



برنامج التواصل الحكومي المدني



**planning sessions
to activate the articles
of the Egyptian constitution**

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Brief about the track "set of planning sessions to activate the articles of the Egyptian constitution"

Project “Twasol” "Dialogue between civil society and government” is seeking to bring together representatives of government ministries at both local and national levels, and representatives of local civil society, aid agencies and local and international funding institutions in order to promote cooperation, transparency and accountability.

One of the main objectives of the project is to provide an opportunity for the government, civil and private sectors to get involved in meaningful dialogue with the Egyptian and international non-governmental organizations, which contributes to soothe doubts and build relationships between the government and civil society.

Among the activities of the project “Twasol” is to hold a set of planning sessions (round tables) attended by representatives from the government, civil and private sectors to provide the right atmosphere to enrich a constructive and effective debate to draw a "road map".

Government and Civil Communication Program Report

On a seminar around

Women and right to work issues

Between exclusion and detracting



November 11 – 12, 2014

Bermeyza Hotel - Giza

i. Introduction

This report contains a range of information and data about the training program's participants (number, type), an description of the approach and methods that have been implemented during the workshop, as well as a statement of the method used for evaluating the results of the seminar, including the contents of the specialized workshops related to the theme of the seminar: “**Women's rights and issues and the right to work between exclusion and detracting**”. To indicate the impact and results of the training workshop, we adopted the participants' responses, both to present and discuss the related knowledge or when conducting the small group workshops focused on the topics of the program

Theme of the seminar: Women's issues and the right to work (between exclusion and detracting)

The aim of the seminar: is to "activate the Constitution and law articles related to the right of women to work

Women's right to work is recognized by the Constitution, as its provisions emphasizes on the principle of equality among all citizens, without any discrimination based on sex. Therefore, there is no discriminate between men and women on the right to work, and the Constitution instructs the state to take measures that will help women to engage in various fields of work, and to reconcile their duties towards their families and their work in the community. There are provisions in the labor laws that facilitate women work and provide them with the means to help them reconcile their duties towards their families and the practice of their vocational or career activities. The forms of discrimination against women that we observe in the areas of employment or public offices are not supported by any legislation, but they are rather actual practices reflecting a community culture that adopt discrimination against women in the areas of employment, as well as other areas of life, in addition to exclusion of women workers in agriculture from applying the provisions of the chapter on employment of the labor law. This exception means that women working in agricultural sector (i.e., land cultivation and crop harvest) are deprived of the enjoying the rights and guarantees stipulated in this chapter of the labor law.

In this sense, there is an urgent need to raise this issue, on several levels to protects the dignity of women and assure their guaranteed rights in accordance with human rights principles, which have become an integral part of the legislations governing labor issues. Based on the programmatic and practical orientation for this seminar, being a forum for key actors of civil society and state institutions and donors, the focus will be a on practical issues including; activation of the constitutional

provisions that protect the right of women to work, activating the idle articles of both labor and child laws, and modify existing articles that deprive women from enjoying their legal protection, such as those who are working in farming, in order to come out with strategies for cooperation between the various parties and assure actual enjoyment of the constitution provisions.

In this initiative, Sadat Association depends on its long and deep experience in working on the rights of vulnerable and marginalized groups by applying the legal-based approach and developmental perspective on many of women's issues, and by working with women, youth and the executives. This seminar seeks to build bridges of understanding between the state institutions and civil society in order to serve community issues in general and the issue of women in particular so as to achieve practical interests of all segments of society specially, the working women who are deprived of some of their rights or excluded altogether.

Goals

- Identify the gaps between what has been stipulated in the Constitution and labor laws and the actual reality of women in the labor market
- Identify the common aspects between the aspirations of civil society and the possibilities of the executive bodies to achieve the effective enjoyment of women's rights in the labor market
- Formulate a vision about the requirements and mechanisms to achieve justice and equality in the right to work
- Develop a vision to establish a systematic work strategy between civil society, the executives and donors on the topic of the seminar.

Themes

Theme I: Review of the right to work and women's issues in the laws, regulations and decisions

Theme II: forms of discrimination in public and private sectors and other institutions.

Theme III: Survey of the marginalized groups that are deprived from enjoying legal protection at work (female farmers and domestic servants)

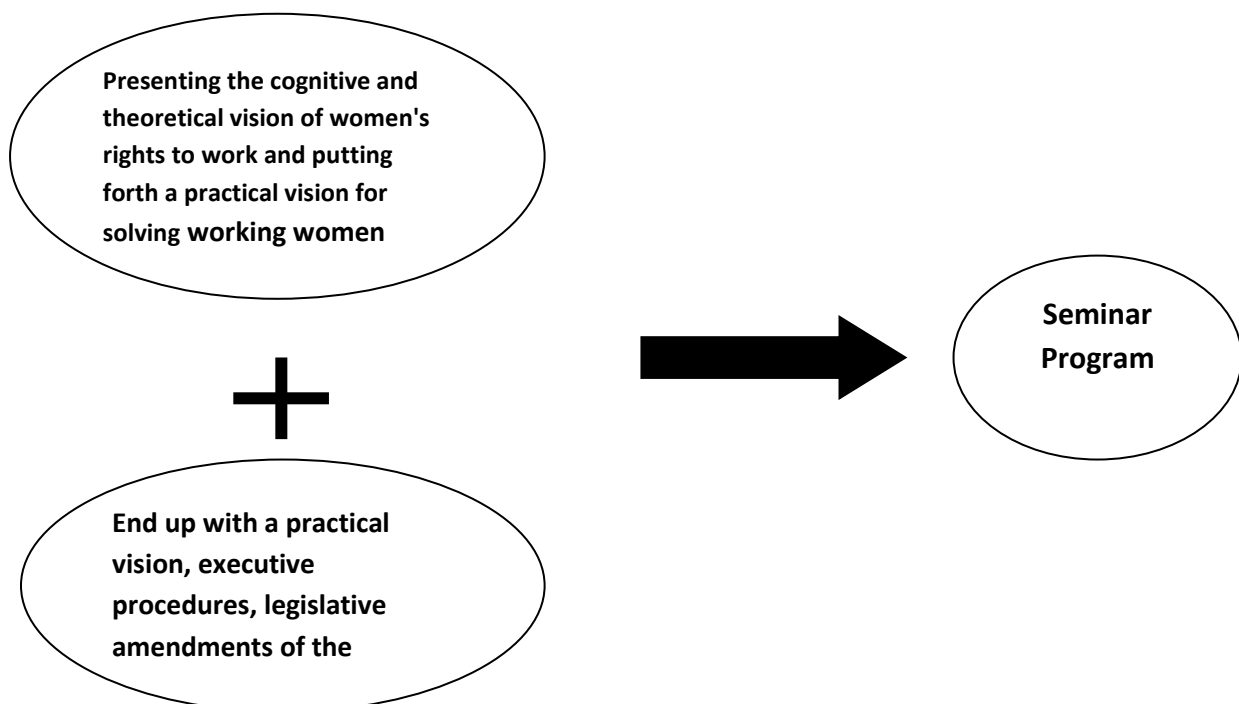
Theme IV: Prospects and ways of cooperation: Towards a joint work program

First:

(A) The number and type of participants in the first training program:

- 1. Number of participants: (23) persons participated in the seminar.**
- 2. Number of CSOs represented: three associations**
- 3. Number of executives participants: five officials from three ministries.**
- 4. Number of participants from the trade unions: two.**
- 5. Gender representation: 18 women participated in the seminar.**
- 6. Specialized national councils: Two participants from the National Council for Women and two from the National Council for Human Rights**

Chart 1



Second: Seminar's followed approach:

In order to ensure success and effectiveness of the implementation of the seminar program, a participatory approach has been selected as a methodological framework to determine the relationship between the parties of the process: (1. The seminar organizer, 2. The meeting responsible, 3. The participants). The participants responded positively to the requirements of the program implementation through their active participation.



