Social Conditions in Egypt According to the Millennium Development Goals

Presented by Lowell Lewis on to the European League

The Egypt of today is a complex social and political entity, and one that faces a struggle against poverty, population growth and authoritarian government on the road to equitable human development.

Egypt approaches the Millennium Development Goals (MDGs) as a country with a dual identity. The first Egypt is led by a dynamic, reform-minded government, and is determined to achieve prosperity and social cohesion through the mechanism of overall economic and political reform. The second Egypt is, through the effects of decades of deeply embedded poverty and political disaffection, distanced from and indifferent to the first. The majority of Egypt’s 78 million people are in the latter category. Slowly, however, things are beginning to improve.

Millennium Development Goals

#1 Eradicate extreme poverty and hunger

Based on the standard UN indicator of $1 per day, Egypt has already achieved the MDG for extreme poverty.

Poverty data and its interpretation have been a source of controversy in Egypt. In 2002, a Government/World Bank Poverty Assessment reported that 16.7 percent of the population or approximately 10.7 million people could not obtain their basic food and nonfood needs. Depending on the standards used, this could be as high as 42 percent or 27 million people.

The poverty line is 1450 EGP or $242 per year. Social indicators and progress varied greatly in 2004 between the governorates of Upper Egypt (34 per cent of whose inhabitants were poor) and those of Lower Egypt (where only 13.9 per cent were poor).

Egypt is one of the countries in the region where malnutrition is a challenge. Malnutrition is mainly represented using underweight (weight for age) or stunting (height for age) or
acute malnutrition or wasting (weight for height). In 2000, malnutrition was estimated at 4.0 percent, stunting at 18.7 percent, and wasting at 2.5 percent.

Children severely underweight in 2005 had improved to 1% compared to 3% in 1990.

The main contributing causes to malnutrition are inadequate dietary intake and disease. These causes are affected at the household level by: (i) insufficient access to food; (ii) inadequate maternal education and childcare and (iii) poor water/sanitation: and (iv) inadequate health services.

**#2 Achieve universal primary education**

Egypt is among the bottom nine countries in the world for literacy, with only 40.8 percent of the population able to read and write in 2005. In 1997, the total adult literacy rate and the adult female literacy rate, were estimated at 51% and 37%, respectively. Educational access is improving, and the country has made progress in the area of literacy. Continuing education for girls remains a problem, however, especially in the rural south. The common style of child rearing in the Arab family is the authoritarian and over-protective. Hence children become accustomed to suppressing their inquisitive and exploratory tendencies.

The literacy rate for urban women in 2004 was 63.6 percent, and that in the countryside 29.6 percent. Only 13.5 percent of rural women had access to secondary or higher education. Since 1990, Egypt's youth literacy rate (ages 15-24) has climbed from 61% to 85%.

In 2003/04, 90.9 per cent of children were in primary or secondary education, compared with only 42 per cent in 1960. Seven per cent of children between five and 14 were working in 2004.

There were 40.9 pupils for each teacher in primary education which is high and as a result, two thirds of pupils take private lessons to keep up. More than 85 per cent of children were being educated in state schools, 6.1 per cent in private ones and 8.1 per cent at Al-Azhar Koranic schools.

Despite improvements in training and salaries, teaching—especially at the primary level—remained a low-status career. In 1985-86, Egypt's primary and secondary schools
employed only 155,000 teachers to serve 9.6 million pupils—a ratio of about 62 students per teacher. Some city schools were so crowded that they operated two shifts daily. Many Egyptian teachers preferred to go abroad, where salaries were higher and classroom conditions better. During the 1980s, the government granted 30,000 exit visas a year to teachers who had contracts to teach in Arab countries.

The number of university students increased from 1.6 million in 2001 to 2 million in 2006.

An important subcomponent of the Decentralized Government Management (DGM) activity focuses on improving the linkages between school and work to encourage relevant and effective preparation for the world of work and promote private sector involvement. More will be said about this in section 8e.

The Egypt Education Reform Project, a five-year program funded by USAID, addresses these issues through an integrated approach that combines community mobilization, nonformal education such as life skills and literacy training, school construction, teacher training, and girls’ scholarships while ensuring effective leadership and participation on the part of the Egyptian government.

