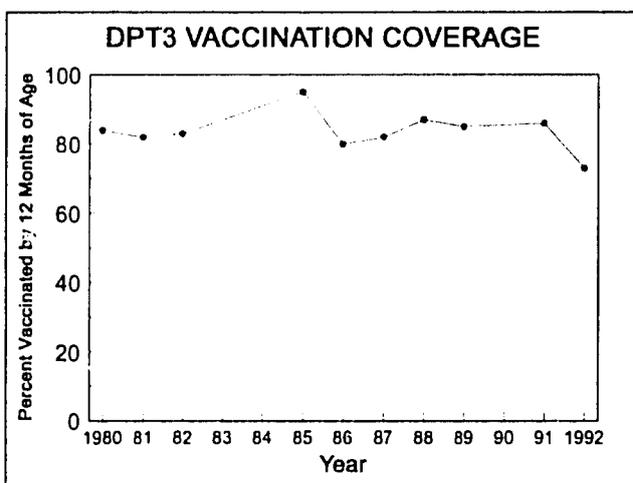
Trends in Selected Health and Child Survival Indicators

Vaccination Coverage Rates

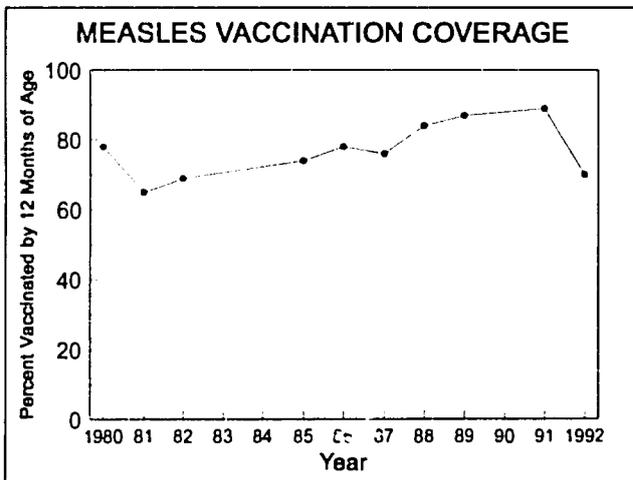
JULY 1994



BCG COVERAGE		
YEAR	PERCENT	SOURCE
1980	72	WHE8700
1981	71	WHE8700
1982	74	WHE8700
1983	NA	
1984	NA	
1985	84	WHE8700
1986	77	WHE8800
1987	72	WHE8801
1988	80	WHE9000
1989	78	MRF9003
1990	NA	
1991	92	WHE9202
1992	89	DHS9308

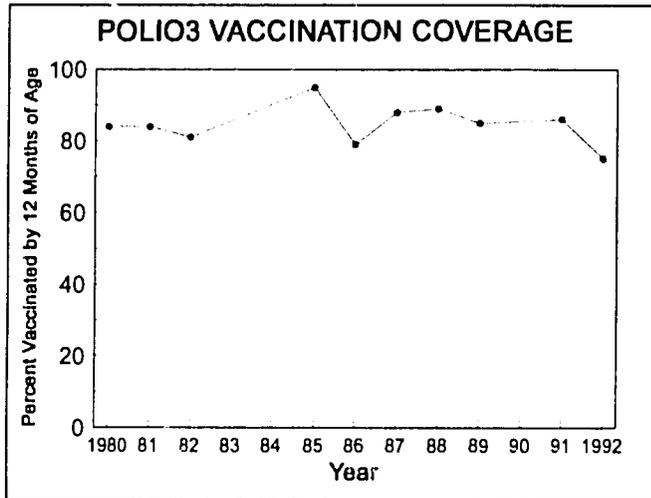


DPT3 COVERAGE		
YEAR	PERCENT	SOURCE
1980	84	WHE8700
1981	82	WHE8700
1982	83	WHE8700
1983	NA	
1984	NA	
1985	95	WHE8700
1986	80	WHE8800
1987	82	WHE8801
1988	87	WHE9000
1989	85	MRF9003
1990	NA	
1991	86	WHE9202
1992	73	DHS9308