Third: The seminar's followed methods:

The seminar was conducted through a variety of methods, but consistent with the nature of the meeting topic and purpose. These methods included: lectures, presentations, small group discussion, brainstorming, collaborative work teams, presentations' discussion, and review of the participants' experiences relevant to the topic of the seminar.

Fourth: Day 1

Main themes of session 1:

- i.** Review of the legal framework for women's right to work.
- ii.** Understanding the constitutional text (work is right, duty and honor).
- iii.** Emphasizing the fact that Egypt has signed 64 of the International Labor Organization's conventions.
- iv.** Discussing the most important advantages and disadvantages of the Egyptian labor law. There is a wide legislation gap between work at governmental institutions and work at the private sector.

Most important trends of the debates:

- i.** The importance of having an integrated view of the size and nature of the labor force as laws differs from reality.
- ii.** Elimination of law exceptions and unification of the advantages.
- iii.** The constitution's supplementary legislations issued in absence of the People's Assembly, is it easy to be reviewed by the elected council?
- iv.** Child law is the best among human rights based legislations.
- v.** The cabinet needs to review the strategy of preventing violence against women in various institutions.
- vi.** Monitoring actual problems facing working women in terms of her rights at work as they may lodge a complaint against their bosses to claim their rights but it is possible that they get punished or fired for doing so.

Main themes of session 2:

Session preliminary definitions:

- i.** Definition of the unorganized sector - It is the sector that is out of the state control.
- ii.** The right to work: means that every state, regardless of its socio-economic or cultural circumstances, has to provide for each of its citizens a chance to acquire his/her livelihood or a fair income/wage for his/her family through work that is insured against work risks, or provides him/her with a social support fund if he/she does not have enough income to live properly.
- iii.** To get to this right, there are several steps:
 - Well defined and recognized right.
 - Claim the right.
 - Organization in order to get the right

Most important debate trends:

- i.** Social Security is responsible for the provision of income, or provides the rest of the individual's needs.
- ii.** There is a distinction in what is called occupation returns as individuals should be compensated for the burdens they endure or family responsibilities if they do not get a full and fair pay for their work.
- iii.** Some women waive their rights by their own free will because of some community customs and traditions.
- iv.** 30% of women are subjected to harassment and abuse in public and workplaces leading to their expulsion from the labor market.
- v.** We must correct the situation of the former generation for the sake of the next generation, and we must also acknowledge the problems in order to address them.
- vi.** The optimal solution is the democracy and the strategies that should be implemented correctly.
- vii.** The problem has been addressed by various ministries each with different strategy (after the revolution of January 25th).
- viii.** One of the female participants asked, how come you are waiting for the young people to change things, why didn't you try to make the required changes over the past years?

Day 2:

Main themes of the 1st session:

- i.** Social justice will be achieved only through women's empowerment.
- ii.** ii. The most marginalized groups in society are women
- iii.** iii. Background information - Labor Law No. 12 of 2003 and all work regulations for women working in agriculture for purely consultative decisions issued by the competent ministry (Ministry of Labor). In Article 26, which states, "The Ministry shall draw an appropriate policy and follow-up of irregular employment and more particularly seasonal agricultural workers and those working in the sea and the miners and quarry and contractors' workers.

Most important trends of the debate:

- i.** There is already a trade union for more than 65 crafts, including domestic workers.
- ii.** Comprehensive insurance ... It is difficult to monitor housewives?
- iii.** Since 1986, there is a project at an association that its activities include foods preparation and laundry service. Each woman wants to join the project has to join the association or the union using her ID card and there is a social worker to follow up her work, but unfortunately the project has not been completed.
- iv.** If all rights of domestic workers are provided, how to ensure their duties? Through basic assurances.
- v.** Every class of workers has the right to come under a trade union or an umbrella.
- vi.** The complaints department of NCW has not received any complaints from the public sector companies to date. However, there were few demands from the private sector workers claiming their entitlements and no more as the majority of working women are afraid of what will happen after raising their complaints as they could be subject to oppression and abuse, etc.
- vii.** Article 4 excluded certain categories from labor law thus, did not provide protection for the workers who are the weaker side while protecting the stronger side, i.e., the employers.

Most important themes of session 2:

- i.** Labor Act is on the doorstep but it did not take into account the farm workers and domestic workers. Therefore, the law draft has to be reviewed to be in favor of the weaker not the strong.
- ii.** Must secure contracts with the hospitals.
- iii.** Labor Act 54 excludes domestic workers in order to draft a special law for them, but so far no law has been enacted to protect the agricultural workers and domestic servants.

Participants have been divided into two groups according to the theme of the training program and its intended goals as follows:

No	Group	Objectives
١	First: Sitting long-term legislative solutions to be issued / deleted / added	to establish a dialogue between the executives (Ministry of Manpower, Ministry of Social Solidarity, and CSOs) around working women's issues in various laws, regulations and decisions in the near and long run.
٢	Second: Develop amendments to the regulations and decisions and activating idle articles. Identification of the message to be sent from civil society to women workers (short-run)	

(1) The two workshops ended up with legislative solutions for the following laws:

- Insurance Law, State's Civilians Employees law No. 47 - 75 of 1979.
- Public business sector law No. 203 of 1991.
- Amendments of the State's Civilians Employees law No. 47
- Maternity leave has to be a year or a year and a half instead of 3 months.
- Health insurance for every woman.
- Activate the law provision that each work facility should have a nursery and adjust the number of workers to be a nursery for each 50 workers.
- Amendment of Act 12 of 2003 to be a fixed-term and the contracts should have limits.
- Social Insurance Law should include more occupation-related diseases affecting the reproductive health of women.
- Old-age pension for women and insurance act is proposed for women.
- Recommendation to amend the age of child labor to 18 years.
- Modifying the scope of the labor law and the effect on domestic workers.
- Recommendation to consolidate women's rights in all areas of work.

2 - Amendments to the regulations and decisions to activate idled articles and determine the message to be sent from the civil society to working women.

The group has addressed the issue in three axes:

Axis I:

- Idled articles, what are they?
- The idled articles of the Labor and Insurance Law were identified.
- In regard to maternity leave, which is 3 months fully paid given 3 times during the period of women work, part of it can be given prenatal provided that it becomes no less than 40 consecutive days at a time.
- With regard to breastfeeding hour, half of it could be given before or after work time or could be grouped in a single day.
- Child day-care leave is given 3 times during the period of woman's service and each should not exceed two years duration. The law does not indicate if this leave is meant for one child or more.
- If the woman was aborted, she loses her right to maternity leave.

Axis II:

- Providing solutions to activate those articles through Communication with the relevant ministries, insurance authorities, trade unions, and NGOs concerned with labor rights to improve the status of working women.
- Covering the excluded groups from the labor law, especially domestic workers and those working in agriculture.
- Sanctions, which lie on the employer for unfair dismissal of employees, should be more severe to become a minimum of two months for each year of work.
- Launch advocacy campaigns to pressure lawmakers to issue a law to protect women.