#3 Promote gender equality and empower women

Attitudes toward gender equality do not seem to be changing as rapidly as desired. Egypt was recently ranked bottom of a World Economic Forum survey of 58 countries measuring women's empowerment. It is true that gender inequality indicators tend to mirror more general inequalities across the country, with the ratio of girls to boys in primary education and the share of women in non-agricultural employment lower in the generally poorer rural south than in the cities and the north.

Women, hit by civil service job cuts, are now down to 25 per cent of the national workforce and are concentrated in a few segment of the labor market, mostly healthcare (46 % of the national female workforce) and education (40%).

Thus, woman empowerment is an overall process that requires cooperation on the part of all institutions and bodies of the state as well as the civil society. Therefore, the policies of woman empowerment are based on confirming the principle of cooperation
and participation between the government and the civil society in laying down, implementing and assessing these policies.

In the light of the previous vision, woman-enabling policies aim at achieving the following goals:

1- Mainstreaming woman in all related policies.
2- Empowering woman economically, politically and socially.
3- Expanding woman's participation in public life.
4- Eliminating all forms of discrimination against the woman.

Over the past years the State has adopted many policies in order to empower woman in various fields. Among these is the establishment of the National Council for Women (NCW) and National Council for Childhood and Motherhood (NCCM).

Also, Egypt has put an end to discrimination against woman by issuing the Republican decree by means of which the first female judge was appointed in January 2003. Moreover, amendment were made to the Egyptian nationality law in order to give children, born to an Egyptian woman married to a foreigner, the Egyptian nationality without pre-conditions.

Law No. 11/2004 was issued to establish the family security system fund, which helps the Egyptian woman get alimony through a fund into which financial resources are to be regularly channeled.

The government launched a number of policies aiming at activating the participation of woman in the field of small-size enterprises. The Productive Families Program, an offshoot to Ministry of Social Affairs, is regarded as a pioneering project in the field of providing small-size enterprises to the Egyptian woman in order to reduce poverty while promoting her living standards. The number of families benefiting from the program from 1964 till 2003 rose to 1.5 million. The program provides many services, including training in technical skills, equipment, raw materials and machines, and providing loans and marketing services by organizing temporary, permanent or seasonal fairs.
There are also efforts to find the best electoral systems to boost woman's participation in political life. These include developing a media vision of issues most important to woman and developing a media discourse that aims to change the social image of women, gender issues and eliminate gender discrimination in addition to achieving equal opportunity.

**You Cannot Look At Health Issues in a Vacuum.** Sad stories about women's health can bring attention to the health issues, but they do not help us understand the context of the problem. Health professionals must look at gender and economic issues to understand women's health issues. The latest demographic and health survey (DHS) in 2005, showed that 95.8 % of adult women in 2004 had undergone female circumcision, at an average age of 10.

From a demographic standpoint, urbanization accelerates the decline of fertility by facilitating the exercise of reproductive health rights. In urban areas, new social aspirations, the empowerment of women, changes in gender relations, the improvement of social conditions, higher-quality reproductive health services and better access to them, all favor rapid fertility reduction.

Ms. Shehata from Minya, Egypt recalls her own harrowing experience. She remembers the shame, embarrassment and confusion associated with this time in her life. Her parents, like many families living in her community, hold social traditions sacred and fear the consequences of what will happen to their girls if they do not undergo a procedure known as female genital mutilation.

For the past ten years, USAID has been actively involved with New Horizons, a non-formal education program which addresses literacy, life skills and, in particular, female genital mutilation. In collaboration with other organizations, USAID has developed a highly-successfully model for addressing this prevalent yet highly sensitive topic. Concentrating on the socio-cultural aspects of the practice is more relevant than focusing on the religious or health facts. Giving women the forum to discuss their experience allows New Horizons to more effectively reach women who had undergone this procedure. The program to discuss their experience empowers the women with knowledge and helps them decipher social practice against scientific realities.

Additionally, the program identified positive female role models in the community. These women serve as "positive deviants" and create a constructive alternative to the norm.
Since the mid-1990's, the percentage of young women who have undergone the use of this procedure has steadily declined from 97% in 1995 to 81% in 2000. The change is due in large part to changes in people's attitudes.

The peer educator program at Egypt’s Minia University is just one of many activities designed by USAID to increase young people’s access to quality family planning and reproductive health services throughout Upper Egypt. In collaboration with Minia University, the project uses a participatory approach that has been successfully implemented in other countries to support ongoing education and outreach.

