



Egypt



General data

POPULATION, 2024
116,538,258

PHYSICIANS/1000 INH. 2020-2022
0.71

Socioeconomic data

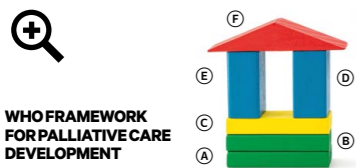
COUNTRY INCOME LEVEL, 2022
Lower middle

HUMAN DEVELOPMENT INDEX RANKING, 2023
100

GDP PER CAPITA (US\$), 2023
3,457.46

HEALTH EXPENDITURE, 2021
179.68

UNIVERSAL HEALTH COVERAGE, 2021
70



- A EMPOWERMENT OF PEOPLE AND COMMUNITIES
- B POLICIES
- C RESEARCH
- D USE OF ESSENTIAL MEDICINES
- E EDUCATION AND TRAINING
- F PROVISION OF PC

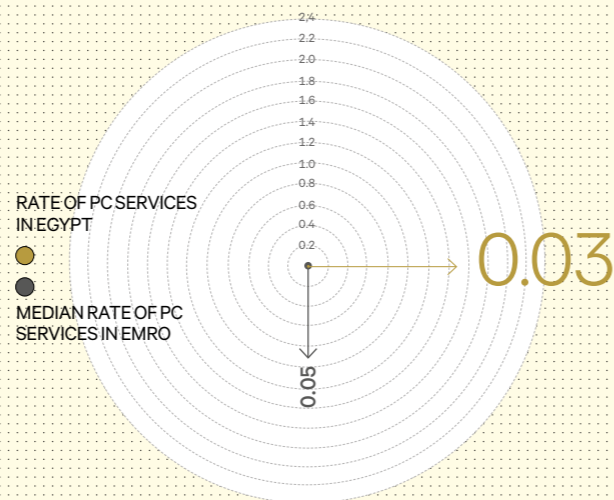


F Provision of PC (Specialized Services)

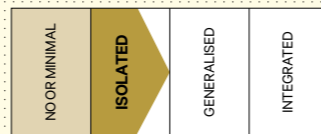
Total number of Specialized PC services **26**

Rate of PC services per 100,000 inhabitants **0.03**

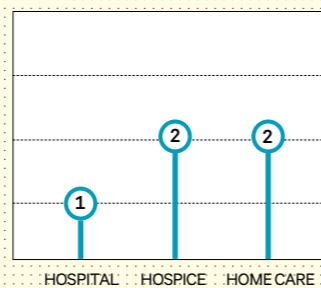
Egypt in the context of EMRO



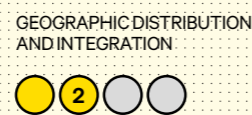
Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services



TOTAL NUMBER

5

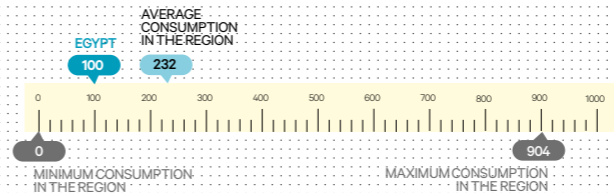


Egypt

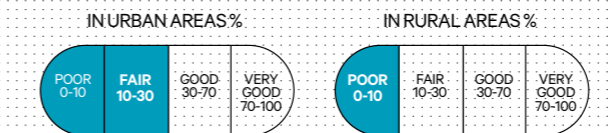
D Use of essential medicines

Opioids consumption (excluding methadone) **100** S-DDD/MILL INHABITANTS/DAY

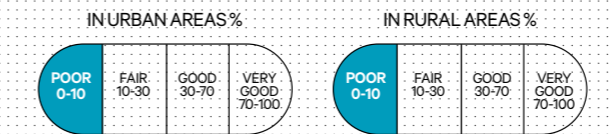
Egypt in the context of EMRO



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



C Research

PC-related research articles **3**

Existence of PC congresses or scientific meetings **2**



National Association: No.
Consultants: Maged El Ansary, Tandiir Samir Mosaad Ghattas.

