

## Sixth Pillar: Health

---

### Overview of Current Situation

Human health is one of the main pillars of a strong society and an inherent human right. An individual of sound health has the ability to work and produce, benefiting society and consequently the state's economy. Any state's decision-makers must give the health pillar great importance, as it is an issue that directly impacts citizens and directly affects human and economic development, especially since the citizen represents the state's human capital.

The formulation of the Strategic Vision for the Health Sector should take into account all issues that impact, or are affected by citizens' health, whether these issues fall under the scope of the Ministry of Health and Population or other ministries such as the Ministry of Housing, Ministry of Utilities and Urban Communities, Ministry of Supply, Ministry of Environment, and others.

The 2014 Constitution affirmed the universal right to healthcare, where Article 18 states that each citizen has the right to enjoy a healthy life and to receive comprehensive healthcare in line with quality standards. The Constitution also says that the State shall allocate a percentage of GDP on health equal to not less than 3%, a value that represents almost twice the current governmental expenditure on the health sector, a step that reflects the growing awareness of society and policy makers to the importance of this issue during the coming phase. This echoes both Goals 3 and 6 of the United Nations SDGs, which tackle Good Health and Well-being and Sanitation respectively, as well as other goals that have an indirect correlation to the state of a society's health.

The healthcare system should tackle the positive and negative factors or determinants affecting citizens' health, including (1) the general climate and context, consisting of economic, social, cultural, and environmental conditions; (2) living and working conditions linked to national policies and strategies that include aspects such as access to high-quality health services, clean potable water, and good sanitation; (3) community conditions influencing health; (4) individual lifestyles including aspects such as personal hygiene; and finally (5) characteristics that determine an individual's condition such as age, sex, and genetic factors.

The healthcare situation in Egypt can be analyzed at three levels: public health indicators, healthcare (accessibility and quality of services), and health sector management. The Ministry of Health and Population has taken many positive steps towards improving the health of the citizens, a matter that is reflected in the improvement of some health indicators such as the reduction in maternal and child mortality rates, which are now in line with the Millennium Development Goals (MDGs), in particular, the Fourth and Fifth Goals.

Despite the enhancement of some areas in the **public health category**, there are still many negative issues requiring action, in particular the diseases affecting citizens and existing causes of death. For instance, Egypt has one of the highest incidences of Hepatitis C, where more than 10% of the Egyptian people are carriers of the hepatitis C virus (HCV) carriers.<sup>1</sup> The medical treatment of such a staggering figure requires serious steps towards the reform of the entire

---

<sup>1</sup> White paper, outlining the health policy in the Arab Republic of Egypt, Ministry of Health and Population.

healthcare system, especially since the spread of the disease is linked to unsafe medical practices as well as inappropriate community practices, such as folk medicine and female genital mutilation (FGM). It is crucial to note as well that the health condition of children directly affects the health of future generations. Estimates indicate that 11% of child deaths in Egypt are due to malnutrition, and that 81% of child malnutrition cases and related illnesses are not being treated medically.

Comprehensive, universal **health coverage**, rooted in a system that is guaranteed to provide preventive and curative services needed by citizens and delivered at an acceptable quality and affordable price, is at the core of the public health sector of any state. The universal provision of healthcare is based on the accessibility and quality of services and the protection against financial risks, especially for the financially vulnerable. In Egypt, healthcare expenditure per capita stands at approximately \$150, compared with \$500 for higher middle income countries, while per capita healthcare expenditure in developed countries may reach more than \$4,500.<sup>2</sup> When considering the financial burden shouldered by the average Egyptian family it becomes clear that the health insurance system, in its current form, does not achieve its purpose, which may be due to the fact that the healthcare service provider is itself the financier of the service.

The **health sector management system** consists of several entities that affiliate directly or indirectly to the Ministry of Health and Population, such as the General Authority for Hospitals and Educational Institutions, the General Authority for Health Insurance, the Ambulance Authority, and other entities. These entities play four main roles aimed towards the enhancement of the overall health condition of citizens and their access to services of satisfactory quality. The main roles include strategic planning, policy-making and implementation, and regulation of and control over the delivery and funding of healthcare services for all segments of society both rural and urban. In light of the current situation, the healthcare system is in crisis due to the lack of separation between roles (planning role, the executive role, financing role, and the regulatory and supervisory roles) whereby the Ministry of Health and Population is responsible for all roles.

