

# **Draft Country Profile on Ageing : Egyptian Case Study**

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## **EXECUTIVE SUMMARY**

In Egypt, the percentage of elder people in 1996 was around 6%, while the expected percentage will be 7.2%, 8.9% and 10.9% in 2006, 2016 and 2026 respectively. The life expectancy for male elders was 14.3 years in 1996, while it is expected to be 19.3 years in 2026. The policy making bodies are mainly the Ministry of Health and Population, Ministry of Insurance and Social Affairs and some universities and academic Institutes.

The number of hospital beds in Egypt is around 141,000, of which about 93,000 beds (66%) are affiliated to the Ministry of Health and Population. The total number of beds for elder people is 3856. The health services are distributed all over the country.

In each governorate (province), there are the three levels of health care, primary, secondary and tertiary; but the geriatric specialty is presented mostly in Cairo, and a few big cities. The strategy of the Ministry of Health and Population to improve health care for elder people includes the following:

Short-term training program for family physicians to provide both preventive and curative services at primary health care level, Short-term training programs for community nurses and the establishment of curative services.

A pilot project is currently implemented in four governorates to renovate and build geriatric health care centers and to develop a care team of medical staff. The main objective of this team is primary prevention and early detection of geriatric problems and to develop an effective rehabilitation policy.

The social units affiliated to Ministry of Insurance and Social Affairs are 2143 which are distributed all over the country. The total number of care societies working for elder people are 59 out of 9283. According to Egyptian laws, there is a monthly pension for all Egyptian employees and this monthly pension is increasing periodically in parallel to the increase of salaries.

The government has provided the following services to older people:

Elder people clubs (110 clubs), institutional care (80 homes), social training programs, special discounts on the prices of local transportation and flights (local/international), and entry tickets for theaters, cinemas, clubs and fairs.

The social security and aids for poor people comes mainly from the Ministry of Insurance and Social Affairs. There are other donors for poor people that come from the Ministry of Religion and Endowments, as well as from religious institutes as mosques and churches. Moreover, NGOs play an important role in poverty prevention.

There is only one faculty of medicine that established a geriatric department for both under and post graduate studies. The geriatric medicine module is now part of the curriculum of internal medicine in many universities for under and post graduate students in the faculties of medicine and in nursing and physical therapy fields. Recently, there are many combined activities between different ministries and NGOs for the care of elder people.

## **1-0 Overview of The Country Profile**

### **1.1 Situation analysis of older people :**

One of the main features of the Egyptian population over the last few decades is the gradual increase in the absolute and relative numbers of older people. This trend will continue over the next decades. The percent of older people” defined as 60 yrs of age and more” was 6.1% of the total population according to the last Egyptian census in 1996. The expected percentage of older people may reach 7.2% in 2006, 8.9% in 2016 and 10.9% in 2026. Accordingly, the expected rate of total population from 1996 to 2026 is about 57% while the expected rate of increase among older people during the same period is about 79 % (table1).

The life expectancy for males at birth was 60.5 yrs in 1986 while for older people was 14.3 yrs. In 2026 the expected life expectancy for males at birth will be 74.7 yrs and for older people will be 19.3 yrs. So it is concluded that the percent of increase in life expectancy for males at birth from 1986 to 2026 = 23.5% and for older people = 35%.

Similarly, for females at birth the percent increase = 25 % and for older females = 44%. Again this reflects the importance of providing health care for older people in Egypt.

Regarding the socio-economic situation in the country the total area of Egypt is about 1,000,000 km<sup>2</sup> while the inhabited area is nearly 80000 km<sup>2</sup> . The population density is 852 person/km<sup>2</sup>. The mean family size in urban areas is 4 and 5 in rural areas. The number of households in 1996 consensus was 12.7 millions. The household accessibility to running water is 10 million, electricity 12.7 million, private transportation 0.5 million. Also household accessibility to TV is 49%, to electric washing machine is 15% and 6% for fridge. The per capita consumption of pure water 231 liter, and the average fixed line and mobile telephone per 100 people = 16

As regard the economical situation in Egypt the in labor force at year 2002 is 17 millions (females are 3 millions, males are 14 million. GDP (general domestic product 2001): total 295956 million Egyptian pounds (equivalent to 90 billion US\$). The total external debits is 29 billions US\$ .

