

POPULATION & FAMILY PLANNING IN EGYPT

Birth rate, crude (per 1,000 people):



A baby is born in Egypt every

15 SECONDS

(Central Agency for Public Mobilization and Statistics)

Rapid population growth has adverse political, social, and economic consequences at the individual, community, national, and international levels. It poses a direct threat to the stability and security of all states—those experiencing rapid population growth, their neighbors, and their partners—and prevents the achievement of the Sustainable Development Goals.

Egypt is the most populous country in the Middle East and the third-most populous country in Africa. Egypt's population rose from 72.6 million in 2006 to 94.8 million in 2017 (an increase of about 2 million births per year), and is projected to be 128 million by 2030.

This acceleration is primarily influenced by changes in fertility, from an average of 3.0 births per woman in 2008 to 3.5 in 2013. The 2014 Egypt Demographic and Health Survey (EDHS) documented an unprecedented 17 percent increase in Egypt's total fertility rate (TFR) from 2008 to 2014. This was a dramatic change from the steadily declining rates since the 1980s and can be attributed to a disruption in health services, safety concerns that lead women to marry earlier, a decrease in the use of long-acting reversible contraception (LARC), and a decrease in employment opportunities for women who have higher education.

Other contributing factors include the decreasing support of NGOs for family planning (FP), a limited method mix, limited private sector access to subsidized FP commodities, and weak oversight to ensure quality service provision.

Egypt's rapid population increase exposes the country to considerable social threats, increases

EGYPT'S POPULATION CHARACTERISTICS

CURRENT POPULATION:	98,423,595*
POPULATION DENSITY:	99 per km ² *
URBAN POPULATION:	42.7%+
POPULATION DISTRIBUTION:	95% live within 25 miles of the Nile River+
MEDIAN AGE:	23.9 years+ • 52.03% under 25+ • 43.7% 25-64+
BIRTH RATE:	28.8 per 1,000+
DEATH RATE:	4.5 per 1,000+

*World Bank +CIA World Factbook

Egypt's population rose from **72.6 MILLION** in 2006 to **94.8 MILLION** in 2017 (an increase of about **2 MILLION** births per year), and is projected to be **128 MILLION** by 2030.

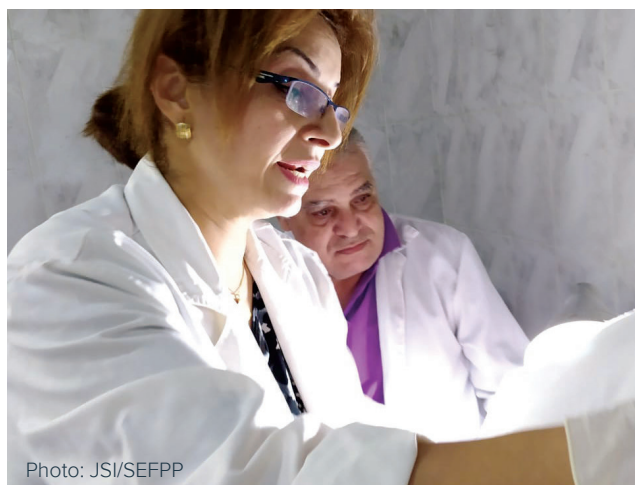


Photo: JSI/SEFPP



Photo: JSI/SEFPP

maternal and child health risks, contributes to deterioration of the quality of education, detracts from human capital investment, slows economic growth, and exacerbates environmental threats (for example, available fresh water has dropped below the world standard of 1,000 cubic meters per person to 500). If the current growth rate persists, population problems in Egypt will become not only a local threat but also a regional and global concern with the potential to aggravate other issues including mass migration, scarcity of natural resources, food insecurity, pollution, and climate change. Egypt's recent efforts to mitigate population concerns have resulted in a slight decline in birth rate.¹ However, with a new birth every 15 seconds,² Egypt's population challenges require strong local and international partnerships to provide long-term solutions.

FAMILY PLANNING PROGRAMMING IMPACT ON DEVELOPMENT SECTORS

FP is one of the most cost-effective ways to improve social, economic, and political indicators. FP programs reduce maternal and child mortality, increase child schooling and improve quality of education, and contribute to economic growth and the conservation of natural resources.³

EGYPT DEMOGRAPHIC HEALTH SURVEY 2014

- **13%** unmet contraceptive need
- **30%** contraceptive discontinuation rate within first 12 months of use
- **16%** pregnancies unwanted at time of conception in previous 5 years
- **59%** using any FP method
- Intrauterine devices account for **51%** of all methods used



According to a report on the cost benefit analysis of Egypt's FP Program 2014–2050, FP yields high returns on investment in sectors including health, education, food security, housing, and utilities.⁴ On average, one Egyptian pound (EGP) spent on FP returns EGP 56.12, representing a savings in government expenditure as a result of births averted.⁵ This is a sum based on the benefit-cost of expenditures on health (EGP 9.24), education (EGP 31.15), food subsidies (EGP 11.52), and housing and utilities (EGP 4.21).