Based on the aforementioned, the enhancement of citizen health and the development of the health sector should not be dependent on the Ministry of Health and Population's efforts only, but must also include the support and contribution of many parties both inside and outside the health sector. It has become necessary to address the health portfolio from a holistic perspective to ensure the consistency and integration of all reform efforts among stakeholders. Hence, the primary responsibility of the Ministry of Health and Population must be the regulatory and supervisory role, and not the role of a service provider.

The following section will delineate the strategic vision and objectives, as well as key performance indicators, key challenges, and implementation programs for the health sector.

---

<sup>2</sup> Ibid

## Strategic Vision for Health to 2030

The strategic visions for health to 2030 aims that all Egyptians should enjoy a healthy, safe, and secure life through an integrated, accessible, high quality, and universal healthcare system capable of improving health conditions through early intervention, and preventive coverage, ensuring protection for the vulnerable, and achieving satisfaction for citizens and health sector employees. This will lead to prosperity, welfare, happiness, as well as social and economic development, which will qualify Egypt to become a leader in the field of healthcare services and research in the Arab World and Africa.

This Strategic Vision for 2030 identifies the most important factors affecting the health of Egyptians, and the optimal mechanism to apply universal healthcare coverage for all. It also delineates a future management system for the health sector, the roles of the various stakeholders, and the role of the health sector in achieving the goals of sustainable development.

## Strategic Objectives for Health to 2030

The strategic vision for health focuses on the achievement of three key objectives until 2030, as follows:

Objective	Definition
The improvement of the health of citizens within a framework of justice and equity	Study all factors affecting the health of Egyptians including social factors, sector resources, general awareness, and lifestyle.
Achieve universal healthcare coverage for all Egyptians and ensure high quality services	Ensure the availability and affordability of preventive and curative services of high quality to all Egyptians.
Improve health sector governance	Ensure the availability of accurate data that leads to sound decision-making in a timely manner, while improving the efficiency, accountability, transparency, and resource management of the health sector.

**The first objective** is associated with many duties and responsibilities that fall within the scope of several sectors, including the health sector. It deals with various factors that affect the health of citizens that have been identified earlier and include the general climate and context, living and working conditions, community conditions influencing health, and individual lifestyles. As such, the role of the Ministry of Health and Population focuses on the provision and enhancement of primary healthcare through awareness and preventive measures.

**The second objective** includes three elements of healthcare service delivery including financial burden, accessibility, and quality. The provision of quality healthcare services requires the increase of healthcare expenditure, the contributions of civil society and individuals to this end, and the accessibility of these financial resources by practitioners and beneficiaries, and continuity of service delivery without any financial or other burdens on citizens.

The achievement of **the third objective** requires the diversification and alignment of the health sector's relationship with other sectors, and the amplification of the role of the Ministry of Health and Population as regulator and guide. This requires the availability of accurate data that will aid in sound and timely decision-making that will improve the efficiency of sector resource management within a framework of transparency and accountability.

## Key Performance Indicators for Health to 2030

In light of the Vision and Strategic Objectives for Health, a specific set of Key Performance Indicators has been selected to be used to monitor progress until 2030. Current values as well as target values in 2020 and in 2030 have also been identified, in addition to those developed indicators where the required framework for their estimation has been developed in cooperation with the concerned parties, as follow:

### Quantitative Indicators

S.N	Indicator Category	Indicator	Definition	Current Status	2020 Target	2030 Target
1	Strategic Results	Life expectancy at birth (years)	The number of years a newborn infant would live if prevailing patterns of mortality at the time of its birth were to stay the same throughout its life.	71.1 <sup>(1)</sup>	73	75
2		Maternal mortality rate (%)	The number of women who die from pregnancy-related causes while pregnant and during delivery; per 100,000 live births.	51.8% <sup>(3)</sup>	39%	31%
3		Child mortality rate, below 5 years old (%)	The probability that a newborn baby will die before reaching age 5 years per 1,000 live births	27% <sup>(4)</sup>	20%	15%
4		Composite indicator for children nutrition	Including 3 sub-indicators: (1) stunting, (2) wasting and (3) anemia among children less	(1) 21% (2) 8% (3) 27% <sup>(3)</sup>	15% 4% 20%	10% 2% 15%