**Table (1) Demographic data for Egypt**

Year	Total population (million)	% of older population	Life Expectancy			
			Male at birth	Male at 60	Female at birth	Female at 60
1960	26	6.0	51.6	-	53.8	-
1976	36.6	6.2	52.7	-	57.7	-
1986	48.3	5.9	60.5	14.3	63.5	15.7
1996	59.4	6.1	65.1	15.3	69.0	17.3
2001	64.2	6.5	67.1	-	71.5	-
2006	70	7.2	69.2	16.8	73.5	19.1
2016	81.3	8.9	72.5	18.1	77.2	20.9
2026	93	10.9	74.7	19.3	79.4	22.6

## **1.2 Administrative and policy making bodies**

To date there is no Supreme Council for older people in Egypt. The policy making bodies are mainly the Ministry of Health and Population , Ministry of Insurance and Social affairs ,the universities and the academic institutions. Despite the good efforts that has been done by these bodies there is no national framework that links these bodies together.

## **2.0 Overview of institutional mechanism to promote the interests of older people**

### **2.1 The Ministry of Health and Population**

The number of hospital beds in Egypt is around 141000 of which about 93000 beds (66%) are in the ministry of health and

population hospitals or authorities related to ministry of health and population and about 22,000 beds related to private hospitals (15.6%) . The total beds for older people=3856. There are 27 provinces in Egypt , in each province there is at least one General Hospital ( tertiary care) in the capital of the province in addition to few specific hospitals e.g. Chest, Fever , Ophthalmology . Each province divided into districts and in each district there is at least one District Hospital ( secondary care . All primary health care units are connected geographically to the district hospital through a referral system. It is worth to mention that all primary health care services are free of charge as the patient either young or old costs only one Egyptian pound (=0.2 US\$) per visit. Moreover, the majority of governmental hospitals related to the ministry of health and population provided the services ( Examinations , investigations , operations , etc. ) free of charge for all ages . The number of health service units is over 7000 units. There are; 6 physicians, 0.9 dentists, 0.5 pharmacists and 13 nurses per 10000 inhabitants. The percentage expenditure on health at 2002 is about 4% of the governmental public expenditure. The number of specialized physicians is about 38,000 including just only 70 specialists in geriatric medicine. The number of consultants in geriatric medicine is around 12 and are mainly based in the capital of Egypt. As regarding health insurance there are 352 units which are mainly clinics (202), beneficiaries are 7.5 millions in which pensioners and widows 1.8 millions. Despite such high percentage of older people there is no geriatric specialist or consultant with the health insurance agency.

The ministry of health and population started from 2001 to develop health programs targeting older people within its structure. These include the following:

- Short term training program for family physicians with the collaborations of experts from Ain shams university and helwan university. These programs aim to train such physicians to acquire skills in geriatric practice.
- Short term training program for community nurses with the collaborations of experts from Ain shams university. These programs aims to train such nurses in geriatric nursing skills
- Clinical Diagnostic Service to the dementia patients (Memory clinic in hospitals). This service is established in January 2000 as a collaboration between center of elderly care, helwan university

(CEC) and EL-matar Psychiatric Hospital (ministry of health). The service includes assessment service, counseling and family support. This clinic has interdisciplinary approach for diagnosis and management. Clinic is run once a week (on Thursdays) and has an open referral policy. It has interdisciplinary team in the service which include; Geriatrician, psychiatrist, physician, Nurse, Social worker and psychologist. The service is free of charge which include; all the pharmacological management needed, Routine laboratory assessment, ECG and neuro-psychological assessment.

- Geriatric center for rehabilitation; this service is 2 stories building , built on 15000 square meters. The unit has out-patients assessment service, recreational activity units, long stay unit as well as rehabilitation units.

The ministry of health and population is also starting a pilot project to renovate and create geriatric health care centers in four governorates in Egypt. These health services include day-care hospital establishment, training of the primary care physicians by academic staff in geriatric medicine at their work or in the academic units.

Geriatric care policy in the units of the ministry of health and population will be done through a development of core team. With the main objectives of such team of primary prevention as well as early screening of geriatric syndrome. Also the project will work to develop an effective rehabilitation policy.

## 2.2 Ministry of Insurance and Social affairs

The social units affiliated to the Ministry of Insurance and Social Affairs are 2143 . These social units are distributed all over Egypt as follows ; 680 in urban areas , 1312 in rural areas ,21 in desert ,and 30 in the new constructed communities .

The total number of care societies that working in one specific field is 9283 which includes ; 59 care societies for older people , 2403 for social aids ,and 211 for family care .

The funds expended for social security either pension or social aid is about 176 millions Egyptian pounds which cover half million families with average 400 Egyptian pound/family/year .

The Total number of insured employees is 18 millions , their value of participation equal 13,000 millions Egyptian pounds . The total number of insured pensioners above 60 yrs and their beneficiaries is around 7 millions.

