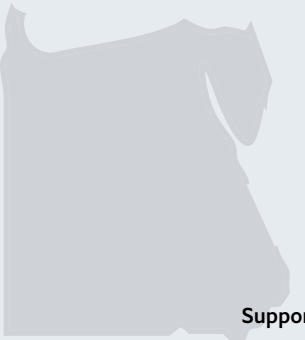
ECONOMIST IMPACT

The future of cancer care: health system sustainability in The Middle East and North Africa (MENA)



Egypt

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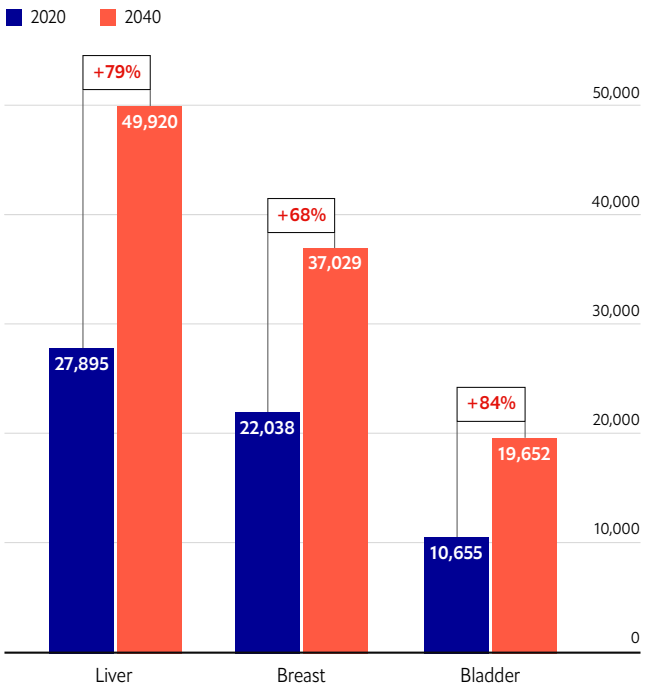
Key trends

With over 109 m people, the Egyptian population is one of the largest in the MENA region. The over-65 population, which makes up just over 5% of the total population today, is expected to double by 2040.[1] Egypt has a higher incidence of liver and bladder cancer than global averages, which is attributed to a higher prevalence of HCV, a critical risk factor for liver cancer and a higher but decreasing prevalence of schistosomiasis and a growing prevalence of smoking, key risk factors for bladder cancer.[2]

Population over 65 years[1]	**5.3m** (2022)	**10.7m** (2040)	↑ **100%**
Total cancer incidence[3]	**135k** (2020)	**235k** (2040)	↑ **75%**
Total cancer mortality[3]	**89k** (2020)	**162k** (2040)	↑ **82%**
Probability of premature death from cancer per year in 2030[4]	**8%** (2020)	**5%** (SDG target)	Projected to miss SDG target by **59%**

Top 3 Cancers: Incidence Projections estimates 2020 and 2040[4]
(# of people, both sexes, all ages)



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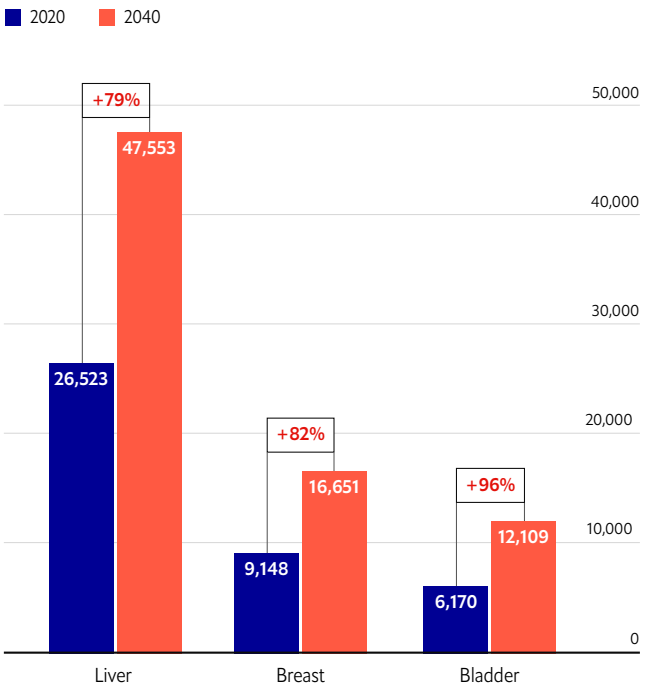

Policy

Egypt has an integrated NCD plan, up-to-date NCCP, and national cancer diagnosis and treatment guidelines. While the early detection and screening programmes are less developed, recent efforts, policy direction and resources, including the 100 Million Healthy Lives initiative, have helped improve screening and early detection services for HCV, breast, lung and prostate cancer.[5] The Egyptian Women's Health Initiative was launched in 2019 with the aim of screening at least 28m women for breast cancer.[6] As of March 2023, over 34m women have been screened.[7]

1 **Early detection programme/ guidelines for 4 cancers (breast, cervix, colon, childhood)**

3 **# of MPOWER measures fully implemented and achieved**

- ✓ **Integrated NCD plan**
- ✓ **Up-to-date NCCP**
- ✓ **National screening program for breast cancer**
- ✗ **National screening program for cervical cancer**

* MPOWER: **M**onitor tobacco use and prevention policies, **P**rotect people from tobacco smoke, **O**ffer help to quit tobacco use, **W**arn about the dangers of tobacco, **E**nforce bans on tobacco advertising, promotion and sponsorship, and **R**aise taxes on tobacco.