Education is one of the most important tools of woman empowerment. It allows her to obtain the power of knowledge and the necessary skills for effective participation in the development process. This section highlights the status of woman in education and the progress achieved in this respect. This status is reflected through a set of indicators such as the rates of females enrolled in the pre-university stage as well as in higher education; in addition to literacy rates.

**Females in the Pre-university education**

The total number of students enrolled in the pre-university education reached around 16.3 million students in the year 2003/2004, of which females accounted for about 47.9 per cent.

**Female enrollment in university and higher education**

Total number of enrolled students in the university and higher education in 2003/04 reached around 2.02 million students, of whom females account for around 49 per cent which percentage has remained stable through 2004/05.

**#4 Reduce child mortality**

Improvements in maternal health and child mortality rates are one of Egypt’s development success-stories. Since 1970, Egypt’s child mortality rate has dropped dramatically, from 157 per 1000 births in 1970, to 26 per 1000 in 2004, compared to the MDG goal of 25.3 by the year 2015. Maternal mortality rates have seen a similar decline as is shown in #5.
Diarrhea and acute respiratory infections continue to be the most likely cause of death in infants. Proper diets and access to safe drinking water are key factors for both of these causes of childhood deaths.

During the past three decades, Egypt has considerably improved the well-being of its people. In terms of social indicators, the education and health service provision for its population has continued to improve. Between the early 1970s and 2004, life expectancy at birth increased from 53 to 70.6 years, the number of children dying in the first year of life declined from 110 to 22.4 (per 1,000 live births), and primary school enrollment increased from 63 percent to 96.4 percent.

**#5 Improve maternal health**

Total life expectancy rose from 55 years in 1976 to 70.6 years in 2004. Maternal mortality was 174 per 100,000 live births in 1992; 84 in 2000 and 68 in 2005. The percent of births that were medically assisted was 35% in 1988; 61 in 2000 and 74% in 2005.

The under-5 mortality rate was calculated to be 36 per 1000 live births in 2004 compared to 104 in 1990. The MDG target is 50 per 1000 live births.

Two key factors in maternal health and infant mortality are child spacing and early marriage. Child spacing can be improved through education or the use of contraception. Better education and work opportunities can help reduce the tendency towards early marriage.

Egypt has long given high priority to the provision of public health services. There has recently been an increasing emphasis on primary health care, with the adoption of new approaches emphasizing child survival interventions, the control of diarrheal diseases and the strengthening of rural health services.

The national health strategy reflects the health policy of the state. The strategy aims at providing primary health care for all of the population through a national system of health facilities at all levels (central, governorate and local). This is mainly done through free government services, health insurance and nongovernmental curative establishments.
The health system is based on primary health care, which is provided through various health establishments such as maternal and child health centers, school health units and health offices, as well as rural and urban health centers.

Despite the commitment to improve the coverage and services of the health care system, health care delivery in Egypt still faces some problems. Both health facilities and staff tend to be unevenly distributed, clustering in urban areas, especially in Cairo and Alexandria. For example, the average number of hospital beds per 10,000 population is 38 in Cairo and 28 in Alexandria, compared with 16 in the rest of Lower Egypt and 12 in Upper Egypt.

The ratio of physicians increased from 12.3 per 10,000 population in 1981 to 17.7 per 10,000 population in 1989 and 20.2 in 1995. The nursing/midwifery personnel ratio has, however, decreased from 16.5 per 10,000 population in 1981 to 23.3 in 1996.

Research is essential to maintain the improvement in the general health of the population and as a factor in the education of health care professionals. Three bodies are responsible for coordinating and encouraging research: these are the health councils, the Information Centre and the central department of research and development in the Ministry of Health and Population. The major obstacle in research, however, is shortage of funds, particularly since external funding of most of these research activities is time limited, thus hampering the continuity of research.

Egypt was in the forefront of mental health care for many centuries. One of the earliest psychiatric hospitals was located at Cairo. It is recorded that this hospital was known for its humane treatment of the mentally ill as well as the wide range of activities for recreation and occupational therapy.

#6 Combat HIV/AIDS, malaria and other diseases

Have the Middle East and North Africa largely escaped the global AIDS epidemic? The available data seems to say so. UNAIDS reports that, at the close of 2003, there were 480,000 adults and children living with HIV/AIDS in the Arab world, Iran, Israel and Turkey. Compared to sub-Saharan Africa, where there are approximately 25 million cases of the disease, or South and Southeast Asia, where there are approximately 6.5 million, this number is tiny—about 1 percent of the world’s caseload.
But this low number offers no cause for celebration. UNAIDS estimates that 75,000 people from the Middle East and North Africa were newly infected with HIV/AIDS in 2003 alone, while 24,000 adults and children died from the disease in the same year.