### **Laws and legislations :**

The Egyptian constitution , Article Number 17 ,in the section dealing with Egyptian Basic Rights, states that the government insures for all Egyptian citizens the social , medical and pensions.

Almost, all Egyptian employees in governmental or private sectors benefited from Egyptian laws which legalize the continuity of monthly salary (=pension) to those who are above 60 years . It is worth to mention that the pensions are increasing periodically as parallel to the increase of salaries with upper and lower limits .

### **Some important services provided by government to older people :**

- 1- 25% discount for local transportation ( railway) .
- 2- 50% discount in the price of entry tickets for theaters , cinemas , clubs , and fairs.
- 3- 10% discount *in the price of air tickets for* local/national flights and 5 % for international flights .
- 4- 20% for internal tourism (trips) .
- 5- All medical services are provided in case of subscription 1% from monthly pension salary (2% for widows) . The medical services are distributed all over the country .

### **Some other sources for social security and aids :**

- 1- Ministry of Religious and Endowments for all poor people and for all ages .
- 2- Syndicate contribution ( for all members rich or poor).
- 3- Pension aid , which is a lump sum given to all employees at the time of retirement . This lump sum is given to those agree to subscribe specific percent from his/her monthly salary .

## **Poverty prevention :**

1- The government encourage the new graduates to carry out small projects by supplying them with a small piece of desert land suitable for cultivation or giving them a small loan from Naser Social Bank.

2- The ministry of Social Affairs has its fund to provide a tiny amount of money on monthly base to the poor deprived family .

3- A lot of donations for the poor people ,such as Orphans , Older people, Handicapped , comes from religious bodies such as mosques , churches and Non governmental Organizations linked to wealthy businessmen .

### **2.2.1 Older people club**

It is a key item in the social service program of the ministry of social affairs and the private sector. These elderly clubs are organized by a law which define the club membership, financial and administration. This law is adopted to fulfill the interests of the elderly. All the elderly clubs should have a clear way to manage financial resources , adopt an effective budgeting policy and follow the financial regulations. It is important to mention that these elderly clubs are all over the country. It is daycare centers in which different activities are practiced under the supervision of the organizing committees and the ministry of social affairs.

Elderly club number is increasing rapidly. The number of these clubs was 50 clubs in 1990, increased to be 110 in 1999 with a ratio of increase 120%. The numbers of elderly benefited from this service were 8538 in 1990 which increased in 1996 to be 23970 with an increase of 181%.

### **2.2.2 Social training programs**

The social training programs which are programs presented by the ministry of insurance and social welfare. These programs are:

A program for older people to prepare the population for the changes to occur after retirement.

The ministry of social affairs initiated a special program to the families of the elderly at their homes. These programs are introduced in 4 big cities. The budgeting of these programs are both governmental and from the private sector.

Social welfare programs for elderly who are totally dependent. This service is introduced at the elderly home.

The day service is also available in the elderly clubs through which medical, social and recreational services are introduced. It is offered to those who are over 60 years for men and 50 years for women.

### **2.2.3 Institutional care in Egypt**

The Egyptian government supports the establishment of older people homes. The buildings of these homes are mostly designed for the elderly. But 26.7% of these homes are shared with other activities. In 1982 the number of elderly homes were 37. According to the statistics of the ministry of social affairs, only 1800 of the elderly benefited from this service although the capacity of these homes is higher.

In year 2000, the ministry of social affairs issued a manual which includes the elderly homes (around 80) all over the country. These manuals describe older people home details. All the homes mentioned are under supervision of the ministry of social affairs. These homes are distributed in most of the big cities. The majority are located in Cairo while most other cities has around 1 home. In general it is noticed that most of the homes are in big cities, and the least number is in Upper Egypt. Moreover, it is expected that the increase of the number of establishing elderly homes is apparent which shows clearly the size of the problem of the increasing number of the elderly. It is important to mention that a legislation was issued in 1997 to specify the standards of such homes and to ensure the standard of the elderly homes. This legislation includes 14 articles. Despite such legislation there are no minimal training requirements for the staff or agreed resident to staff ratio.

### **2.3 Universities and academic bodies**



### **2.3.1 Geriatric education**

1. Till 1988 there was no specialized study in Geriatric medicine. It started at the post graduate level as Master degree in Geriatric Medicine which is a taught course in geriatric medicine and a research topic. It is obtained through a written examination, a clinical examination in geriatric medicine. Also there is a doctorate degree in geriatric medicine, in which it has clinical and written examinations and the student also has to choose a research topic as a partial fulfillment to obtain the degree.