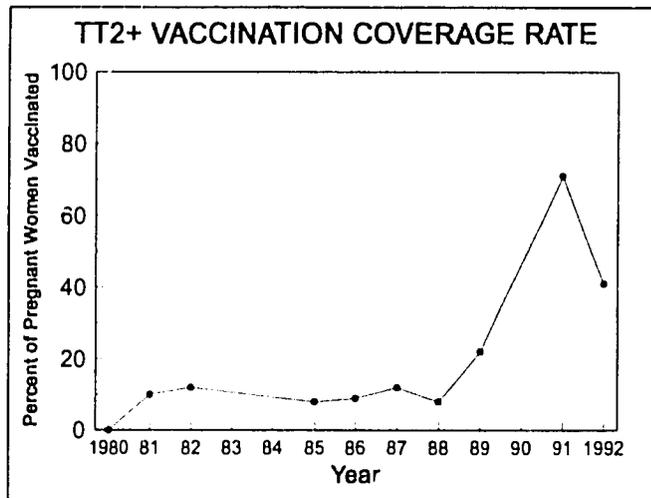


MEASLES COVERAGE		
YEAR	PERCENT	SOURCE
1980	78	WHE8700
1981	65	WHE8700
1982	69	WHE8700
1983	NA	
1984	NA	
1985	74	WHE8700
1986	78	WHE8800
1987	76	WHE8801
1988	84	WHE9000
1989	87	MRF9003
1990	NA	
1991	89	WHE9202
1992	70	DHS9308

Vaccination Coverage Rates, continued



YEAR	PERCENT	SOURCE
1980	84	WHE8700
1981	84	WHE8700
1982	81	WHE8700
1983	NA	
1984	NA	
1985	95	WHE8700
1986	79	WHE8800
1987	88	WHE8801
1988	89	WHE9000
1989	85	MRF9003
1990	NA	
1991	86	WHE9202
1992	75	DHS9308

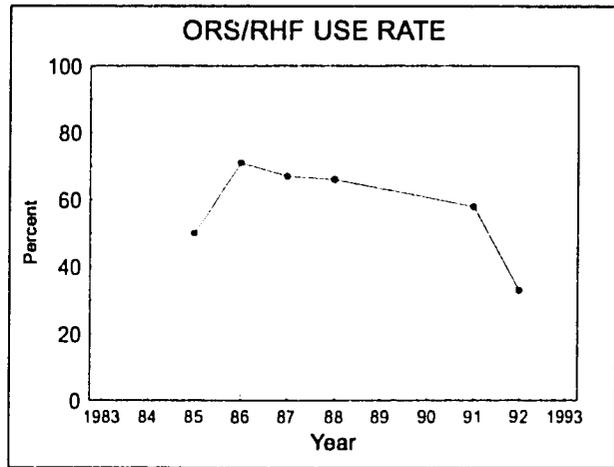
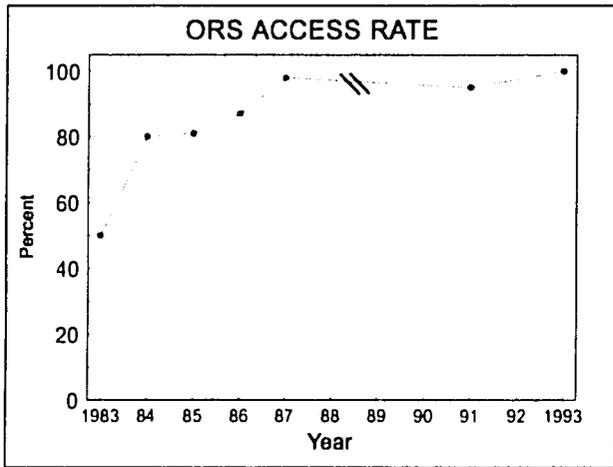