Axis III (concerned with the civil society message for women):

- Launch campaigns to raise awareness of working women of their rights and how to claim them, as well as protecting them from threats and harassment or from working under pressure of trust receipts or the pre-signed Form 6.

Fifth: Method of day start and end:

At the beginning of the meeting, the meeting director presented the major outputs that must be reached, with a focus on the importance of participants' interventions and inputs, and in the end of the day the meeting director lists the most important outputs of each session.

Sixth: Materials and resources that were made available to proper program implementation:

All necessary materials and sources, were made available for the implementation of the training program, including the workshop groups, by means of the technical support provided by Sadat Association, the training coordinators (Ms. Eman Elminshawy, and the participants themselves. This assistance had a great impact in facilitating the seminar despite of some of difficulties that have been removed by the participants themselves, and the facilitation role of the work team.

Seventh:

(A) Recommendations and proposals

1. Modification of media orientations as media has distorted the image of women by presenting her either as playful or laboring at work.
2. Allocation of a special fund in the state's budget for motherhood and childhood services.
3. Establishment of nurseries for working women at work places or contracting the nearest nursery to the work place.
4. The need to include domestic service workers in the labor law 12 of 2003.
5. It is necessity that the comprehensive insurance Law 112 of 1980, should enter into force for the irregular workers.
6. Removal of legislative obstacles to the rights of domestic service workers to organize trade union form them.
7. Considering amendment of the state employees Act 48 of 1978 to become equal to the labor law.

1. (B) Creation of a mechanism for cooperation and communication

- (1) Ministry of Manpower should cooperate with concerned NGOs to submit proper project proposals.
- (2) Associations should continuously communicate with the Ministry of Manpower to overcome obstacles to form trade unions.
- (3) NGOs should communicate with the media to improve the image of domestic workers.

(C) A proposed layout for a seminar about domestic workers

Participants:

- Members of the independent trade unions (workers).
- Federation of Labor represented by the general union for administrative services.
- NGOs
- Ministry of Justice .. Fatwa and Legislation Department.
- Ministry of Finance .. Budget Sector.
- Ministry of Planning.

Appendix I

Women and right to work between the international conventions and national legislations

While women's main issues revolve around political, social and economic empowerment, most of the discussions are centered on the representational inequality between men and women, especially in the elected councils (The Parliament and people's local councils). This is primarily the result and not the cause of accumulated policies and practices of marginalization and exclusion of women, in favor of the dominance of the traditional discourses with its masculine authoritarian trend or irrelevant progressive speeches, community-rooted and the political composition/common culture, which were limited to with dissertations of festive nature that emphasize the full gender equality without proposing objective serious mechanisms to reach this equality. The majority of political and civil actions are based on the requirement to develop the current legal legislations, in order to achieve better situation for Egyptian women in the field of public affairs. However, their private affairs, especially with regard to work, the Egyptian women still experiencing many drawbacks as many sectors of the society adopt a speech that denies or detracts women's right to work and makes application of the principle of human and constitutional equality a greatly doubtful issue.

Discussion of women's issues should not be addressed in isolation from discussing community issues, not on the grounds that, women are half of the society and the men's partner and the like of the propaganda speeches, but because it is in essence reflects community problems involving the way of thinking, working approach and style of right and duty practice. The Egyptian scene is still full of speeches that give women their importance in being a mother, wife, sister and daughter, in the framework of men's domination. Such speech represents an elaboration of the concepts of paternal/male centered society and helps in stereotyping women as followers not partners and limits her community functions in helping man to carry out his duties, both at home or at work.

It is easy for those who follow women status in the labor market to see the disparity between the provisions of the international conventions and that of the Constitution, and the Labor Law articles and the executive regulations and decrees regarding women employment. Added to that, the labor market's practice, which detract much of the constitutional rights of women in the field of work.

Thus, we will provide through this paper a critical review of the provisions regulating the right to work and the decrees related to women employment. This will be done through the presentation of the most important relevant terms of the international agreements and articles of the Constitution, the rules of the women employment, and regulations of women employment according to the Labor Law and its regulatory and complementary decrees, as follows:

I: The legal framework controlling the right of women to work

Egyptian legal system, same as many of the national legal systems in many countries of the world is based on the Constitution being the supreme and the ultimate law which determines the structure of the state and its governing system, public authorities and its terms of reference, rights of individuals and their fundamental freedoms along with the constitutional guarantees of these rights and freedoms. Thus it is considered as the mother law and the basic national document, which all of the state's legislative, judicial and executive authorities are abide and work with, keen to maintain, and adhere to.

Egypt has joined the International Covenant on Civil and Political Rights, by the Presidential Decree No. 536/1981, and to the International Covenant on Economic, Social and Cultural Rights by the Presidential Decree No. 537/1981. The first agreement was published in volume No. 15 of the official journal on 15/4/1982, while the second agreement was published in the volume No. 14 by 08/04/1982 and they have taken effect by of 14/4/1982, three months after the ratification on these two agreements, in accordance with Article No. 49 of the First Convention and Article No. 27 of the Second Convention.

Both the aforementioned Conventions are like two mother conventions for the principles of human rights and freedoms, as well as legal application of the principles of the Universal Declaration of Human Rights into international legal binding rules that constitutes the basis of international legitimacy to those principles. It is worth mentioning that according to the provisions of Article No. 93 of the Constitution of 2014, the Egyptian State is committed to the international agreements and conventions on human rights ratified by Egypt and that they would have the force of law after being published in the official journal in accordance with the established procedure, and also Article No. 151 of the Constitution, which stipulates that "the president represents the State in its foreign relations and concludes and ratifies treaties after the Parliament approval and they shall have the force of law after publication in accordance with the provisions of the Constitution..." in accordance with these two articles, the international conventions ratified by the Egyptian government have the effect of the domestic law of the State, and thus it must adjust its domestic legislations and the provisions to suit the conventions it has ratified.

The international sources of labor rights and rights of working women, are set-out in two main sources, the first is the conventions and agreements of the United Nations General Assembly, which constitute the International Bill of Human Rights, and the second is the international conventions issued by the International Labor Organization (ILO), which constitute international standards and levels of work.

International Declaration of Human Rights

The United Nations issued the international Declaration of Human Rights which has been approved by General Assembly resolution No. 217000 (D-3) on December 10th, 1948. The Declaration's preamble stated that the equal and permanent rights are the foundation of freedom, justice and peace in the world, while the second Article has confirmed the right of every human being to enjoy all the rights and freedoms set forth in this declaration, without discrimination of any kind, especially discrimination that is based on race, color, sex, language, religion, political or non-political opinion, national or social origin, property, birth or any other status.

As for on the right to work, the Article No. 23 of the Declaration stipulates that:

1. Everyone has the right to work, free choice of the work based on fair and satisfactory terms and conditions, as well as the right of protection against unemployment.
2. Everyone, without any discrimination has the right to get equal pay for equal works.
3. Everyone who works has the right to get a fair and favorable remuneration that ensure for him and for his family living conditions worthy of human dignity, and which can be supplemented, if necessary by other means of social protection.
4. Everyone has the right to form and join trade-unions with others so as to protect their interests.

Article 24 stipulates also that everyone has the right to get rest and leisure time including reasonable number of working hours and paid periodic holidays.