Data collected: December 2023-March 2024.
Report validated by consultants: Yes
Endorsed by National PC Association: N/A
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

E Education & Training

Medical schools with mandatory PC teaching **1/29**

Nursing schools with mandatory PC teaching **0/42**

Recognition of PC specialty **2**

B Policies

National PC plan or strategy **2**

Responsible authority for PC in the Ministry of Health **1**

Inclusion of PC in the basic health package at the primary care level **1**

A Empowerment of people and communities

Groups promoting the rights of PC patients **1**

Advanced care planning-related policies **1**

<p>Ind1</p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.</p>	<p>1 ○ ○ ○ ○</p> <p>Only isolated activity can be detected.</p>	<p>In Egypt, there are currently no organizations exclusively dedicated to advocating for the rights of palliative care patients, their caregivers, or providing legal support in this area. The Egyptian Society for Regional Anaesthesia and Pain Medicine (ESRAPM) promotes expertise in pain management and regional anaesthesia, indirectly contributing to palliative care. A specialized group focused on supporting palliative care patients and caregivers is under development to address this critical gap. Additionally, two NGO-run hospitals have recognized the need for pediatric palliative care and are working to improve services for underserved populations. The JOSAAB Foundation's Hospice Egypt project, primarily targeting adults, advocates for end-of-life care and highlights the broader need for comprehensive palliative services in the country. In May 2025, the Shamsia Research center coordinated the launch of the first draft mapping of palliative care facilities in Egypt, with the participation of nine key partners from the NGO, academic, and legal sectors.</p>
<p>Ind2</p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	<p>1 ○ ○ ○ ○</p> <p>There is no national policy or guideline on advance care planning.</p>	<p>No evidence found.</p>
<p>Ind3</p> <p>3.1. There is a current national PC plan, program, policy, or strategy.</p> <p>3.2. The national palliative care plan (or program or strategy or legislation) is a standalone.</p>	<p>2 ○ ○ ○ ○</p> <p>Developed over 5 years ago.</p> <p>3 ○ ○ ○ ○</p> <p>There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.</p>	<p>Although palliative care is referenced in National Cancer Strategies, it is not covered by the National Health Insurance. Furthermore, there are no government policies recognizing it as an essential service or a national plan for its development.</p>

<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	<p>1 ○ ○ ○ ○</p> <p>Not known or does not exist.</p>	
<p>Ind4</p> <p>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</p>	<p>1 ○ ○ ○ ○</p> <p>Not at all.</p>	<p>No evidence found.</p>
<p>Ind5</p> <p>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</p> <p>5.2. The national authority has concrete functions, budget and staff.</p>	<p>1 ○ ○ ○ ○</p> <p>There is no coordinating entity.</p> <p>1 ○ ○ ○ ○</p> <p>Does not have concrete functions or resources (budget, staff, etc.).</p>	<p>No evidence found.</p>

Ind6

Existence of congresses or scientific meetings at the national level specifically related to PC.



Only sporadic or non-periodical conferences or meetings related to palliative care take place.

There are only sporadic or non-periodical conferences or meetings related to palliative care.

Ind7

Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.



Represents a considerable amount of articles published.

A systematic review conducted in March 2023 identified 70 peer-reviewed articles from Egypt focusing on palliative care.

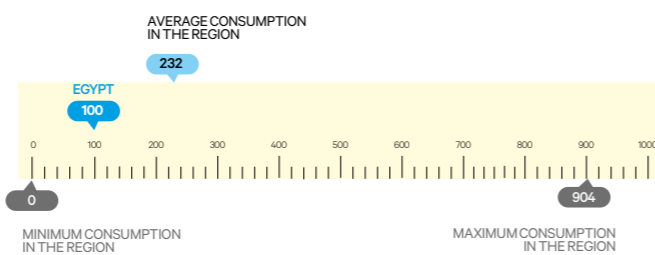
Ind8

Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2022.



COUNTRY VS REGION



Ind9

9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Fair: Between 10% to 30%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Poor: Between 0% to 10%.

Egypt's Essential Medicines List (2018–2019) includes a wide range of palliative care medicines, classified under “Medicines for Pain and Palliative Care”. These include paracetamol (oral, injectable, drops), ibuprofen, acetylsalicylic acid, morphine (injection and 30 mg tablet), codeine, fentanyl (injection and transdermal patch), tramadol, methadone, diazepam, dexamethasone, and ondansetron. Although these medicines are listed nationally, their consistent availability in primary care settings varies. Urban centers such as Cairo and Alexandria have stronger health infrastructure and supply systems, supporting more regular access. In contrast, rural and remote areas face stockouts, transport delays, and limited pharmacy coverage. These factors, along with fewer trained health professionals and partial integration of palliative care into rural services, affect the availability of medicine outside major cities.