YEAR	PERCENT	SOURCE
1980	0	WHE8700
1981	10	WHE8700
1982	12	WHE8700
1983	NA	
1984	NA	
1985	8	WHE8700
1986	9	WHE8800
1987	12	WHE8900
1988	8	DHS8901
1989	22	MRF9003
1990	NA	
1991	71	WHE9200
1992	41	DHS9308



ORS Access, ORS and/or RHF Use Rates

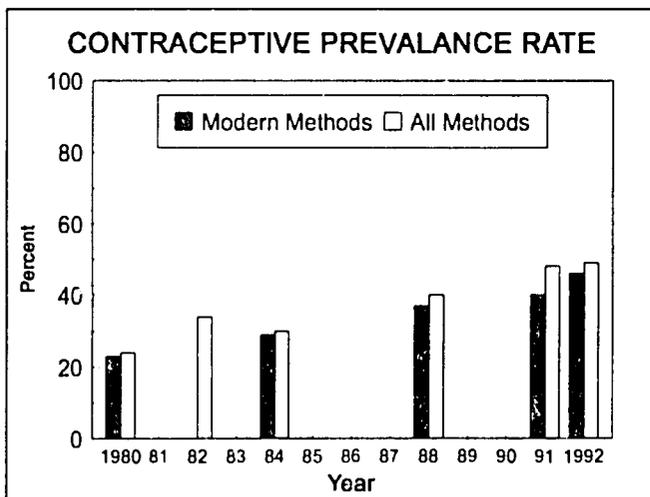
JULY 1994



INDICATOR	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993
ORS Access	50	80	81	87	98	NA	NA	NA	95	NA	100
Source	WHD8500	WHD8700	WHD8700	WHD8800	WHD8900				WHD9201		WHD9401
ORS/RHF Use	NA	NA	50	71	67	66	NA	NA	58	33	NA
Source			WHD8700	WHD8800	CAB8703	QUE9002			WHD9201	DHS9211	

Contraceptive Prevalence Rate

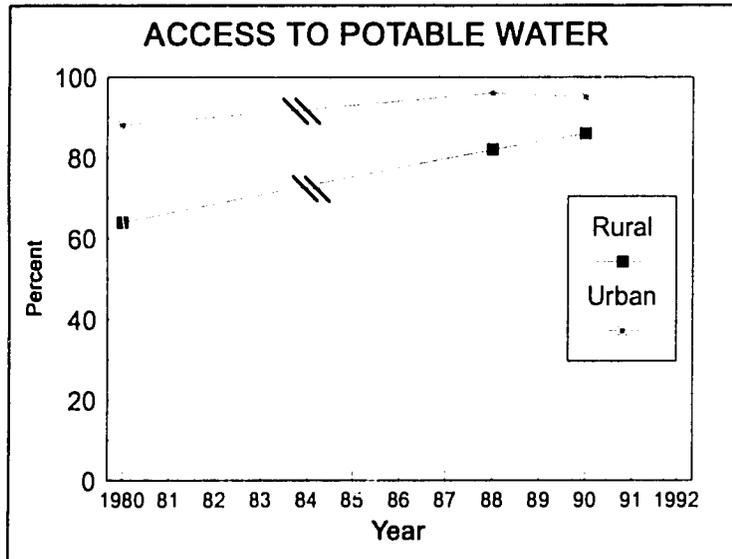
JULY 1994



YEAR	MODERN METHODS	SOURCE	ALL METHODS	SOURCE
1980	23	BUC8907	24	BUC9401
1981	NA		NA	
1982	NA		34	BUC8904
1983	NA		NA	
1984	29	BUC9401	30	BUC9401
1985	NA		NA	
1986	NA		NA	
1987	NA		NA	
1988	37	DHS8901	40	DHS8901
1989	NA		NA	
1990	NA		NA	
1991	40	BUC9401	48	BUC9401
1992	46	DHS9211	49	DHS9211
1993	NA		NA	