S.N	Indicator Category	Indicator	Definition	Current Status	2020 Target	2030 Target
		(%)	than 5 years			
5		Mortality rate due to uncommon diseases among persons between 30 and 70 years (%)	The share of all deaths for those between 30 and 70 years by underlying causes. Non-communicable diseases include cancer, diabetes, cardiovascular diseases, or chronic respiratory diseases	24.5% <sup>(5)</sup>	22%	20%
6		The spread of Hepatitis C and infected cases (%)	Local indicator measures the spread of Hepatitis C	8.9% <sup>(11)</sup>	2%	1%
7		Per capita health expenditure (USD)	International indicator measures the efficiency of health financing systems and resource management	152 <sup>(5)</sup>	300	600
8		Out of pocket health spending (%)	International indicator measures the contribution of citizens in the direct health services payment	59.6% <sup>(5)</sup>	40%	28%
9		The number of deaths from road accidents per 100,000	Indicator measures the number of deaths caused by serious injuries from road accidents	13.2 <sup>(7)</sup>	10	8
10		Tobacco use among persons over 15 years (%)	The percentage of persons whose age is 15 years and more who smoke any type of tobacco, including cigarettes, cigars, and pipes, except smokeless tobacco (including daily and non-daily smoking)	26% <sup>(8)</sup>	24%	22%
11		A composite indicator for the availability of primary health services (%)	Including 3 sub-indicators: (1) the ratio of pregnant women making at least 4 follow up visits, (2) the ratio of using new methods of family planning, and (3) the ratio of vaccinated	(1) 83% (2) 58.5% (3) 94.2% <sup>(4)</sup>	85% 64% More than 95%	90% 74% More than 95%

6<sup>th</sup> Pillar:  
Health

S.N	Indicator Category	Indicator	Definition	Current Status	2020 Target	2030 Target
			children by triple vaccine DPT			
12		The trade deficit for pharmaceuticals and bio-medicine manufacturing (million USD)	Local indicator measures the intensity of pharmaceutical manufacturing in Egypt	1465 <sup>(9)</sup>	700	0
13	Outputs	The percentage of citizens covered by social health insurance (%)	One of the basic indicators for a health finance system as it measures the health coverage through health insurance (one of the basic indicators of health finance system)	58% <sup>(10)</sup>	100%	100%
14		Response to International health regulations (%)	The indicator measures the ratio of achieving a set of specific items or functions that reflect the level of performance and capacity	88% <sup>(4)</sup>	90%	95%
15	Inputs	Composite indicator for social services (%)	This indicator includes 2 sub-indicators: (1) the proportion of the population using safe drinking water, (2) the proportion of the population with access to a sanitation system	(1) 99% <sup>(4)</sup> (2) 50%	99% 70%	100% 100%
16		Number of hospital beds	The number of years a newborn infant would live if prevailing patterns of mortality at the time of its birth were to stay the same throughout its life.	14.6 <sup>(2)</sup>	22	30
17		Composite indicator for employees of the public sector (%)	This indicator includes two sub-indicators: (1) the number of doctors per 10,000 inhabitants, (2) the number of	(1) 58% <sup>(2)</sup> (2) 15%	12% 30%	20% 50%

S.N	Indicator Category	Indicator	Definition	Current Status	2020 Target	2030 Target
			nurses per 10,000 inhabitants			

(1) Central Agency for Public Mobilization and Statistics – 2014

(2) Central Agency for Public Mobilization and Statistics – 2012

(3) Demographic and Health Survey 201

(4) World Health Organization, database, 201

(5) World Health Organization, database, 2012

(6) World Health Organization, database, 2018

(7) World Health Organization, database, 2010

(8) World Health Organization, database, 2011

(9) Trade Statistics for International Business Development (ITC), 2014

(10) Ministry of Health, database, 2013

(11) Ministry of Health and Population and Zanati Office Demographic and Health Survey

### Suggested New Indicators:

S.N	Indicator Category	Indicator	Definition	Measurement Mechanism
1	Outputs	The proportion of health institutions that contain in their medicine stores, supplies and basic life-saving equipment on the visit day and the average of their availability	It indicates the quality of health services provided to citizens and measures the proportion of health institutions that contains in their stores medicines, supplies, and basic life-saving equipment on the visit day (and the average of their availability)	Building a database of information on all medicines, medical supplies, and equipment to facilitate its control.
2		The percentage of infections acquired from hospitals	This indicator was developed to reflect the quality of health services provided to citizens. This indicator is a composite indicator including the percentage of infections acquired from hospitals and the number of health institutions with accreditation	Building data linking different health institutions to facilitate the follow up of the number of infections acquired from hospitals and the number of departures in the same period.  Develop specific and uniform standards throughout the Republic for the accreditation of health institutions and to control them.