Ind10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).



Poor: Between 0% to 10%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).



Poor: Between 0% to 10%.

Immediate-release oral morphine, in either liquid or tablet form, is not available at the primary care level in Egypt, in both urban and rural areas. Legal restrictions prohibit its possession in primary health care units. For over two decades, the only registered oral morphine formulation has been the 30 mg slow-release tablet, typically accessible only in tertiary hospitals located in major cities. Since late 2014, this formulation has faced critical shortages, leading to its near-total unavailability. Primary health centres and outpatient pharmacies do not stock oral morphine. Currently, tramadol, a weaker opioid, is the only immediate-release oral opioid that is registered and widely accessible across health care settings.

Ind11

- 11.1. The proportion of medical schools with **COMPULSORY** teaching in PC (with or without other optional teaching)
- 11.2. The proportion of medical schools with **OPTIONAL** teaching in PC.
- 11.3. The proportion of nursing schools with **COMPULSORY** teaching in PC (with or without other optional teaching).
- 11.4. The proportion of nursing schools with **OPTIONAL** teaching in PC.

1/29



In Egypt, palliative care education is limited within undergraduate medical and nursing curricula. Among the 29 medical schools nationwide, only one includes compulsory palliative care teaching, while two offer it as an optional subject. Available literature indicates that nursing schools do not include palliative care as a mandatory subject. Nonetheless, two institutions reportedly offer it as an optional component.

2/29

0/42

2/42

Ind12

Existence of an official specialization process in palliative medicine for physicians, recognized by the competent authority in the country.



There is no process for specialization for palliative care physicians but exists other types of professional training diplomas without official and national recognition (i.e., advanced training courses or masters in some universities or institutions).

In Egypt, there is no official or nationally recognized specialization process in palliative medicine for physicians. However, alternative informal training options exist.

Ind13

- 13.1. There is a system of specialized PC services or teams in the country that has a **GEOGRAPHIC** reach and is delivered through different service delivery platforms.
- 13.2. Are available in **HOSPITALS** (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.
- 13.3. Free-standing **HOSPICES** (including hospices with inpatient beds).
- 13.4. **HOME CARE** teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.
- 13.5. Total number of specialized PC services or teams in the country.



Isolated provision: Exists but only in some geographic areas.



Not at all.



Ad hoc/ in some parts of the country.



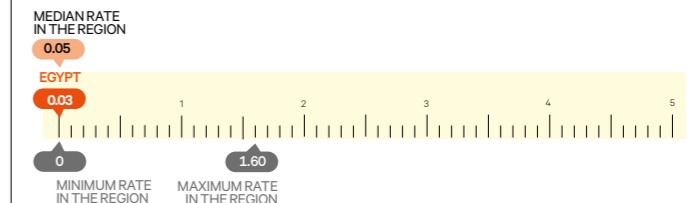
Ad hoc/ in some parts of the country.

5

PPC TEAMS

Egypt has a total of 26 specialized palliative care services, reflecting a service ratio of approximately 0.03 per 100,000 inhabitants (based on 2023 population estimates). Although comprehensive national data remain limited, emerging evidence suggests a gradual increase in service availability across the country. Among these, Hospice Egypt stands out by providing free-of-charge hospice care at patients' homes, as well as offering accommodation for terminally ill individuals who lack caregivers.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



26

SPECIALIZED PALLIATIVE CARE SERVICES

Ind14

- 14.1. There is a system of specialized PC services or teams for **children** in the country that has **geographic** reach and is delivered through different service delivery platforms.
- 14.2. Number of pediatric specialized PC services or teams in the country.



Isolated provision: palliative care specialized services or teams for children exist but only in some geographic areas.

5

PPC TEAMS

In Egypt, specialized pediatric palliative care services are available but limited. The Children's Cancer Hospital Egypt (CCHE) in Cairo provides comprehensive PPC, serving approximately 50 children monthly, which constitutes 20% of the hospital's pediatric patients. Additionally, two NGO-affiliated hospitals and three university hospitals in Cairo offer PPC services.