Access to Potable Water

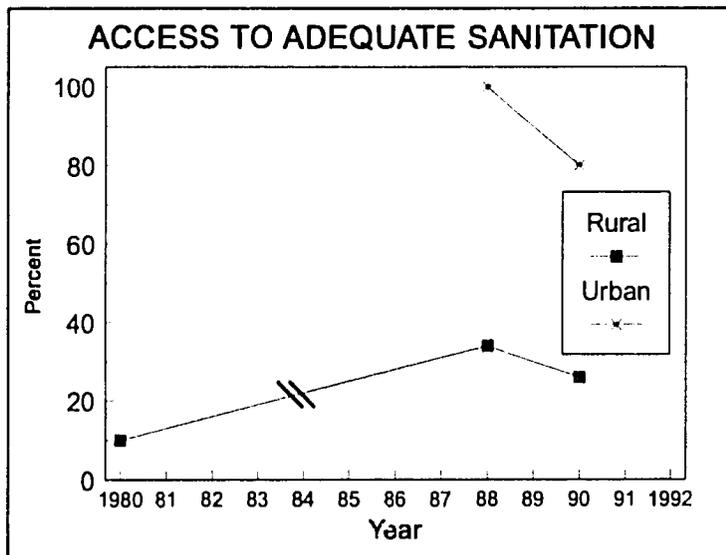
JULY 1994



YEAR	RURAL	SOURCE	URBAN	SOURCE
1980	64	WHO9101	88	WHO9101
1981	NA		NA	
1982	NA		NA	
1983	NA		NA	
1984	NA		NA	
1985	NA		NA	
1986	NA		NA	
1987	NA		NA	
1988	82	WHO9101	96	WHO9101
1989	NA		NA	
1990	86	WHO9200	95	WHO9200
1991	NA		NA	
1992	NA		NA	
1993	NA		NA	