AIDS has been a hidden menace.

There is evidence that attitudes towards HIV/AIDS (which are covered by the MDG for reduction of major infectious diseases) are changing. The Arab world has lagged behind other nations in the recognition of AIDS as a problem that needs attention at home. In November 2006, however, a major conference of over 300 religious leaders from 20 Arab states convened in Cairo to discuss ways of raising awareness of AIDS and associated issues in their communities. The conference was a major step towards breaking down the attitude of denial which has hampered the treatment and prevention of HIV/AIDS in Egypt.

#6a Halt and begin to reverse the spread of HIV/AIDS

A quarter-century after the AIDS virus began its grim march across the world and nearly 20 years after discovering its first AIDS patient, the Egyptian government has begun to offer anonymous HIV testing.

Cairo's first voluntary HIV counseling and testing center is a tentative step toward acknowledging that Egypt and the rest of the Middle East may not remain safe from AIDS for long, and that their conservative culture could make matters worse if HIV begins to spread.

They suspect the recorded number of HIV cases (about 2000) is artificially low, partly because there is no anonymous testing in many parts of the region. And they worry that the Middle East, like other regions, will do too little too late, and experience an explosion of AIDS that might have been prevented.

#6b Halt and begin to reverse the incidence of malaria and other major diseases

Egypt has several pressing health issues, including a soaring hepatitis C rate, tuberculosis and even a case or two of polio every year. In the year 2000 there were 15,648 cases of bronchial pneumonia and 14,671 cases of viral hepatitis. One of the
biggest improvements is in tuberculosis which had 8,931 cases in 1998 and 2,231 in the year 2000. Malaria cases in 2000 were reported to be zero.

#7 Ensure environmental sustainability

The level of pollution in water systems is increasing, largely due to inadequate treatment of urban and hazardous wastes. The major sources of outdoor pollution are due to large water discharges from the heavy metallurgical industries, refineries, cement plants and power plants, as well as from an aging transport sector. In addition, some 15 million tons of municipal solid waste are generated annually, of which about 2.5 million tons remain uncollected and no appropriate sanitary landfills exist for their disposal. Hazardous, agricultural and hospital waste are also mixed with municipal waste in open dumps where burning, is the most common method of disposal. Water pollution is not surprisingly a source of respiratory and allergic ailments, especially among children.

#7a Integrate the principles of sustainable development into country policies and programs; reverse the loss of environmental resources

The water resources and irrigation ministry has drawn up a national plan to improve management of water from the Nile and tackle many other problems. First, the rapid growth of the population and of industry requires ever-increasing amounts of water from a limited supply. Egypt depends largely on the Nile to meet these needs, and despite the huge reservoir formed by Lake Nasser, the supply of water does not increase. Under 1959 agreements with Sudan, Egypt gets 55.5 cubic kilometers of water a year. This works out to an annual 800 m$^3$ per person in 2005 and only about 600 m$^3$ in 2015, less than the annual 1000 m$^3$ considered as the water poverty line and the regional average of 1200 m$^3$. Second, the country has to protect the river against pollution and waste. The Nile is often below minimum quality standards. Third, the population is highly concentrated around the river valley and delta, and 97 per cent of Egyptians live on 4 per cent of the country's land. The national 2003-17 water plan is an integrated approach involving suppliers, users and other stakeholders, needing investment of 145 billion EGP and incurring costs of 41 billion EGP.

Infrastructure and connection work for the water and sanitation network is in bad condition, either broken or antiquated. Meters no longer work, and this hampers collection of customer charges. The network needs huge investment.
The water and sanitation sector performs quite well compared with those of other African states. In 2004, 86.1 per cent of the population (97.5 per cent in towns and cities and 82.1 per cent in the countryside) was connected to the drinking water network. Where sanitation is concerned, the access rate is 93.6 per cent of the population (99.6 per cent urban and 78.2 per cent rural), though only 53.6 per cent of households were connected to mains sewage in 2004 (96.6 per cent in urban areas). Less than half the wastewater collected is treated, and pollution and poor water quality are very serious problems. The government's main priority is to increase sanitation access in the countryside, since the high rate of access to water without sanitation is costly and damages water quality and the environment.