International Covenant on Economic, Social and Cultural Rights (ICESCR)

It has been adopted and submitted approval, ratification and accession by General Assembly resolution No. 2200 A (d- 21) dated on December 16th, 1966. ICESCR sets the standards for the ratified stipulates to take the necessary measures, procedures and legislation to respect, protect and fulfill economic and social and cultural rights. This Covenant obligates the states that have ratified it to devote the maximum of its available resources and use their most effective and quick methods to ensure the realization of human rights.

ICESCR is also strongly prohibits any discrimination because of race, color, sex, language or religion, political or other opinions, national or social origin, property, kinship or other reasons. Also it ensures equality between males and females in the enjoyment of all economic, social and cultural rights, as Article III of the Covenant provides that member Stipulates have to ensure equality between men and women to enjoy all economic, social and cultural rights enshrined in the Covenant. The Human Rights Committee, in its General Comment No. 3, has interpreted this provision by saying that it requires not only measures to protect women, but also positive actions to ensure their enjoyment of the rights set forth. This action includes policies and activities that seek the advancement of the rights of all vulnerable groups through adoption of measures to temporarily grant special treatment or a positive discrimination for those groups to address disparities. However, as for women specifically, the positive action is a required strategy to achieve equality as stipulated in Article 4 of the Convention on the Elimination of All forms of Discrimination against Women. Meanwhile, Article VI stipulates that:

- 1) ICESCR's member stipulates should recognize the right to work, which includes the right of everyone to have an equal opportunity to gain his/her living by a work which he/she freely chooses or accepts, and they should take appropriate steps to safeguard this right.
- 2) The steps to be taken by each all ICESCR member Stipulates to achieve the full realization of this right, shall include providing guidance and training programs for technicians and professionals and adopt policies and techniques that can achieve steady social, cultural and economic development, as well as full and productive labor under conditions that safeguard the basic political and economic freedom for all.

As for the fair terms of employment and guarantee of women's equality with men, the seventh Article stipulates that ICESCR member States shall admit the right of everyone to enjoy fair and favorable work conditions that ensure the following, in particular:

(a) Provide remuneration to all workers that includes:

1. Fair wages and equal pay for equal work without segregation of any kind, provided that women in particular should enjoy working conditions that are not less than those enjoyed by men and should receive the same wage as men when they have the same work.
2. Decent living conditions for themselves and for their families in accordance with the provisions of ICESCR.

(b) Working conditions that assure equity and health.

(c) Everyone has equal opportunity for promotion to a higher level at his/her work, taking only seniority and competence into considerations.

(d) Rest, leisure time, reasonable number of working hours, periodic paid holidays, and remuneration for public holidays.

ICESCR has also stressed that working mothers should be granted special protection, as the second paragraph of Article X stipulates that, the member States shall provide special protection to mothers during a reasonable period before and after childbirth. Working mothers should also be granted a paid leave or leave with adequate social security benefits during these periods.

Convention on the Elimination of All Forms of Discrimination against Women

This convention has been adopted by the United Nations General Assembly and set for signature, ratification and accession by its resolution No. 24/180 dated December 18th, 1979. The agreement has identified "discrimination against women" as any discrimination, exclusion or restrictions made on the basis of sex which aim at attenuation or nullifying the recognition of women's fundamental human, political, economic, social, cultural, or civil rights and freedoms, or attenuate or nullify their enjoyment or practice of this their rights, regardless of their marital status, and based upon equality between men and women.

Regarding the provision of guarantees for women's equality with men in the work and provide them with necessary protection, Article 11 stipulates that the member stipulates shall take all appropriate measures to eliminate discrimination against women in the field of employment, in order to ensure equality between men and women, particularly the following:

- (a) The right to work as an inalienable right of all human beings.
- (b) Right to enjoy the same employment opportunities, including applying the same selection criteria for employment.
- (c) The right of free choice of professions and types of work, right to promotion and insurance and all other benefits and conditions of employment. In addition to the right to receive technical and vocational training, including apprenticeships, advanced vocational training and continuous training.
- (d) The right to receive equal remuneration including entitlements and the right of equal treatment in respect of work of the same type, as well as equality in the evaluation of the quality of work.
- (e) The right of social security, particularly in retirement, unemployment, sickness, disability, old age or other cases of incapacity to work and the right to take paid leave.

- (f) The right to health protection and safety of the working conditions, including the protection of reproductive function.

In order to prevent discrimination against women because of marriage or maternity and to ensure their real right to work, Member stipulates shall take appropriate measures to:

- (A) Prohibit dismissal of women because of pregnancy or maternity leave and discrimination in dismissals on the basis of marital status with the imposition of sanctions on violators.
- (B) Introduce the system of paid maternity leave along with comparable social benefits without loss of employment, seniority or social allowances.
- (C) Encourage the provision of necessary supporting social services to enable parents to combine family obligations with work responsibilities and participation in public life, particularly through promoting the establishment and development of a network of child-care facilities.
- (D) Provide special protection to women during pregnancy in the work proved to be harmful to them. The protective legislation relating to the matters covered in this article must be reviewed periodically in the light of scientific and technological knowledge and it shall be revised, repealed or extended according to necessity.

The conventions of the International Labor Organization (ILO)

ILO was founded and based in Geneva, Switzerland in 1919, as part of Versailles Treaty to address the bad social effects of World War I. The ILO is a specialized United Nations agency which has adopted in its constitution that "the fair and lasting peace can't be achieved, without being based on social justice."

ILO has issued 189 agreements so far, the last was the Domestic Workers Convention, which was issued by the International Labor Conference- round No. 100 in 2011 and included 199 recommendations. Egypt joined the ILO in 1936 and ratified on the 62 international conventions, issued by the ILO, including the ratification of seven agreements on the workers' fundamental rights. It should be noted that Egypt's ratifications on such number of conventions is one of the highest rates compared to the general rate of ratifications (34 ratifications of each country).

It is worth mentioning that all Members of ILO including Egypt, once are obliged to respect the principles of the basic work rights to and the standards stipulated in the eight agreements that constitute the basis of these principles. As well as working to promote, protect and fulfill these agreements even if the member state hasn't approved them. Since its foundation, ILO has focused on the issues of working women and its agreements included various forms of women protection in the field of employment, which can be divided into:

I: The agreements related to the abolition of discrimination or segregation against women in employment:

▪ **Convention No. 100 of 1951 for equal pay**

It stipulates the necessity of equal pay for both female and male workers when they do the same work or have equal work, and the payment includes everything offered by the employer in cash or in kind, directly or indirectly.

▪ **Convention No. 111 of 1958 related to discrimination in employment or occupation**

- Discrimination means any distinction, exclusion or preference on the basis of origin, color, sex, religion, political opinion, ethnic group or social origin that would abolish equal opportunity or treatment in employment or occupation.
- Stipulates are obliged to declare and pursue policies that support equal treatment and opportunities for employment and occupation, and thus lead to eliminate any distinction.
- There is a need to remove any legal texts, instructions or administrative procedures that don't fit with this policy.
- Issuing legislation and providing educational programs which help to accept and follow this policy.
- Follow an employment policy that is subject to direct supervision of the national authority.

▪ **Convention No. 122/1964, related to the employment policies**

It includes the guiding lines for the policies that aim at achieving full employment and provide employment opportunities for all individuals, and that work shall be as productive as possible. Individuals should have the freedom to choose the work that commensurate with their qualifications and skills regardless of race, color, sex, or religion.