Access to Adequate Sanitation

JULY 1994

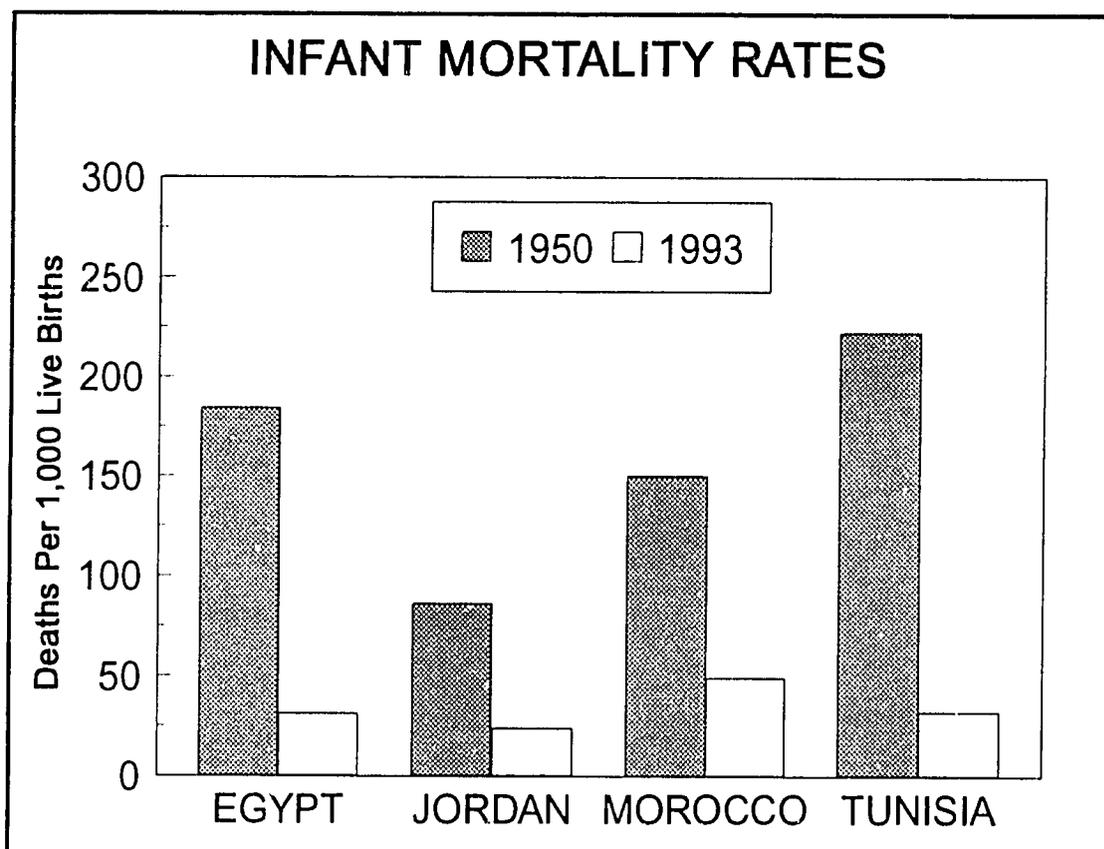


YEAR	RURAL	SOURCE	URBAN	SOURCE
1980	10	WHO9101	NA	
1981	NA		NA	
1982	NA		NA	
1983	NA		NA	
1984	NA		NA	
1985	NA		NA	
1986	NA		NA	
1987	NA		NA	
1988	34	WHO9101	100	WHO9101
1989	NA		NA	
1990	26	WHO9200	80	WHO9200
1991	NA		NA	
1992	NA		NA	
1993	NA		NA	

COMPARATIVE INDICATORS

Comparative IMR Rates

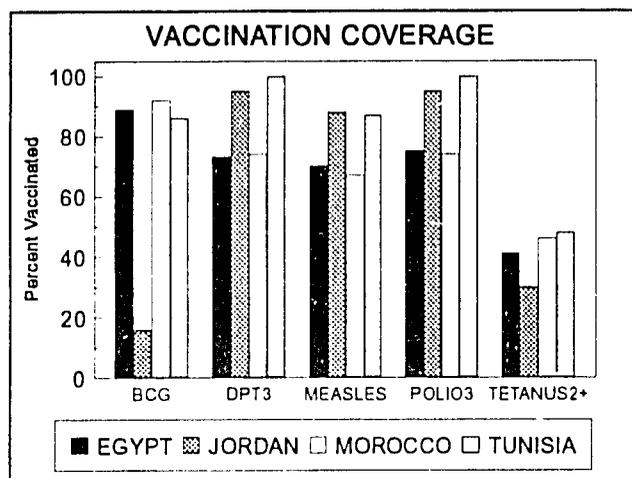
JULY 1994



COUNTRY	1950	SOURCE	1993	SOURCE
EGYPT	184	WBK9302	31	WBK9302
JORDAN	86	WBK9302	24	WBK9302
MOROCCO	150	WBK9302	49	WBK9302
TUNISIA	222	WBK9302	32	WBK9302