**#7b Reduce by half the proportion of people without sustainable access to safe drinking water**

Egypt has already met the Millennium Development Goal (MDG) of halving the number of people without access to water and sanitation between 1990 and 2015. In 2004, 86.1 per cent of the population (97.5 per cent in towns and cities and 82.1 per cent in the countryside) was connected to the drinking water network. Some governorates (provinces) are much worse off, such as Bani Suwayf (72.1 per cent) and Minufiyah (75.4 per cent). Where sanitation is concerned, the access rate is 93.6 per cent of the population (99.6 per cent urban and 78.2 per cent rural), though only 53.6 per cent of households were connected to mains sewage in 2004 (96.6 per cent in urban areas). Less than half the wastewater collected is treated, and pollution and poor water quality are very serious problems.

Mansoura City, the capital of Dakahlia Governorate in Egypt with nearly 900,000 residents, was suffering from a drinking water shortage. Potable water demands were not being met and the people had to install water tanks that were not being regularly cleaned. Many of the residents suffered from kidney failure. Girls who were hauling water from public water sources are now able to attend school.

Most Egyptian farmers in the villages of Tena el Gabal and Gabal el Ter in Minya Governorate earn average incomes of about $60 a month. Until recently they have not been able to obtain drinkable water due to the absence of any treatment plants in these remote areas of Egypt. Consequently the health of the farmers and their families was
adversely affected by the lack of clean water. Lab tests showed that the drinking water was contaminated with harmful bacteria and parasites.

The health of farmers has improved according to lab tests. The two plants will serve as a model for a larger USAID effort to fund the construction of additional ten slow sand filtration plants throughout Minya and Beni Suef Governorate in 2004 and 2005.

#7c Achieve significant improvement in lives of at least 100 million slum dwellers by 2020

Third world women: Maternal health in Egypt: This interview is with an Egyptian doctor who worked in southern Egypt in maternal and child health centers. She views women's high maternal mortality rate as one of the biggest health problems women face in Egypt.

Manshiet Nasser, a settlement on the outskirts of Cairo, is one of those poor areas. Highly urbanized, Manshiet Nasser has both lower than average literacy rates and higher than average infant mortality rates. Before the USAID project, it also lacked a local telephone exchange.

Today, Manshiet Nasser claims 16 telephone lines per 100 people, exceeding the Cairo Governorate average of 12 lines per 100 people. Manshiet Nasser can also claim to finally have an integral part of the infrastructure necessary for modern commerce and economic and social development.

From the UNFPA report, Feryal El Sayed has called a tiny square room crammed with a bed and two seats, and a tinier cubicle containing a kitchen and a bathroom, “home” for the past 15 years. The makeshift roof is falling apart, and Ms. El Sayed, 62, had to install plastic sheeting under the ceiling to catch the debris. However, she is still better off than some of her neighbours in Ezbet El Haggana’s District 3, who have no roofs over their heads and who, on rainy nights, are forced to sleep under their beds.

Ezbet El Haggana, a sprawling slum in the north-east of Cairo, is one of the largest urban Ashwaiiyat, or “informal areas”, encircling this city. With more than a million inhabitants, it is among the few places where the poorest of Egypt’s poor can afford some sort of housing
—a place where high-voltage cables hum constantly over their heads, sewage water seeps under their feet and the fumes of burning garbage fill their lungs.

“In addition to all sorts of diseases, we always have fires in these houses because of the high-voltage cables,” says Hazem Hassan, of the Al-Shehab Institution for Comprehensive Development, a grass-roots organization that has been assisting the residents of Ezbet El Haggana since 2001. Al-Shehab will soon construct new roofs for 50 of the most threatened dwellings in the district, including Ms. El Sayed’s.

Cairo’s population has exploded during the last three decades, doubling from 6.4 million people in 1975 to 11.1 million in 2005. The latest statistics of the Egyptian Ministry of Housing, Utilities and Urban Communities show that there are 1,221 “informal areas” similar to Ezbet El Haggana. They house 12-15 million of the country’s 77 million people. Sixty-seven of these are in Greater Cairo.