Source: WHO. Cancer Country Profile 2020. Egypt[4]

Health System

Healthcare system reform is critical to Egypt's Vision 2050, the country's national development agenda. NCD prevention has been a priority of the Egyptian Government over recent years with the 100 Million Healthy Lives Program to provide routine testing and treatment for infectious and chronic diseases, including hep C and obesity.[8]

Primary prevention & risk factors

N/A
HPV vaccination programme coverage (2018)

WHO target of girls fully vaccinated with the HPV vaccine by the age of 15

0.4 Alcohol consumption per capita^[9] (2018)

24% Prevalence of tobacco use (% of adults)[10] (2020)

35.7% Prevalence of obesity among adults[11] (2017)

3/4 Measures taken to reduce an unhealthy diet[4] (2020)

✓ Awareness campaign for diet and physical activity done every 5 years[4] (2020)

^Total alcohol consumption per capita (liters of pure alcohol, projected estimates, 15+ years of age)

Infrastructure[12]

64,446
Number of patients who need radiotherapy per year

542
Patient / RT unit

100%
Radiotherapy coverage

✓ Availability of palliative care in the public health system[4]

(Approximately 50% of cancer patients require RT) (2013)

Health workforce

Physicians[13]
0.7 per 1,000 people (2019)
OECD average - 3.6

Nurses[14]
1.9 per 1,000 people (2018)
OECD average - 8.8

Nuclear medicine physicians[4]
8.1 per 10,000 cancer patients (2019)

Radiologists[4]
283.2 per 10,000 cancer patients (2019)

Innovation & Data

Egypt leads the MENA region in terms of research output with a higher number of academic publications and clinical trials. In 2020, the Egyptian president issued the Regulating Clinical Medical Research Bill to establish a legislative framework for managing clinical trials.[15] Improving Egypt's National Cancer Registry Program is a key focus of the NCCP.[16] While adopting digital health could help reduce unmet healthcare needs and improve access in remote areas, the country will need to address disparities in internet access.

72% Individuals using the Internet[17] (2021)

95 Number of mobile subscriptions (per 100 people)[18] (2021)

0.68% Research and development (R&D) expenditure (% of GDP)[19] (2014)

924 Total number of clinical trials for oncology[20] (2022)

10,405 Number of clinical (1999-2022)[21]

Health Financing

Healthcare spending is expected to rise in Egypt as the country moves towards achieving Universal Health Coverage (UHC) as part of the Transforming Egypt's Healthcare System Project. Currency devaluation is also increasing financial stress on Egyptian patients where out-of-pocket (OOP) spending is high. Implementing HTA is crucial for attaining UHI objectives, expanding access, and enabling better resource allocation and evidence-based decision-making. The introduction of fast-track approval mechanisms, Egyptian Drug Authority (EDA) reforms and incentives for locally manufactured products are helping to accelerate access to new medicines.[22]

Health Budget[23]

Current health expenditure (CHE) as % of GDP
4.3% (2020)
13.9% OECD average

Current health expenditure (CHE) per capita
US$150 (2020)
$5,292 OECD average

General government health expenditure as % CHE
32% (2020)
66% OECD average

Private health expenditure as % CHE
67% (2020)
34% OECD average

Value Assessment[24]

Universal Health Insurance Law (UHI)
Includes clause for the establishment of the HTA unit (2018)

Unified procurement Law
Law for unified procurement was published in 2019 directing the establishment of a department for HTA

Universal Health Insurance Authority (UHIA)
Economic evaluation is a mandatory prerequisite for all new coverage and reimbursement decisions (2022)

Barriers to HTA implementation

- Funding
- Qualified human resources
- Data quality and availability
- HTA research

Accessibility

70/100
Progress towards Universal Health Coverage (UHC) - up from 52 in 2005[25] (2021)

9 months - 2 years
Average time to local registration for new medicines[15] (2022)

Economic Burden

$143 billion
Total macroeconomic cost attributable to cancers between 2020-2050[26] (2023)
(Total macroeconomic burden attributable to cancers in 2020–2050 using a discount rate of 3%)

Affordability[23]

Out-of-pocket (OOP) spending as % of current health expenditure (CHE)
59% (2020)
12% OECD average

Out-of-Pocket (OOP) spending per capita in USD
$90 (2020)
$653 OECD average

Opportunities for Improvement

1 Expand screening programmes

Egypt has seen positive outcomes from the primary prevention and screening programmes to address liver, bladder and breast cancer. As one of the most impactful interventions to reduce mortality and treatment costs, more focus should be given to establishing prevention and screening programmes for other prevalent cancers, such as colon and cervical cancer.

2 Alleviate immediate financial pressure

The new UHI system will cover all Egyptians when fully implemented over the next 12-15 years. OOP spending at 59% of CHE is higher than the average for the MENA region (30%) and World Bank Lower Middle-Income countries (45%).[23] With over 32% of the population below the national poverty line, immediate interventions are needed to alleviate financial obstacles to cancer screening, diagnosis and treatment.[27]

3 Collaborate in the transition to Universal Health Coverage (UHC)

The transition towards UHC provides an opportunity to strengthen and invest in end-end cancer services across the health system. It's essential to engage all stakeholders, including providers, payors, civil society organisations, industry and patients, in cancer policy and planning to realise a model of cancer care that meets the evolving needs of Egypt's population. Investment and collaboration with the private sector, through PPPs, are also expected to help close the demand gap and bring new technologies and innovation.

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