Comparative Vaccination Coverage Rates

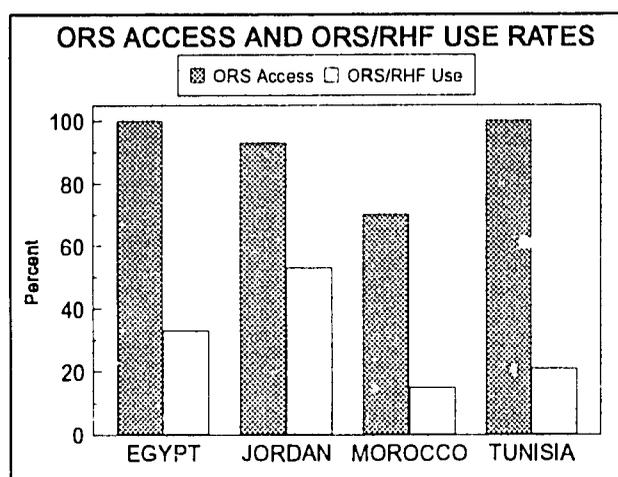
JULY 1994



COUNTRY	INDICATOR	YEAR	VALUE	SOURCE
EGYPT	BCG	1992	89	DHS9308
	DPT 3	1992	73	DHS9308
	Measles	1992	70	DHS9308
	Polio 3	1992	75	DHS9308
	Tetanus 2	1992	41	DHS9308
JORDAN	BCG	1990	16	DHS9004
	DPT 3	1993	95	WHE9401
	Measles	1993	88	WHE9401
	Polio 3	1993	95	WHE9401
	Tetanus 2	1993	30	WHE9401
MOROCCO	BCG	1992	92	DHS9310
	DPT 3	1992	74	DHS9310
	Measles	1992	67	DHS9310
	Polio 3	1992	74	DHS9310
	Tetanus 2	1992	46	DHS9310
TUNISIA	BCG	1992	86	WHE9301
	DPT 3	1992	100	WHE9301
	Measles	1992	87	WHE9301
	Polio 3	1992	100	WHE9301
	Tetanus 2	1992	48	WHE9301

Comparative ORS Access, ORS and/or RHF Use Rates

JULY 1994



COUNTRY	INDICATOR	YEAR	VALUE	SOURCE
EGYPT	ORS Access Rate	1993	100	WHD9401
	ORT Use Rate	1992	33	DHS9211
JORDAN	ORS Access Rate	1993	93	WHD9401
	ORT Use Rate	1993	53	WHD9401
MOROCCO	ORS Access Rate	1993	70	WHD9401
	ORT Use Rate	1992	15	DHS9204
TUNISIA	ORS Access Rate	1991	100	WHD9201
	ORT Use Rate	1992	21	WHD9300



II: DATA NOTES

JULY 1994

Notes On Mortality Estimation

Throughout this profile, references are made to infant and under 5 mortality rates for individual countries or groups of countries. In past years, the primary source of data on infant mortality was the World Population Prospects, a set of estimates updated every two years by the Estimates and Projections Section of the Population Division of the Department of International Economic and Social Affairs, United Nations. The primary source of data on under 5 mortality was a special report published in 1988 by the same group. Where another source, such as a recent Demographic and Health Survey or a national census, was available for a given country, the reported values from that source were cited in place of the United Nations estimates if the technical staff of USAID in the Country Mission and/or the appropriate regional bureaus confirmed the validity of the alternative source.

Known as indirect estimates, those of the United Nations are generated from accepted demographic models which combine the results of all available surveys and censuses in a given country to produce a single time series of estimates and projections. When new empirical data becomes available for a given country, the entire time series of estimates and projections is updated. Thus, using conventional demographic approaches, a survey done in 1990 may generate a new estimate of a mortality rate for 1970 or 1980.

During 1993, a new set of estimates for mortality was generated for 82 countries for publication in the World

Development Report 1993 and a forthcoming UNICEF publication entitled The Progress of Nations. Based on a curve-fitting model, the methodology applied to generate these new estimates purports to depict more accurately the trend derived from all available data sources for a country. Like the estimates generated using conventional demographic models, the entire time series might change upon the addition of a new empirical source. These estimates were made available to USAID through the courtesy of the World Development Report of the World Bank and UNICEF.

The selection of the mortality rates was done through a consultative process involving representatives of the Office of Health in USAID's Research and Development Bureau, USAID's Regional Bureaus and, in many cases, the USAID Country Missions. The source determined to best reflect the reality in a country for the current values of infant and under 5 mortality was identified and one of a number of a computation procedures, depending on the source selected for the current value, was applied to estimate the longitudinal rates. The consideration of the additional source of data developed for the World Development Report and UNICEF during the consultative process has prompted some changes in the reporting of mortality rates from those reported in recent years.