II: The conventions related to protection of maternity and other women-related conditions

- **Convention No. 3 of 1919 that has been amended by the Convention No. 102 of 1952 for women protection during pregnancy and childbirth**

This Convention applies to women working in industrial and non-industrial workplaces, agricultural crafts, including women who work in their homes for payment. The Convention provides for the right of working women to maternity leave (during pregnancy and childbirth), upon submission of a medical certificate indicating the likely day of giving birth, provided that the leave should not be less than 12 weeks, including a period of mandatory vacation after the childbirth which may not be less than six

weeks and has the right to receive cash and medical benefits. Also the Convention stipulates that breastfeeding women have the right to a paid leave for a certain number of hours daily for this purpose, and the employer, in accordance to law, may not threaten woman with dismissals for absence during maternity leave.

- **Convention No. (4) of 1919 that has been modified by the Convention No. (41) for 1934 and No. 89 of 1948, on women's work at night**

The Convention stated that it is not permissible to employ women, of any age, to work at night in any public or private industrial enterprise.

- **Convention No. 13 of 1921 on protection of lead poisoning**

It stipulates that it is strictly prohibited to employ juveniles who are under the age of 18 years, as well as all women in any industrial coating workshops, which requires the use of white lead or lead sulfates or any other products containing such coloring substances.

▪ **Convention No. 102 of 1952 on Social Security**

Section VIII of this Agreement includes special maternity benefits, namely:

- Provide women with social security benefits to case of pregnancies, delivery, and consequent situations.
- Medical care during maternity including treatment pre, during and post childbirth, including hospitalization when needed.

▪ **Convention No. 45 of 1935 on women's work underground**

It stipulates that it is not permissible to hire women of any age to work in underground mines. National laws and regulations may exclude women working in administrative jobs, and who don't perform manual work or who work in health or social types of work, or who are assigned to be trained in mines during their studies.

▪ **Convention No. 110 of 1958 for the employment terms of agricultural workers.**

Its 7th chapter provided for maternity protection that includes:

- Maternity leave of not less than 12 weeks, including a compulsory postnatal period for not less than six weeks.
- The granted leave includes a prenatal time to any other period of time between the possible and the actual date of delivery. The compulsory leave period may not be reduced after delivery for this reason.
- In case of any postnatal disease, which proved to be caused by delivery, the woman has the right to extend her postpartum leave and the competent authority shall determine the maximum period of extension.
- Pregnant women may not be assigned to perform any type of work that would harm them, including the postpartum leave period.
- The break time assigned for breast feeding is considered paid work time.
- It is not permissible to fire working women during their maternity leave or fire them because of pregnancy or breastfeeding.

Second: National legislations

A. The Constitution

Legislation is an expression of the culture to which the legislator belongs to including the principles of equality, freedom, justice, protection of rights and social solidarity. The Constitution sets the rules governing the establishment, exercise and transmission of power. It is also known as the basic law of the state which determines its overall structure and regulates the rules of governance, distributes authorities and determines their respective competencies, and sets the basic guarantees of the individuals' rights and specifies their rights and duties and the extent of State authority over them. Therefore, most scholars have agreed that the Constitution is the supreme law of the state and as such, it is higher than all the bodies and any law that contradicts it is false.

The principles of the constitutional rules of any State are an important source of human rights in general, and labor rights in particular; as it makes the legislators committed to develop laws to comply with these principles, rules and make them applicable and the consequent violation of laws and constitutional rules invalidate the results of the violation as being unconstitutional.

The Egyptian Constitution of 2014, had confirmed the full equality between women and men in all economic, social and political spheres, as stipulated in the first paragraph of its Article No. 11 that the State shall ensure achievement of equality between women and men in all civil, political, economic, social and cultural rights in accordance with the provisions of the Constitution, while the third paragraph of the same article stipulates that the state is committed to protecting women against all forms of violence and to ensure enabling women to reconcile her family duties with her work requirements. The state is also committed to providing care and protection for motherhood, childhood, breadwinner and elderly women, and the very poor women.

The Constitution has raised the value of work and stipulated that work is right, duty, and honor that is guaranteed by the State and any citizen should be forced to work unless stipulated by the law or to perform a public service for a specified period and for a fair pay and without prejudice to the fundamental rights of the workers (Article 12).

The state is committed to maintain the rights of workers and protect them from either work risks or unfair dismissal, where Article (13) stipulates that the State is committed to maintain the workers' rights and shall build a balanced working relationship between the parties to the production process. The state shall also ensure access to collective bargaining mechanisms, protect workers from work-related risks, provide for all security and occupational health and safety conditions, and prohibits arbitrary lay off, all as regulated by law.

It should be noted that activation of these rules and constitutional principles requires review of all legislations related to the right to work, develop and modify them in accordance with those principles, as well as with the international standards of the right to work.

B – The Law

There are several work-related legislations in Egypt, some of them hold contradictions that require legislature's interference to unify the rules governing the work. For instance, there is the state's civilian personnel law No. 47 of 1978 which covers the personnel of the ministries and their departments and directorates that have their own budgets, and the local government units and employees of public bodies.

In addition to the public sector workers' Law No. 48 of 1978, which applies to companies that have not been privatized yet or that have been converted to the private business sector.

The Law concerned with the workers of the public business sector companies No. 203 of 1991, has assigned each company to set their own regulations that apply to its workers.

That is in addition to the labor Act No. 12 of 2003, which replaced the Law No. 137 of 1981 and is applied to the workers of the regular private sector and is considered the general Labor Law in Egypt. This is alongside the rights of the working children and mothers stipulated in the Child Law No. 12 of 1996 and justice in Law No. 126 of 2008.

The rules of women employment, according to the Labor Law No. 12 of 2003 and its complementary executive decrees

This Law and its executive decrees govern labor relations in Egypt and belong to the social legislations, which seek to achieve social justice. Most of the provisions of this Law are stated in an instructive manner which cannot be violated through agreement, only if these agreements were more beneficial to the worker, and the penalties associated with such violations are made to the employer. However, the legislator has excluded some groups of workers despite the fact that they are employed to work for a certain wage they receive. The groups that have been exempted from the Labor Law include:

- 1) Personnel of the state administrative bodies, local government units, and public institutions.
- 2) Domestic workers and the like.
- 3) Members of the employer's family who are actually his/her dependents.

The Law includes some control measures for women employment in more than one of its articles.

Prohibition of discrimination and equal pay

Article 35 of the Labor Law stipulates that wage discrimination is prohibited due to differences in gender, origin, language, religion or creed. This ban came in line with paragraph (b) of the International Convention No. 100 of the International Labor Organization on the equality of workers and workers remuneration for work of equal value. The legislator had arranged a penalty for the employers who violate this statement in Article 247 of the law which is a fine of not less than 100 pounds and not exceeds 500 pounds. The fine is multiplied by the number of workers who are subject to this violation and punishment will be doubled in case of recurrence.

In regard to women's equality in work with men, Article 88 stipulates that all provisions governing the employment of workers are applied on working women without any discrimination in case they perform the same work. This is consistent with the provisions of Article 11 of the Constitution, therefore, all that apply to workers in general in terms of rights and obligations are also applied to women, taking into account the special provisions which the legislator has assigned to women that include more or better working conditions and benefits. Those who violate this provision will be punished by the penalty stipulated in Article 249 of the law, i.e., a fine of not less than 100 pounds and not more than 200 pounds and the fine is multiplied by the number of workers who are subject to this violation.