### **2.3.2 Geriatric Physical therapy education**

Physical therapy education is available in three universities, The study of geriatrics is introduced at the third year undergraduate for two terms. Higher degree studies are available to attain higher diploma, Masters and Ph.D. degrees in geriatric Internal medicine and geriatrics.

### **2.3.3 Geriatric Nursing education**

At the colleges of nursing in many universities there is a module in geriatrics nursing both at the undergraduate level as well as postgraduate level at the diploma level, M.Sc. In geriatric nursing and Ph.D. in geriatric nursing. most of these degrees are obtained by studying specialized courses and attending seminars, choose the research topic and do the written examination and an oral examination.

### **2.3.4 The Higher Institute For Public Health Alexandria university:**

This is a postgraduate institute for public health. This institute there are 9 academic departments from which one is especially for family health. One of these departments is the department of Health at old age. This department offers postgraduate training in geriatric health at the diploma level, Master degree level and Ph.D. degree level in public health

### ***2.3.5 Clinical services for older people***

The clinical service outside the ministry of health is run by few academic units or Non Governmental Organizations, however all these services has been developed as a laboratory for different geriatric models. These models have their own experiences which has been developed over the years. All of them provide very satisfactory unique model of care. These units are described below,

### **2.3.5.1 Geriatric department - Ain Shams University**

This clinical service started as the geriatric unit in Ain Shams University in 1990. This academic department is the only academic department in the Egyptian universities. This department is involved in the M.Sc training in geriatric medicine as well as the MD degree in the specialty. The geriatric unit has change to be academic unit in the 1996.

- The clinical unit has around 20-25 acute assessment bed which accept patients form the out-patient departments. Patient usually admitted for comprehensive geriatric assessment CGA. Followed by discharge plan should be implemented in the community. The unit has interdisciplinary team which work in the assessment stage as well as in the implementing the care plan. The unit has the availability of free medications as well as free medical investigation. This clinical unit could be considered as a very good unit for CGA and management of acute illness for older people. The unit is only one of 2 clinical unit in the whole country in which the clinical service is run by qualified geriatricians. Recently a high dependency unit has been opened in the clinical unit. This unit has 8 beds and is offering a clinical service for the seriously ill elderly patients. This unit offers subsidized service as regard medications and investigation. However, poor patient could get a free service through the ministry of health paying a contribution for treatment. This service is run by qualified geriatricians. Also the department the osteoporosis unit This unit offers a diagnostic and a therapeutic service for older patient with generalized bone ache or a suspected diagnosis of the condition.

### **2.3.5.2 Center of elderly care, Helwan university (CEC)**

The center of elderly care has been established in 1996. This center is a self-financed unit under the umbrella of the center for community development in Helwan University. The main objective of the center is to provide both the clinical service for older Egyptians as well as trying to develop a geriatric care model which could be transferred to other institutions and organizations involved in older people care in Egypt.

The clinical service in the (CEC) include the following;

1. out-patients service in which the center runs out patient clinics. full interdisciplinary team is available for these clinics which include geriatrician, nurse, social worker, psychologist, physiotherapist. Also outpatient clinic, which is held twice monthly in one of the day care centers for older people. Core team runs this service, which include a geriatric specialist and a nurse.

#### **2. Dementia service in the CEC**

The center also runs a special clinic for dementia patients in collaboration with the ministry of health.

this dementia memory clinic is the most comprehensive and integrated service for the dementia patients in the country. The model could be replicable in other units. We believe so as

- As regard investigation cost. it is free of charge .
- Free medications is available for all patients
- The service is run by interdisciplinary approach in which the patient is assessed by all the team involved in dementia care
- this service is run by qualified geriatricians.
- patients are seen monthly for repeat prescriptions and every three months for complete evaluation and assessment.

#### **3. Home care service**

This service is delivered to the frail older patients who are house bound. The service include comprehensive geriatric assessment, followed by formulation of care plan. The care plan is then conducted either by the family members or delivered through trained caregivers. The service also provide full supervision by a geriatrician.

#### **4. The Long term unit in the CEC**

This is mainly for frail older people who are functionally dependent on other for their ADLs and IADLs. The center provide long term care facilities for both the physically dependant (post stroke physical disabilities, severe Parkinson's disease) or cognitively impaired (dementia). Respite care is also provided for such group of patients. The unit has the benefit of full medical backup. for the inpatients both long term and respite care are offered to patients. The center run a policy of delivering the service which insure the right balance between autonomy, dignity, safety, and maximum independence.