Definitions

Demographic Indicators

Total Population: The mid-year estimate of the total number of individuals in a country.

Average Annual Rate of Growth: An estimate of the rate at which a population is increasing (or decreasing) in a given year.

Infant Mortality Rate: The estimated number of deaths in infants (children under age one) in a given year per 1,000 live births in that same year. This rate may be calculated by direct methods (counting births and deaths) or by indirect methods (applying well-established demographic models).

Under 5 Mortality Rate: The estimated number of children born in a given year who will die before reaching age five per thousand live births in that same year. This rate may also be calculated by direct or indirect methods.

Maternal Mortality Ratio: The estimated number of maternal deaths per 100,000 live births where a maternal death is one which occurs when a woman is pregnant or within 42 days of termination of pregnancy from any cause related to or aggravated by the pregnancy or its management. Although sometimes referred to as a rate, this measure is actually a ratio because the unit of measurement of the numerator (maternal deaths) is different than that of the denominator (live births). The measure would be a rate if the units were the same. Extremely difficult to measure, maternal mortality can be derived from vital registration systems (usually underestimated), community studies and surveys (requires very large sample sizes) or hospital registration (usually overestimated).

Crude Birth Rate: An estimate of the number of live births per 1,000 population in a given year.

Crude Death Rate: An estimate of the number of deaths per 1,000 population in a given year.

II: Data Notes

Life Expectancy At Birth: An estimate of the average number of years a newborn can expect to live. Life expectancy is computed from age-specific death rates for a given year. It should be noted that low life expectancies in developing countries are, in large part, due to high infant mortality.

Number of Births: An estimate of the number of births occurring in a given year.

Annual Infant Deaths: An estimate of the number of deaths occurring to children under age one in a given year.

Total Fertility Rate: An estimate of the average number of children a woman would bear during her lifetime given current age-specific fertility rates.

Child Survival Indicators

Vaccination Coverage In Children:

An estimate of the proportion of living children between the ages of 12 and 23 months who have been vaccinated before their first birthday--three times in the cases of polio and DPT and once for both measles and BCG. Vaccination coverage rates are calculated in two ways. Administrative estimates are based on reports of the number of inoculations of an antigen given during a year to children who have not yet reached their first birthday divided by an estimate of the pool of children under one year of age eligible for vaccination. Survey estimates are based on samples of children between the ages of 12 and 23 months.

Vaccination Coverage In Mothers:

An estimate of the proportion of women in a given time period who have received two doses of tetanus toxoid during their pregnancies. This indicator is being changed in many countries to account for the cumulative effect of tetanus toxoid boosters. A woman and her baby are protected against tetanus when a mother has

had only one or, perhaps, no boosters during a given pregnancy so long as the woman had received the appropriate number of boosters in the years preceding the pregnancy in question. (The appropriate number of boosters required during any given pregnancy varies with number received previously and the time elapsed.) The revised indicator is referred to as TT2+. Rates are computed using administrative methods or surveys.

DPT Drop-out Rate: An estimate of the proportion of living children between the ages of 12 and 23 months who received at least one DPT vaccination but who did not receive the entire series of three vaccinations before their first birthdays.

Oral Rehydration Salts (ORS)

Access Rate: An estimate of the proportion of the population under age five with reasonable access to a trained provider of oral rehydration salts who receives adequate supplies. This is a particularly difficult indicator to measure and, therefore, it may fluctuate dramatically from year to year as improved methods of estimation are devised.

ORS and/or Recommended Home Fluid (RHF) Use Rate:

An estimate of the proportion of all cases of diarrhea in children under age five treated with ORS and/or a recommended home fluid. ORT use may be determined using administrative means or surveys. In general, administrative estimates are based on estimates of the number of episodes of diarrhea in the target population for a given year and the quantity of ORS available. Thus, changes in the estimates of the frequency of diarrhea episodes can alter the ORT use rate as well as "real" changes in the pattern of use. Surveys are more precise in that they focus on the actual behavior of mothers in treating diarrhea in the two-week period prior to the survey.