Organization of women's work at night

Article 89 of the Act provides that the competent minister shall issue a decree determining conditions, types of work and events in which women may not be allowed to work in the period between 7 pm and 7 am. The point of this text is that women may be employed to work at night except for some types of work that they may not be allowed to do at night. The Minister of Manpower and Immigration issues a decree determining those types of work, while the previous legislation was prohibiting women from work at night except in the cases established by a decree issued by the competent minister.

In this context, the Minister of labor and Immigration has passed Resolution No. 183 to prohibit employment of women at night in any industrial facility, or in any of its subsidiaries in the period between 7 pm and 7 am and has defined the industrial facility as the one where materials are manufactured, repaired, or cleaned and the facilities in the areas of electricity, engines, ship-building, construction, engineering, renovation and maintenance. These provisions shall not apply in cases of force majeure and if the work stopped for some unpredicted reasons and cannot be repeated or when the work is necessary for the preservation of raw materials or materials being processed. In such cases, the decree has obliged the employer to provide all needed protection, safeguards, care, means of transportation and security for women who have to work at night.

The prohibition of employment of women in healthy or morally harmful business

Article (90) of the Act provides that the competent minister has to issue a decree determining the businesses that are healthy or morally harmful to women, as well as the activities that women should not get employed for. The Minister of labor has issued the Resolution No. 255 of 2003, identifying 30 types of business which women should not get employed for as stated in paragraph II of the decree that should be reviewed periodically to address any innovations that may arise in this regard.

Delivery leave

Article 91 of the law stipulates certain controls for the delivery leave of the working women as the legislature stated that the working woman should have spent ten months of employment or more to be entitled for the delivery leave which is ninety fully paid days including the pre and post natal period, provided that a medical certificate stating the date, which delivery is likely to take place is submitted. Women may not work during the post natal forty five days and they will be granted this vacation more than twice during her employment. The law also prohibits employers to terminate women's employment during her maternity leave, Article (92). By going through the text of this article, we can see that the use of the right to maternity leave is granted, provided that woman has worked for at least ten months to be entitled for this leave which constitutes a restriction on the right to this leave or its philosophy that is geared towards the protection of motherhood and childhood. This also is inconsistent with the essence of international conventions and most of the legislations and the Egyptian judiciary require that women enjoy this holiday, even in cases of miscarriage or if the woman gave birth to a dead baby. The aim is to take into account the hazardous effects on women's health if they did not get adequate rest for at least six weeks after delivery.

The legislator here has restricted the right of the working women to maternity leave by twice only as a way to address the overpopulation problem as if the protection of motherhood is responsible for this problem, a charge not bolstered by evidence or research, while the fact that many of the studies have indicated that the working women have less children than non-working women as work is one of the factors that has a positive impact on reproduction and the tendency towards family control. According to Article (93), the lactating worker has the right to leave during the twenty-four months following the delivery date, as well as the right to two times breastfeed rest of not less than half an hour each, and the worker has the right to combine and the two periods are calculated as working hours and shall not entail any pay reduction.

Here it should be noted that the Children's Act No. 12 of 1996 that has been amended by Law No. 126 of 2008 stipulates that working women are entitled for three times maternity leave not twice as stated in the labor law, where Article 70 of the Children Act stipulates that women working in the state bodies, the public sector and the private sector, whether permanently or temporary have the right to three full-paid months of maternity leave after delivery, and in all cases women will be granted such leave for more than three times during her work period, and the work hours is reduced for pregnant women for at least one hour as of the sixth month of pregnancy, and they may not work overtime during pregnancy and until the end of six months after the delivery date. Working woman has also the right to breastfeeding rest twice a day of not less than half an hour each, and the worker has the right to combine these two periods that should be calculated as working hours and shall not result in any reduction in pay.

Maternity leave : Article (94) of the Labor Law provides that the working woman in a facility that employ fifty or more female workers the right to a leave without pay for a period not exceeding two years in order to take care of her child. Working women are entitled to this leave only twice during her work duration. **Meanwhile, Article (72) of the Child Law has granted working women** a child-care leave for three times, not twice. The article stipulates that the women worker in the state bodies and the public business sector are entitled to leave without pay for two years to take care of her newly born baby for three times during her work period. As exception from the provisions of the social Insurance Law, employers bear the share of the working women in the insurance fees in accordance with the provisions of this Act, or they may be compensated for an amount equal to 25% of their salaries, which was due to them on the start date of their leave upon their choice. In the private sector, women who are working in a facility, which employ fifty or more female workers have the right to take a leave without pay for a period that does not exceed two years so as to take care of their children, and for not more than three times during her entire working period.

Kindergarten

In accordance with the provisions of Article 96, the employer who uses a hundred or more female workers in one place has to establish a nursery or pay for a child care service based on the terms and conditions specified by a decree of the competent minister. The employer who has less than a hundred working women in one area is also obliged to adhere to the obligation set forth in the preceding paragraph in accordance with the terms and conditions specified by a decree of the competent minister.

In this context, the Minister of Labor and Immigration has issued the decree No. 121 of 2003 on the role of the nursery, which included in its second paragraph that the employer shall choose a place for the establishment of the nursery that should be close to the workplace as much as possible and should not be adjacent to any part of the work place that could be too noisy or generate harmful substances, liquid or solid waste that may cause air pollution. According to the third paragraph of the decree, the chosen space for the KG should meet the general specifications of KGs in terms of location, facility, capacity, equipment and health requirements

Conclusion

The role of legislation in achieving development

The State's political and economic alternatives define its roles, and if we look at the issue of economic and social development as one of the main responsibilities faced by developing countries, we find that achieving the goal requires the state's legislative intervention to set the legal framework of its economic and social policy. The announcement issued by Conference of the Presiding Officers of National parliaments at UN headquarters, which was held on August 30th 2000 that the presence of parliament (with its multi roles) is indispensable and must be in the development model embraced by the legislation that allows engagement of the poor in income-generating activities, which provide them with job opportunities as the development returns do not automatically fall on the poor, and the economic development process will not be sustained unless it is based on human values and taking into account the social dimension.

Appendix II

Review of the status of women who are excluded from the legislative system and the implications

First, women working in agriculture in Egypt

The Labor Law no. (12), of 2003 referred all work rules of women working in agriculture to consultative decisions issued by the competent ministry (Ministry of Labor). In Article 26, which states, "The Ministry shall draw appropriate policy and will follow-up irregular employees, particularly seasonal agricultural workers, sea workers, mines and quarry workers and contractors' workers.

The competent minister in consultation with other concerned ministers and the General Union of Egypt's workers shall issue the appropriate decisions to set the work rules of these categories, and the occupational, health safety, transportation and living requirements to be taken with respect to the financial and administrative regulations governing the work of those groups".

This is a clear discrimination in terms of making women in agriculture follow ministerial decisions while other female workers in other sectors fall under the provision of Article (1) of current labor law which identifies worker as: "Every natural person working for pay for an employer and under his/her direction or supervision". I believe that this definition applies to agricultural wage-workers, whether they are permanent or seasonal workers. However, an exception is implicitly included, where Article (4) of the law has explicitly excluded certain categories (the domestic workers and the like / employer's family members who are subject to the provisions of another law), and excluded other groups by a loose statement "unless otherwise provided".

Based on Article (26), women working in agriculture were excluded from the work organization rules, occupational safety and health requirements, and financial and administrative regulations.