The Ministry has been diverting the flow of people from Egypt’s big cities through development projects and low-cost housing in “new cities”. Those in the Cairo area alone have absorbed 1.2 million people who would otherwise have ended up living in Ashwaiiyat. However, despite Government incentives, many still cannot afford to move there. People like Ms. El Sayed are sticking to Ezbet El Haggana. Despite her predicament, she remains optimistic, perhaps because she realizes that she is more fortunate than many of her neighbours—and that a new roof is on its way.

#8 Develop a global partnership for development

#8a Develop further an open trading and financial system that is rule-based, predictable and non-discriminatory, includes a commitment to good governance, development and poverty reduction-- nationally and internationally.

Two economic groupings exist in Egypt. One grouping consists of a wealthy elite and a Western-educated upper middle class. The other grouping, which includes the vast majority of all Egyptians, is made up of peasants and the urban lower middle class and working class. There are great differences in clothing, diet, and consumer habits between the two groupings.

Egypt’s most serious social issues are poverty and overpopulation. There are few wealthy people and many poor people. When adjusted for inflation, the incomes of
peasants and working people rose only modestly between the mid-1970s and the end of the 20th century. Overpopulation has strained the physical infrastructure—including roads, sewer systems, water supply, and utility lines—and social service networks of Cairo and other cities. Middle-class housing is expensive and difficult to find. Violent crimes, relatively rare until the late 20th century, have increased as urban life has become more difficult.

Employees of the government and of state-owned enterprises receive substantial social benefits, including health care, a pension, and unemployment insurance. Large private firms also may provide such benefits. Smaller privately owned firms are not required to do so, and most do not. Egypt has no system of income support for the poor. However, bread sold in poorer neighborhoods is still subsidized.

**#8b Address the least developed countries special needs. This includes tariff and quota free access for their exports, enhanced debt relief for heavily indebted poor countries, cancellation of official bilateral debt and more generous official development assistance for countries committed to poverty reduction.**


By concluding an agreement with Egypt, the EFTA States have established preferential trade relations with 15 States and Territories, in addition to the 27 Member States of the European Union.

The Agreement covers trade in industrial products, including fish and other marine products, and processed and basic agricultural products. The Agreement also includes provisions relating to the elimination of other trade barriers as well as trade-related disciplines including rules on competition, state monopolies and subsidies. Moreover, the Agreement contains provisions on the protection of intellectual property, investment, services, current payments and capital movements, government procurement, economic co-operation and institutional and procedural matters.

Bilateral trade in goods between the EFTA States and Egypt amounted to 428.5 million USD in 2006, with EFTA exports amounting to 377.6 million USD, whereas import from Egypt to the EFTA States represented 50.9 million USD. In 2006, EFTA’s main export
products to Egypt were machinery, pharmaceuticals and chemicals, while the main products imported from Egypt were aircrafts, textiles, and edible fruits and nuts.

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#8d Deal comprehensively with developing countries debt problems through national and international measures to make debt sustainable in the long term.

NEW YORK, August 2, 2007 -- The Bank of New York Mellon, a global leader in asset management and securities servicing, has been appointed as fiscal, paying, listing and calculation agent for The Republic of Egypt's first local-currency-denominated bond to be structured with interest and principal payable in US Dollars.

The Egyptian Pound LE 6 billion 8.75% Notes due 2012 will be placed globally as part of Egypt's ongoing campaign to develop and integrate the country's domestic capital market with the international markets.

Dr. Youssef Boutros-Ghali, Egypt's Minister of Finance, said, "The Egyptian Pound Linked Global Note is the first step to create an international liquid benchmark for Egyptian Debt. The note will be followed by a 7- and a 10-year issuance in the coming months. In addition the Ministry is studying the possibility of having most of its existing Government Bonds trade and settle via Euroclear, which will improve and develop Egypt's capital market."

#8e In cooperation with the developing countries, develop decent and productive work for youth

In parallel with the UN efforts to promote youth, Egypt hosted the Alexandria Youth Employment Summit in September 2002. The summit launched a campaign for youth employment under the “YES” framework of action of employment, creation, employability, equity, environmental sustainability and empowerment. These summits have continued to be held every 2 years and in 2006 Kenya was the sight.
Egyptian Association for Community Initiatives and Development (EACID)

began working with youth and designed the Promoting and Protecting the Interests of Children who Work (PPIC-Work) project. Through PPIC-Work, EACID provides financial services to business owners who employ children and also to family-run businesses to improve the working conditions and learning opportunities for children and youth.