¹ "Egypt's births reach 2.55M in 2017, rate decline recorded: CAPMAS," Egypt Today. June 7, 2018, www.egypttoday.com/Article/1/51725/Egypt%E2%80%99s-births-reach-2-55M-in-2017-rate-decline-recorded.

² "The National Population: Egypt receives a baby every 15 seconds," Al-Ahram Gate. January 1, 2019, <http://gate.ahram.org.eg/News/2103765.aspx>

³ John B Casterline, Determinants and Consequences of *High Fertility: A Synopsis of Evidence*, (World Bank, June 2010), 3.

⁴ Heba Nassar and Jasmin Fouad, Family Planning in Egypt is a *Financial Investment: Benefit-Cost Analysis of Egypt Family Planning Program 2014-2050 Program*, (Cairo University, February 2015), 5.

⁵ Ibid.

Family planning is one of the most cost-effective ways to improve social, economic, and political indicators.



HISTORY OF USAID FP ASSISTANCE IN EGYPT

In 1965, Egypt launched its national FP program and was the first Arab country to do so. This program increased Egyptian women's access to free or reduced-cost FP methods, including LARC. The United States Agency for International Development (USAID) has invested in FP programming in Egypt since 1978. USAID became the country's major supplier of FP commodities and supported provider training and awareness activities to increase access to and use of methods. From 1980 to 2008, Egypt's total fertility rate declined from 5.3 to 3.0.

However, USAID, the largest foreign investor in Egypt's FP program, phased out support in 2007 and the political will of the Egyptian government

at the time shifted in favor of other health initiatives. Egypt's fertility rates began to rise again in 2008 and increased considerably after 2011. This increase is often attributed to the disruption in health services and safety concerns that lead women to marry earlier. A decrease in the use of LARC and employment opportunities for women who have attained higher education have also contributed to the rise in fertility rates.

In 2015, President Abdel Fattah el-Sisi and his cabinet named population, hepatitis C, and terrorism as the government's top three priorities, and launched Egypt's National Population Strategy (2015–2030), a comprehensive approach to managing population growth with a target population of 112 million by 2030 instead of the projected 128 million. Religious leaders,

1965 Egypt
Lunches its
FP program

1980-2008
Fertility declines
from 5.3 to 3.0



2008-2013
Fertility rises
from 3.0 to 3.5

2015 Egypt
launches
Population
Strategy
2015-2030

25 years

5 years

1978 USAID
starts investing
in FP in Egypt

2007 USAID
phases -out support
for FP activities
in Egypt

2017 USAID
funds SEFPP



1,416 SERVICE PROVIDERS

trained in FP counseling and service delivery using MOHP curriculum.



the deputy head of Al Azhar University, and Egypt's Grand Mufti have all pledged to promote family planning, encourage smaller families, and acknowledge the link between having many children and poverty. The strategy's implementation plan is organized around four pillars—family planning and reproductive health, education, youth empowerment, and media—and is linked to relevant efforts including a national anti-female genital mutilation strategy, the family empowerment document, the reproductive health strategy, and preventing early marriage.

USAID'S CURRENT INVESTMENT IN EGYPT'S FAMILY PLANNING PROGRAM

In response to the Government of Egypt's desire to strengthen FP and reproductive health services, USAID provided just under \$18.8 million for the Strengthening Egypt's Family Planning Program (SEFPP) Activity in 2017. The Activity is one of several components of the bilateral assistance agreement between the United States and Egypt for \$59 million supporting health, higher education, trade, investment, science, and technology.⁶ SEFPP is implemented by John Snow, Inc. in partnership with the Population Council and the Center for Development Studies.

SEFPP works with the Egyptian government, through the Ministry of Health and Population (MOHP)/FP Sector and National Population Council (NPC), to decelerate Egypt's rapid population growth by reducing the unmet need of women and men for FP counseling services and methods through evidence-based planning, decision making, and policy formulation. Through SEFPP, USAID is prioritizing its support in the nine governorates of Upper Egypt and 11 slum areas in Cairo and Alexandria, where the need for increased access to FP is greatest. In rural Upper Egypt, only 45 percent of women are using any modern method and 53 percent are not using any method at all (compared with 41 percent nationally). While data for slums in Cairo and Alexandria are limited, access to FP counseling and methods are known to be inadequate.

Access to high-quality FP services is only possible with a workforce of highly-skilled providers.