S.N	Indicator Category	Indicator	Definition	Measurement Mechanism
3		The accurate registration of births, deaths, and causes of death in the vital registration reports	The accurate registration of births, deaths, and causes of death in the vital registration reports to make suitable decisions at the right time	Automation of the registration of births and deaths and developing a system to review the data and update the regulations to ensure accurate recording by facilities.

## Challenges for the Health Sector

The challenges are divided into three main groups.

**The first group of challenges** is characterized by its significant impact and relative ease of control, and therefore shall take greater precedence. These challenges include the following:

- The poor state of the health insurance system and lack of compatibility with citizens' needs. Despite the large number of health insurance service subscribers, most resort to the services of private sector providers or teaching hospitals.
- The poor implementation of the Family Medicine system, which suffers from poor quality and medical staff shortages, despite the large number of health units across the country.
- The absence of a health referral system from one service level to the next, which leads to great pressure on central tertiary service providers such as the National Heart Institute and the National Oncology Institute.<sup>3</sup>
- Mismatch between the financial resources available to the health sector and international standards and local requirements, which reduces the quality and availability of nationwide health programs and services, in addition to the poor efficiency and effectiveness of employees in the health sector.
- Lack of awareness of the importance of public health and proper nutrition, where most citizens are ignorant of the importance of maintaining their health and following a proper nutrition regimen, in addition to the lack of healthy lifestyle practices such as sports, which leads to an overall degradation of citizens' health.
- Lack of coordination between the service provider and financier, given that they are one and the same, leading to the existence of a conflict of interest, an inefficient governance system, lack of data accuracy, as well as poor service delivery.

---

<sup>3</sup> Health Referral System



- Modest technological and informational infrastructure that supplies data where there is no unified health information system that includes a unified database for beneficiaries, health services providers, or information about the spread of diseases, and the quality of services provided, which may lead to the lack of available data accuracy for the sector or even its unavailability.<sup>4</sup>
- Modest quality control systems, due to the unavailability of periodic licensing for public hospitals or their employees. The responsibility of quality management in the Ministry of Health and Population is limited to the quality of services provided by the Ministry.

These challenges are followed in terms of priority by **a second set of challenges** characterized by limited impact with relatively weak controls including:

- Lack of economic feasibility for the private sector to invest in remote areas, due to unfavorable economic conditions. Also universal health insurance is unavailable in these areas due to the modest return on investment on healthcare for those areas, leading to lack of investment to establish health services projects that increase the burden on the governmental sector.
- The low availability of supplies and equipment in many public health facilities in light of the modesty of the control system and absence of modern information systems.
- Inadequacy of the legislative system that organizes human resources, since laws that govern the health sector and its employees are not keeping pace with technological or regulatory developments, leading to a reduction of career attraction factors. This challenge causes a large “brain-drain” to other countries.
- Inefficiency of the current appointment system, which requires medical graduates to work in the government sector for 2 years. The system gives preference to jobs at entities within cities, leading to a gap in the quality of services between urban and rural governorates.
- The absence of a mechanism for the circulation, prescription, and dispensation of medicines in hospitals, leading to the inefficient use of medication, especially antibiotics.
- Modest social services, where lack of sanitation services, especially in rural areas, adversely affects the quality of water, in addition to the high rates of pollution in cities leading to the deterioration of citizens’ health.
- Modest female educational attainment ratios, especially in Upper Egypt, leading to a decline in their health awareness that adversely impacts the nutrition and health of their children.

**The third and final set of challenges** includes those that are low-impact but easily controllable including:

---

<sup>4</sup> HW, SW, Networks

- The absence of a nursing culture in Upper Egypt. It is hard for Upper Egyptian families to accept their daughters working in the field of nursing, leading to a lack of qualified medical teams in many health units and hospitals in Upper Egypt.
- Mismatch of skills between higher education graduates and the needs of the health sector, where there is no certified mechanism for coordination between the needs and quality of graduates available to fill positions in required specialties.
- High rates of unemployment among young people lead to increased rates of smoking and drug abuse, which threaten public health and community peace, and adversely affect the national economy.
- Failure to enforce the law banning the sale of cigarettes to young people under the age of 18 years and non-punishment of the offender, where the failure to enforce such laws, in addition to the drug abuse laws, leads to the prevalence of smoking and drug abuse among younger people.
- The lack of an independent body for accreditation, regulation, and control of health services adversely affects the level and quality of such services, and citizens' health in general.