PPIC-Work is a three-level socio-economic development project that aims to (1) improve the working conditions and learning opportunities of children who work at the enterprise/business level; (2) influence SME policy created by the Government of Egypt; and (3) engage debate at the international level with donors, international organizations, and interested parties. In all project activities, PPIC-Work aims to empower its main stake-holders—children, families, and business owners—by promoting children’s rights.

From 1998, EACID grew from 720 clients to reaching 2,946 clients with an outstanding gross loan portfolio of 5.8 Million LE (approximately US $1 million) in 2005. EACID is reaching a broad target market and the majority of its client households fall well below the poverty line of a typical family earning less than US $120 per month.

More than a billion jobs need to be created between now (1998) and 2010 to accommodate young workers entering the labor force and reduce unemployment.

One billion young people (15-24 years old), 85 percent in developing countries, are in the labor market with few skills, and even fewer opportunities for productive work. Nearly three billion people, that is, half the world’s population, are under the age of 25 years. High levels of unemployment and rapidly deteriorating standards of living are resulting in destructive social unrest and dangerous levels of tension. This is most evident amongst the youth who make up 50 percent of the world’s population.

Ironically, all of these challenges are exploding at a time when humanity is more prosperous than it has ever been. The knowledge base and connectivity to create opportunities for sustainable livelihoods for the world’s youth are available. The challenge is to raise awareness and build an adequate understanding of the issues we face and collaborate in promoting youth employment. It is essential that knowledge is
disseminated, capacity is built, and the will generated to resolve this crisis, and build opportunities for youth employment.

In Egypt, the Youth Employment Network (YEN), through the technical assistance of the International Labor Organization (ILO), as well as the support of the World Bank and the UNDP, is assisting the Egyptian Ministry of Manpower in drafting a National Action Plan. The YEN, the German GTZ, the World Bank and UNICEF are all to working together in Egypt to support youth engagement in this process.

#8f In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

Egypt’s drug market was worth US$1.14bn in 2005 and is one of the largest in the Middle East and North Africa (MENA) region. Per capita health expenditure was only US$15.3 in 2005.

Despite enacting a number of reforms to its business environment in recent years, the most important being the introduction of the World Trade Organisation (WTO)’s Trade Related Aspects of Intellectual Property Rights (TRIPS) legislation, a number of barriers to investment remain.

Possibly the most controversial is the government’s stringent pricing system, which effectively means that no high-price medicines can be sold on the market. As well as discouraging multinational activity, this policy also has the effect of starving the Egyptian public of the latest drug technologies. Because no price increases are permitted for inflation, local producers are also suffering and increasingly looking to export pharmaceutical to less regulated markets.

Although it is keen to maintain affordable medicines for the population, it must also provide sufficient incentives for private pharmaceutical production. There are promising signs, and recently the state has allowed the partial privatization of a number of publicly owned pharmaceutical companies, and a US consortium completed the purchase of a 93% stake in pharmaceutical company Amoun for US$454mn, in one of the biggest private equity investments ever in Egypt.

#8g In cooperation with the private sector, make available the benefits of new technologies especially information and communications technologies.
The Scientific Community in Egypt

Healthy growth of science and technology in any country depends on the availability of technically and scientifically trained manpower, and it is the responsibility of the indigenous educational system to produce the adequate stock. Over the past four decades, Egypt has created an impressive number of trained people. However, as in many developing countries, the scientific community as a whole is still an underutilized resource, and its participation in developmental activities is not yet effective; its impact on the production sector in the country is rather weak. Unfortunately, current educational systems in most Third World countries have not sufficiently addressed themselves to development problems. We still import foreign technology to a large extent and utilize foreign experience. Technological and scientific dependence of the Third World is a state of mental subordination that arises from a sense of inferiority towards science and technology. The feeling of inferiority regarding indigenous science and technology, which is particularly serious among decision makers in general, tends to inhibit scientific and technological initiatives in the south. In addition, the low percentage growth in research funds has left many young Ph.D.’s underutilized. Many have left the country, some make up most of the faculty of Arab universities, and some contribute to the further development of developed countries.

Telecom Egypt switched to digital, improving and expanding telecommunications networks in Cairo, Alexandria and other cities. Hundreds of thousands of new telephone lines have been installed, which now serve more than four million Egyptians, even in the poorest areas.

References

http://us.oneworld.net/guides/egypt/development

http://jeffblack.wordpress.com

EXCELLENT SOURCE