As a result of this article agricultural workers were deprived from their rights to be protected against discrimination in wage as stipulated in Article 35 of Law No. (12), which "prohibits discrimination in the work pay due to differences in gender, origin, language, religion or creed". They were also deprived of the provisions of the chapter on women employment rights, a chapter in which the legislator is committed to international conventions by banning night work for women, identifies the types of work that involves health and moral harm to women, and adhere to the provisions of maternity care agreements.

The exceptions of working women protection include the following:

Articles No. 96, 95, 94, 93, 92, 91 of the Labor Law No. (12) guarantees the rights of working women to paid maternity leave, bans termination of women employment during their maternity leave, women's right to get a leave for child care for a period of two years, a one hour breastfeed break a day for two years, and employers who use a hundred or more female workers have to set up a nursery at their work sites. However, the law excluded women working in agriculture from the application of the provisions of this chapter in a clear statement in Article (97) as it stipulates, "Those working in agriculture are excluded from the applications of this chapter provisions), which means that Egyptian legislator deprived this group of people from their rights of motherhood protection, which calls for condemnation where there is no constitutional or legal justification for this exception, as the law does not exclude any other categories of the application of this law provisions, which violates the basic human and constitutional rights of this group. This issue calls for a question about the compatibility of this article of the Labor Code, with the Egyptian Constitution, which equated all citizens and prohibits any discrimination between them.

Ministerial decrees governing the work of agricultural workers:

Nine presidential decrees for the executive regulations of Labor Law no. (12), of 2003, were issued on 10.04.2003. Regulations include the formation and determination of the terms of reference of the councils and committees that have been stipulated for in the labor law. Another 47 ministerial decree were issued by the

Minister of Manpower and Immigration, along with one decision issued by the Minister of Justice to form primary courts for the quintet committees.

The decree of the Minister of Manpower and Immigration No. (211) of 2003 has defined pure agricultural work as (All activities that are directly related to agriculture including, land preparation, growing crops, pest control, or crop harvest, etc whether these activities were conducted in agriculture fields or gardens. Activities that are not directly related to agriculture such as the administrative and industrial actions related to agriculture in general.

Some of these decrees related to working women such as decree No. (155) of 2003 that includes identification of the types of work which women are not allowed to be employed for, and decree No. (183) of 2003 which regulates women's work at night but, the decree was limited to female workers in the industrial installations only as its first article stipulates; (Without violation of any of the ratified international conventions' provisions, women shall not be employed to work at night in any industrial facility or any of its subsidiaries in the period between seven 7 pm and 7 am). The 2nd article of the decree has defined what is meant by industrial facility, while Article III has cited a range of safeguards in case of women employment at night, which stipulates (In cases of women employment at night, the employer must provide all the protection, care, transportation and security guarantees provided that a license for hiring women to work at night is issued by the competent Directorate of Manpower and Immigration after checking the availability of all warranties and conditions mentioned above). Once again, this decree has deprived women working in agriculture from these protective measures and conditions as it was limited to female workers in the industrial installations.

As noted earlier, although the law has excluded agricultural workers from its provisions and referred organization of their work to the executive regulations of the labor law, it is among the 48 ministerial decree that have been issued, Article (4) of the decree No. (211) of 2003 in regard to safety limits and necessary requirements and precautions against negative physical, mechanical, biological and chemical risks and secure of work environment, has included a range of preventive measures and requirements that have to be taken to assure occupational and health safety and protect workers from the risks of agricultural projects and activities and production of livestock resulting from the use of chemical, biochemical and veterinary compounds and materials. The aim is to protect agricultural workers from infection and disease as a result of exposure to polluted work environment of biological pollutants such as; viruses, fungus, bacteria, parasites, and infection carrying insects that cause many diseases, as well as protection against injuries resulting from snake and scorpion stings and exposure to harmful and predatory animals.

The article stipulates that preventive actions have to be taken when spraying chemicals, pesticides and fertilizer, in addition to providing the workplaces of agricultural facilities with health care services that include health and curative care units, and organization of awareness and education programs for workers in agricultural and livestock activities through audio and readable materials and posters, along with provision of appropriate accommodation and medical, cultural and social welfare services for workers in the animal production and agricultural facilities that require temporary or permanent residence of workers in the workplace. The night work hours and rest periods should also be compatible with those stipulated in the Labor Law No. (12), of 2003, and its ministerial executive decrees.

The share of women in Article (4) is only paragraph (2) which provides that (Measures and precautions should be taken to assure and health safety to secure work environment, protection and safety of women working in agricultural and livestock production facilities and projects against chemical, mechanical, and biological hazards and work-related accidents and injuries and occupational diseases in the work environment and other factors which may affect women's reproductive health, pregnancy and lactation in accordance with national legislations).

We note here that this paragraph has combined the general obligations provisions stipulated in the remaining paragraphs of Article (4), and indicated that these measures should be taken to preserve the reproductive health of women in accordance with the "national legislations". In fact, this sentence is somehow ambiguous, as the law which concerned with the protection of female workers in all respects is the labor law which devoted a special chapter for "Women employment" that contains all needed measures to protect women's reproductive health and excluded those who are working in agriculture as noted earlier.

Finally, it is clear that all articles of the labor law, regulations, and ministerial executive decrees have no provisions that assure the legal rights of women working in pure agriculture, except for the occupational and health safety conditions, which did not explain the specific conditions that provide protection for them.

As for the status of female workers in pure agriculture in the Social Insurance Law No. 79 of 1975, we found out that they have been excluded, while this law is the one that ensures that all types of work-related insurance (insurance against old age, disability, death, work injuries, illness, etc). This exception has been made in two ways, first when Article (4) of law No. (12), has excluded (the dependents family members of the employers) while a significant percentage of women are working in their families land. Second, Article no. (26), has excluded the irregular and seasonal labor, and set conditions to prove employment contracts and length of employment period that has been set by a minimum of 6 months. It is worth mentioning that these conditions are too difficult to meet by this group of workers.

Categories mentioned in Article (26), including women working in agriculture are covered by the Comprehensive Insurance Law number (112) of 1980, which was confined to its insurance role, i.e., insurance for old-age, disability, and death. Therefore, female workers in pure agriculture are excluded from insurance against work-related injuries and sickness which are the two most important types of insurance laws in the labor field, especially, when we take into consideration that the work in agriculture involves several daily risks, including infection of endemic diseases, which are considered occupational diseases, in addition to exposure to daily work injuries resulting from the use of machinery, and the risk of getting infected as a result of dealing with animals.

If we looked at these effects, it becomes clear how much the health status of female workers are affected, in addition to its impact on their roles as mothers who are excluded also from their maternity rights set forth by the labor law. The legislator did not stop at that point, but he also excluded the children working in agriculture from the provisions of the child labor chapter in which article 103 stipulates that "the provisions of this chapter on do not apply on the children working in agricultural activities". This exception deprives thousands of young girls working in agriculture of their rights as children.

Second: Rights of domestic workers in local laws

We will address the rights of domestic workers as stipulated in each of Law No. 12 of 2003, known as the Unified Labor Law, Law No. 12 of 1996 known as the "Children's Act", and Law No. 112 of 1980 regarding social insurance.