## Health Programs to 2030

---

In light of the challenges facing the health sector, which limit the achievement of its Vision and Strategic Objectives, as well as the National Sustainable Development Objectives beyond 2015, the State decided that its first priority in the coming period will be to enhance the quality of healthcare services through the development of periodic and compulsory licensing for healthcare facilities.

The State also aims at creating a mechanism for healthcare facility accreditation to increase fair competition between different service providers in order to enhance the quality of services and attain generally accepted international standards. The State will also adopt the concept of continuing medical education as a prerequisite for the renewal of professional practice licenses for medical professionals.

In addition to these efforts and to enhance and support the policies, programs, and projects related to health development included into the government's work program for 2016-2018, we present the following top programs that have been selected for implementation due to their great positive impact:

### Application of universal health coverage

- **Program Description:** This program aims to implement universal health coverage, including health services at all levels across the state, and universal health insurance coverage of citizens, especially underprivileged groups. This program is one of the higher cost programs and is expected to start its implementation in 2016 and to be completed by 2030.

- **Key Elements:**
  - Expediting the issuing of a universal health insurance law to ensure the separation between the financier, service provider, and regulator.
  - Development of a coordination framework between the service provider and the service financier to ensure provision of service to citizens with economic sustainability for the service providers.
  - Develop a program to provide healthcare services at all levels across the country, especially in rural areas to ensure access to all Egyptians.
  - Encourage a partnership program between the public and private sectors in Public/Private Partnerships (PPPs) to increase investment in healthcare service provision.

### Improve the quality of healthcare service provision

- **Program Description:** This program aims to enhance healthcare services provided through the application of several assessment and control mechanisms. This is a high-cost program and is expected to start its implementation in 2016 and be completed by 2025.
- **Key Elements:**
  - Develop a mechanism for the periodic and compulsory licensing of health facilities in accordance with specific and uniform standards country-wide, in order to ensure a minimum level of quality healthcare service provision.
  - The gradual adoption of mechanisms for accrediting healthcare facilities to increase fair competition among different service providers in order to enhance the quality of services to comply with international standards.
  - Develop and maintain health facilities according to a group of development priorities as they are considered the basic constituents of improving the quality of health services.
  - Develop a professional licensing system for medical professionals to ensure the concept of compulsory continuing medical education for the renewal of professional practice licenses.
  - Activate quality control mechanisms and spot inspections to ensure quality of services across national, regional, and local levels.

### Enhancing Preventive and Health Programs

- **Program Description:** This program aims at improving the population's health through a package of preventive programs and awareness campaigns to promote the health of citizens and achieve social and economic development. This is a medium-cost program and is expected to start implementation in 2016 to be completed by 2030.

- **Key Elements:**

- Develop and implement the family medicine system as it is one of the basic components of primary health care and plays a pivotal role in protecting citizens from diseases and ensuring their health.
- Maximize public health awareness campaigns for the prevention of communicable diseases as improving public health is not only related to raising the quality of health services, but it is also related to all factors affecting citizens' lifestyles.
- Improve social, economic, and environmental circumstances and individual characteristics and behaviors.
- Improve control of non-communicable diseases including in particular stemming the rate of hepatitis C infections.
- Promote reproductive health and proper nutrition programs so as to reduce stunting, wasting, and anemia.
- Improve control of drug abuse and addiction through awareness campaigns and new ways to treat those problems, while also addressing the societal dimensions of unemployment.
- Achieve the nutrition agenda of 2014 adopted by the United Nations.

#### **Improve Health Sector Governance:**

- **Program Description:** This program aims to bring about fundamental reform in the health policy-making system and implementation through identifying a framework of responsibility for all stakeholders to ensure prevention of overlap between them, in addition to introducing the organizational and structural changes necessary to enhance health sector governance. This program is a low-cost program and is expected to start implementation in 2016 to be completed by 2020.