To strengthen service delivery in the long-term, SEFPP is improving the counseling and service delivery skills of public and private FP providers. SEFPP trains providers who are entering the workforce, as well as retirees who are re-entering the workforce to compensate for the shortage of skilled FP practitioners in Upper Egypt. By involving both the public and private sectors, as well as new and experienced physicians, SEFPP is improving consistency of FP service provision.

⁶ "United States Signs Agreement for \$59 Million in Bilateral Assistance for Egypt," U.S. Embassy in Egypt, August 4, 2018, <https://eg.usembassy.gov/united-states-signs-agreements-for-59-million-in-bilateral-assistance-for-egypt>.

135 MOHP/HEALTH EDUCATION & COMMUNICATIONS UNIT MEDIA OFFICERS

from the central, governorate,
and district levels trained on advocacy and social
mobilization and how to help communities change
FP-related behaviors.



Changing people's behaviors is necessary to achieve and sustain FP results. SEFPP has developed trainings and campaigns to increase the knowledge and demand for contraceptive methods and results. Women and men will ultimately be able to request services based on informed decisions, and providers to support people's choices and needs more effectively.

Contraceptive security is critical to the sustainability of any FP program. In response to the MOHP's limited budgetary allocations for FP and poor distribution of commodities, SEFPP is working to ensure that the MOHP has a strategy for commodity security, including planning for procurement, ensuring supply chain effectiveness, and segmenting the market to meet the needs of the growing number of women who need

commodities. SEFPP is also supporting the MOHP to expand the FP method mix, in particular new LARC methods that are currently difficult to import into Egypt.

Reliable and robust data are required for making policy decisions and ensuring commodity security. SEFPP is strengthening evidence-based planning and data use for decision-making and policy formulation at the national level through a comprehensive new health management system. The Activity also uses community influencers to ensure that evidence-based, behaviorally informed solutions are used to advocate for policy change. Commodity security will be strengthened through an information system that ensures supplies are mapped to forecasted demand based on clients' history and methods that meet their families' needs.

SEFPP works with the Egyptian government, through the Ministry of Health and Population (MOHP)/FP Sector and National Population Council (NPC), to decelerate Egypt's rapid population growth by reducing the unmet need of women and men for FP counseling services and methods through evidence-based planning, decision making, and policy formulation.



A self-reliant FP program needs strong private-sector engagement. SEFPP

is emphasizing the mutual long-term gains of public-private partnerships for sustained corporate responsibility. The Activity partners with the private sector to ensure standardized FP practices are implemented. SEFPP is also working with private companies to include FP in employee insurance schemes and well-being programs, and training providers to deliver FP services at the work place.

SEFPP'S LONG-TERM IMPACT

A strong, self-reliant Egyptian FP program will contribute to a healthier, more stable population. If FP programming is integrated and sustained within the Egyptian health system, it will benefit current and future families not only through improved health, but also through improved educational and economic opportunities and reduced stress on social and environmental systems. SEFPP's work contributes to these long-term benefits by strengthening the MOHP/FP Sector's knowledge, tools, and systems to provide access to high-quality FP services for generations to come.

After five years of implementation, SEFPP will leave behind:

Equipped FP service providers:

- A cadre of master trainers capable of delivering comprehensive FP-related training in line with best practices and international standards
- A cadre of skilled nurses and midwives capable of providing comprehensive FP services in line with good practices and international standards (task-sharing)
- Improved FP healthcare service delivery knowledge and skills for physicians, nurses, and midwives

Quality FP services:

- Expanded FP services to underserved, poor, and unplanned areas
- Expanded FP methods mix with increased access to and availability of all FP methods
- Integration of social behavior change communications methods into the MOHP/FP Sector's community awareness activities
- Inclusion of men as legitimate partners in FP through advocacy for the use of condoms and provision of tailored services (extended clinic hours, designated male-only clinic rooms in, availability of male FP physicians)



Stronger institutions:

- Established partnerships between the MOHP/FP Sector/NPC, NGOs, and the private sector
- Operational national health management information and logistics management information systems to identify, collect, process, and analyze data
- Improved capacity of the MOHP/FP sector/ NPC to use data to forecast demand and make evidence-based program and policy decisions at the national level

Improved infrastructure:

- Improved MOHP/FP training center and warehouse facilities
- Improved select NGO FP Clinics

SEFPP advocates for voluntary access to FP services for all segments of society, with a focus on the most vulnerable, and provides people with information to make the right decisions for themselves. SEFPP is committed to gender equity, which is central to the success of FP.



STRENGTHENING EGYPT'S FAMILY PLANNING PROGRAM

26, Road 15, 2nd Floor, Maadi, Cairo, Egypt 11728

The Strengthening Egypt's Family Planning Program Activity is implemented by John Snow, Inc. (JSI) in collaboration with the Center for Development Services and the Population Council and is made possible by the support of the American People through the United States Agency for International Development.