### **2.3.5.3 The center of geriatric service–Nasr city**

The center is established in 1989 as residential home, which is belonging to church, linked to a NGO. This organization is a non profitable organization however it is run according to a business concept. Another words only the board of directors are volunteers however the rest of the staff working in the center are paid monthly. The center total capacity is 60 residents, of which generally 25% are disabled and the remaining 75% are functionally able. This ratio is not a inflexible one as sometime the disability percentage could reach 30% of the residents. This flexibility could come from the increasing frailty of the residents as time passes. There are no maximum length of stay for the residents. The center run a very efficient system of staffing during the day as some of the staff are resident in the center. This flexible policy, the service is provided in a very effective way. Together with a lot of rest given for the staff. He thought that such protocol is recommended for similar units.

As regard the cost the home has a subsidized policy for 20% of the residents. As regard the nature of the residents. The center accept dementia patient who are not behaviorally disruptive, physically frail residents as stroke patient or patient with chronic medical condition. Future plan of the center include a unit for sub-acute care or for medical rehabilitation.

- The center is involved in running a very effective home care project. The center has the repetition of training good caregivers that could work independently in the community to support frail older people. The center is involved with the project 'care with love' in training and employing professional caregivers. We believe that the center experience in caregiver training could be one of the best in the country.
- The center also offers interdisciplinary home assessment for the frail elderly. The interdisciplinary

team include doctor, nurse, social worker, physiotherapist and caregivers. This service could be free or subsidized according the patients financial condition..

#### **2.3.5.4 Training course for professional caregivers**

Different governmental and non-governmental organizations are involved in training of professional caregivers. These programs are very variable in term of method of training, length of training, course objectives. Some of these programs would link such training with mechanism to employ these trainee either in long term units or home care programs , but other would just offer the training. In this section an over view about some of the program will be highlighted.

1. NGOs and the Red Crescent. Most of these programs are supported by a special fund from ‘the “national social fund” for development. In most of these programs CEC contributes in the training
2. Project ‘care with love’ is another project which has a well structured training program for caregivers. This NGO efforts in developing training programs for geriatric caregivers is done as a partnership between one of the NGO and a Center For Geriatric Services which is allocated in nasr-city to initiate a program for training home health care Providers with the main objective of providing affordable, accessible and reliable services.
3. Training program for care givers are held at the college of nursing, Cairo university.

As mentioned previously it is noticed that these training programs differ in its time duration, levels of participants (except those trainees from the society for the Egyptian university graduates (who should be university graduates). As far as the budgeting, some of these training programs are supported, but all of them need more financial support and longer time is needed for practical training. Also these general agreement of the mediators of such training program that there are a lot of problem in recruiting candidates, ensuring the quality of training and many other practical problems. These were just a specimen of what is introduced in training courses introduced by governmental and non-governmental organizations.

### **3.0 Enabling Environment**

The Ministry of Health and Population and The Ministry of Insurance and Social Affairs in collaboration with Academic Institutes and NGOs are willing to give more attention and care for older people . There are many combined activities , as mentioned before, between different governmental officials and NGOs .

Recently , some researches are doing assessment of health care needs from older people perspectives as well as from providers perspectives . The results of these researches should be taken into consideration in planning the strategy and policy of health care for ageing.

### **4.0 Recommendations**

- 1- Creating a supreme council for Ageing affiliated to the Ministry of Health and Population . This council should include members form the ministry of Insurance and social affairs , NGOs , Universities and elderly celebrities in the society as their voice will be heard .
- 2- There are some efforts all over the country to develop care system for older people however these efforts are still lacking the good linkage. The link may be strengthened by the supreme council .
- 3- Ministry of health and population is adopting a fair health care system through empowering family physicians to practice geriatrics. This could be improved by including the module of geriatric health care in the training of Family physicians either in the short term training courses implemented by health sector reforms or long term training implemented by the Egyptian board for family medicine .
- 4- There are urgent need to make use and develop a better system to utilize the few qualified geriatric specialist with the ministry of health system
- 5- The models of care developed outside the ministry of health should be examine carefully and make use of their expertise and cumulative experience. These are clinical unit in Ain shams university which is a good model for acute geriatrics care in the country. such model is unique in the department. The CEC which is providing a very satisfactory comprehensive model of dementia care. The center is trying to develop an effective community

approach for the elderly frail. Also the center is very much active in education and research activity through its annual conferences and active research projects. Geriatric center in Nasr city is a good model for residential care and medical social medicine. The center have a cumulative experience and a very effective service to train and provide caregivers.

- 6- Social care should be developed in the direction of helping families and development of a very effective home care service with variable range of input targeting families of older people.
- 7- Priorities about service development should include an effective rehabilitation services especially arthro-geriatric rehabilitation and stroke medicine rehabilitation.
- 8- Empowering NGOs to achieve its objectives and functions through supporting them technically and financially .

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