- **Key Elements:**

- Update and activate the role of the Supreme Council of Health to include the preparation of the integrated strategy for health and develop a general policy for the sector and following up its implementation.
- Identify the responsibility framework of the Supreme Council of Health and General Medical Council to ensure that there is no interference between the two councils.
- Establish an independent body responsible for the delivery of healthcare services while ensuring the continued coordination between the different parties to ensure the quality of such services.
- Strengthen and activate the regulatory and control role of the Ministry of Health to include everything that affects the health of citizens including food, medicine, health services provided to the public by the government, or by the private or civil sector.
- Restructure the Ministry of Health to fit its new assigned role.

### Enable Municipalities to Provide Health Services within a Decentralized Framework:

- **Program Description:** This program aims to support decentralization in the health sector to enable municipalities to carry out their assigned role as part of efforts to raise the quality and availability of health services provided in all governorates. This program is in line with the provisions of the new 2014 Constitution that includes articles supporting the decentralization trend.<sup>5</sup> This program is a high-cost program and is expected to start implementation in 2017 and be completed by 2025.
- **Key Elements:**
  - Update institutional, legislative, and financial frameworks in the directorates and departments of health in the context of their new role, and identify the map of services provided at various local levels.
  - Review and develop the organizational structure and job descriptions of the health directorates and departments according to their new roles.
  - Develop the infrastructure, equipment, information management, and means of communication for the directorates and departments of health to enable them to carry out their assigned role.
  - Develop strict and comprehensive programs to enhance employees' capacity to acquire the necessary skills to manage health services according to various local standards of quality and efficiency.

### Develop IT Infrastructure, the Mechanisms and Methods of Correct Health Data Input, Collection and Availability:

- **Program Description:** This program aims to raise the effectiveness of health sector management through supporting the decision-making system, which depends on the availability of accurate and updated health data. This is a medium-cost program and is expected to start implementation in 2016 and be completed by 2020.
- **Key Elements:**
  - Establish a unified and integrated database to be linked to all health facilities, including quick assess and efficient information transfer among those facilities.
  - Develop a referral system that involves renovating the technical, institutional, legal, and financial frameworks to enable citizens to receive appropriate treatment by the right doctor, so as to reduce the financial burden on the service financier under the overall health insurance system.
  - Apply the Requirement Certificate System when purchasing equipment and medical supplies leading to stopping the waste of public funds on the one hand and ensuring optimal geographical distribution of supplies and equipment that fits the needs of the citizens.

<sup>5</sup> Articles 176 and 178 of Fifth Part, the Ruling Regime, Section III of Chapter II of Executive Authority.

- Apply international codes when registering the cause of death so that the data can be analyzed statistically to monitor diseases, especially common ones, and the causes of death in order to work on the treatment and prevention if possible.
- Control the birth registration process especially for births that occur outside health facilities to prepare a health file for each citizen that contains all health data.
- Develop a overall database for all health insurance databases across the governorates.

### **Developing Human Resource Management in the Health Sector:**

- **Program Description:** This program aims to enhance the means of managing human resources through a package of measures **to ensure** the stability and retention of medical professionals, as well as the availability of all specialties in all governorates. This program is a medium-cost program and is expected to begin implementation in 2016 and be completed by 2018.
- **Key Elements:**
  - Develop a mechanism to record the number of employees in the health sector in Egypt in order to determine if there is a surplus or a gap in the labor market.
  - Develop a coordination mechanism between labor market needs and the number of colleges and institutes of medicine and nursing graduates.
  - Review and amend the current appointment system to ensure the availability of well-trained and qualified medical professionals to ensure the presence of all specialties in all governorates.
  - Develop and apply an incentives program the help promote job stability and professional development of the medical teams.

### **Developing the Pharmaceutical Sector:**

- **Program Description:** This program aims to develop the drug sector in Egypt, its management, and the elimination of improper practices. This is a low-cost program and is expected to start implementation in 2018 and be completed by 2022.
- **Key Elements:**
  - Define a clear policy for the drug sector and develop the pharmaceutical and raw materials industry so that Egypt can reach self-sufficiency in medicine.
  - Legislate drug descriptions and use activities to reduce the excessive use of medicine by citizens.
  - Establish an incentive structure to encourage investment in the field of establishing pharmaceutical raw materials factories.
  - Develop the framework and procedures that encourage Egyptian companies to use locally produced raw materials in producing medicine.