Contraceptive Prevalence Rate: An estimate of the proportion of women, aged 15 through 44 (or, in some countries, 15 through 49), in union or married, currently using a modern method of contraception. Where sources fail to distinguish modern and traditional methods, the combined rate is shown.

Adequate Nutritional Status: An individual child of a certain age is said to be adequately nourished if his/her weight is greater than the weight corresponding to "two Z-scores" (two standard deviations) below the median weight achieved by children of that age. The median weight and the distribution of weights around that median in a healthy population are taken from a standard established by the National Center for Health Statistics, endorsed by the World Health Organization (WHO). The indicator for the population as a whole is the proportion of children 12 through 23 months of age who are adequately nourished.

Appropriate Infant Feeding: A composite estimate of the proportion of infants (children under age one) being breastfed and receiving other foods at an appropriate age according to the following criteria: breastfed through infancy with no bottle-feeding, exclusively breastfed through four months (120 days) of age, and receiving other foods if over six months of age (181 days). Water is not acceptable in the first four months (120 days). ORS is considered acceptable at any age. Surveys are the only source of data to form this indicator. Surveys yield an estimate of how many infants are being fed correctly at the moment of the survey. They do not give an indication of the proportion of individual children fed appropriately throughout their first year of life. A number of sub-indicators may be calculated from the data used to form the composite, of which two are presented in this report.



Exclusive Breastfeeding: An estimate of the proportion of infants less than four months (120 days) of age who receive no foods or liquids other than breast milk.

Complementary Feeding: An estimate of the proportion of infants six to nine months of age (181 days to 299 days) still breastfeeding but also receiving complementary weaning foods.

Continued Breastfeeding: An estimate of the proportion of children breastfed for at least one year. In this report, all values presented for this indicator are the proportion of children 12 to 15 months of age at the time of the survey still receiving breast milk.

Other Health Indicators

HIV-1 Seroprevalence, Urban: An estimate of the proportion of all persons (pregnant women, blood donors, and other persons with no known risk factors) living in urban areas infected with HIV-1, the most virulent and globally prevalent strain of the human immunodeficiency virus.

HIV-1 Seroprevalence, Rural: An estimate of the proportion of all persons living in rural areas infected with HIV-1.

Access to Improved Water, Urban: An estimate of the proportion of all persons living in urban areas (defined roughly as population centers of 2,000 or more persons) who live within 200 meters of a stand pipe or fountain source of water.

Access to Improved Water, Rural: An estimate of the proportion of all persons not living in urban areas with a source of water close enough to home that family members do not spend a disproportionate amount of time fetching water.

Access to Sanitation, Urban: An estimate of the proportion of all persons living in urban areas with

sanitation service provided through sewer systems or individual in-house or in-compound excreta disposal facilities (latrines).

Access to Sanitation, Rural: An estimate of the proportion of all persons not living in urban areas with sanitation coverage provided through individual in-house or in-compound excreta disposal facilities (latrines).

Deliveries By Trained Attendants: An estimate of the proportion of deliveries attended by at least one physician, nurse, midwife, or trained traditional birth attendant.

III: SOURCES

JULY 1994

- BUC8904 National survey as cited in U.S. Bureau of the Census. U.S. Department of Commerce. World Population Profile: 1989. Washington, D.C.: U.S. Government Printing Office, 1989.
- BUC8907 World fertility survey as cited in U.S. Bureau of the Census. U.S. Department of Commerce. World Population Profile: 1989. Washington, D.C.: U.S. Government Printing Office, 1989.
- BUC9103 Bureau of Census, Center for International Research, Recent HIV Seroprevalence Levels By Country, April, 1992
- BUC9401 U.S. Bureau of the Census (BUCEN). International Data Base. Version dated March, 1994.
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- CAB8703 Seventh Control of Diarrhoeal Diseases Programme Report as cited in USAID mission cable #00396.
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