Rights of domestic workers in the Unified Labor Law:

The Labor Law No. 12 of 2003 regulates the work relationship between both the worker and the employer as well as the rights and duties of each of them by providing all parties involved in employment contract with legal protection and organizes the contractual relationship in a way that conform to international conventions ratified by Egypt especially those related to decent labor standards and respect of workers' fundamental rights as indicated in international conventions.

When we talk about the rights of domestic workers in the unified labor law, first we find Article IV, paragraph "b" which excludes domestic workers and the like from legal protection and low coverage thus, the law has excluded a broad category of women, whose number is still growing despite absence of formal census, but we all know that domestic workers sector category is rapidly growing annually as a result of the rising rate of unemployment and poor economic conditions and the privatization policy that removed a lot of jobs in the public sector, especially among women which led them to get involved with the private informal labor market to work as domestic help, since most unemployed women can easily find work.

We may see that this exception as a clear violation of the Fundamental Labor Convention No. 111 on discrimination in employment and occupation, which defines discrimination as "any discrimination, exclusion or preference based on race, color, sex, religion, political opinion or social origin which result in nullifying or impairing equality of opportunity, treatment, employment or occupation that is considered part of the Egyptian law since 1960, as long as Egypt has not been canceled its ratification of the convention.

What is meant by the worker in the labor law?

The worker is a natural person working for a fee/wage for an employer and under his direction and supervision. (Article 1 (a) of the Labor Law No. 12 of 2003).

The following are not considered workers according to Article (4) of the Labor Law No. 12 of 2003):

1. Employees of the state institutions, including local administration units and public bodies.
2. Domestic service workers and the like.
3. The actual dependents of the employer's family members.

Who are the domestic service workers who are not subject to the labor law?

Domestic service workers are the people who are working in private homes to assist the households in daily work. Their work is characterized by being private, such as housekeepers, chefs and table servants. However, those who perform acts of mind or intellectual duties for the employer, such as the private secretary, private librarian, and private teacher are not considered domestic service workers, even if their work is practiced inside the house. In addition, those who do domestic service outside private homes such as hotels or restaurants, or lawyer's office boys, and nurses at doctor's clinics are not considered domestic service workers.

As for the employer's family members who are not subject to the Labor Law, they are actual dependents of his/her family members. It is noted here that the rational for exception is the kinship and dependency, therefore, if dependency is over, exception will be over too and the worker will be subject to the provisions of the labor law. It is also worth mentioning that exempting the employer's dependent family members does not prevent them from being subject to the Civil Code's provisions governing the employment relationship.

Rights of domestic workers in the Trade Unions Act:

Since the unified labor law has excluded domestic workers and the like as per Article IV, paragraph "B", the Trade Unions Act as well uses the term male worker as it considers the word worker or trade union member means male and female therefore, it did not allocate any of its articles to address the situation of all female workers and female trade union members in general. The law stipulates that workers are not entitled to apply for membership of the trade unions unless they have at least 15 years of work therefore, it deprived those male and female workers whose work term is less than 15 years from enjoying the right to apply for the unions' membership, despite the fact that a lot of female children work as domestic help at early age while they are

the group that mostly in need for legal and trade union protection as long as they work in this job market and as long as they are exempted from the labor law by virtue of being domestic workers. Although the Labor Convention No. 7 that has been ratified by Egypt stipulates in its article "3" concerning the freedom of trade unions, and in spite of the recent attempts to female domestic workers to organize themselves, there was abuse and rejection in many cases to register a trade union for them as some public labor force offices have argued that they should not call it a domestic workers union and the profession in the applicants' IDs should not be "domestic worker".

Domestic workers' rights in the Children's Act:

As we stated earlier, the labor law has excluded the domestic workers of its coverage therefore, they are exposed to unlimited number of work hours, night work, and harmful health or abusive practices with regard to child labor at private houses. Despite the fact that Egypt has ratified the conventions No. 138 & 182 organizing the child labor, the Egyptian labor law has excluded domestic labor, including children who are working in this profession, as if the child domestic workers do not deserve protection. Thus we can see that the law has violated the rights of this group twice, once for being children working in a bad and dangerous working conditions, and once again for being employed underage away from any legal control or legislative protection.

Rights of domestic workers and social security:

International legislative bodies have been keen to emphasize social protection as a fundamental human rights stipulated in international conventions. For example, Article 22 of the Universal Declaration of Human Rights, which states that every person as a member of the international community has the right to social security and the right to enjoy his/her economic, social and cultural rights necessary for his/her dignity as stipulated in Article (23) which states that everyone has the right to work and be protected against unemployment, while Article (24) stipulates that everyone has the right to an adequate standard of living to meet his/her health and physical needs, and the needs of his/her family specially in terms of housing, health and other essential services as well as the right to be secure of unemployment, disability, widowhood and other cases in which he/she loses the means of living.

Article (9) of the International Convention on Economic, Social and Cultural Rights (ICESCR) stipulates that all members of the Convention recognize the right of everyone to social security, including social insurance. As of the legal framework for social insurance in Egypt that covers the categories not covered by other social insurance law No. (112 of 1980) and that specifically pertains irregular employment, e.g., agriculture workers, domestic workers, and street vendors. This law only covers the risks of old age, disability and death and until the year of 2003, this law was covering about 5.9666 million citizens, i.e., 32.2% of the total insured citizens. Therefore, we believe that domestic workers are not covered by the Social Security Act except for old-age, disability and death insurance while work injury, unemployment and social care for pensioners are not covered because they are outside the law (79 of 1975), which covers workers in the public and private business sectors only.

Thus we believe that according to all social protection laws, domestic workers suffer from exploitation, prejudice and discrimination not only at work and because of it, and even in the insurance, social security and pensions. That why we should act in order to change the situation of this group and confront biases against them to protect their human rights and reject any type of discrimination among all segments of society.

Roundtable on
A social vision to
activate the articles of
the Egyptian
constitution on the
rights of the children
at risk

**Civil & State
Communication
Program**

Report



Safeer Hotel- Doki **Nov. 20th 2014**

First: Introduction

This report contains a range of information and data of the training program participants (number, gender), explanation of the methods used in the workshop that have been implemented, and the methods used for evaluating the workshop, including the the specialized small group workshops related to the main topic of “Social vision to activate articles of the Egyptian Constitution on the rights of children at risk”. To assess the impact and results of training, we depended on participants’s responses either by presenting and discussing the theoretical knowledge associated with the Round table topic or when holding the specialized small group workshops around the program topics

The child rights coalition has developed a bill of demands to be submitted to the executive authorities at the beginning of the last presidential elections. We decided to adopt some of the demands related to the children at risk (the working child & homeless child) and the demands that belong to activating the provisions of the constitution and Child Law 126 of 2008.

- Maintain the legislative gains that have been achieved for the children in Egypt by activating the amended Egyptian Child Act 126 of 2008
- The Council of Ministers is committed to provide annual comprehensive statistics for the number and situation of children in all sectors in application of the principles of transparency and accountability.
- There is a need to put the street children issue on a top priority for the Egyptian government, and to emphasis the fact that they are victims of economic and social policies pursued by successive governments in Egypt for a long time.
- Protecting children from all forms of abuse, exploitation, violence and neglect is a shared responsibility between the government and the Egyptian society with all its institutions,
- Emphasis on the importance of supporting the efforts aimed to improve conditions of the governmental and private social care institutions
- Develop the psychological, social and educational rehabilitation programs, and seek to raise the efficiency of the direct service providers for the children within those institutions.
- Create a regulatory mechanism to monitor the performance of the alternative social care institutions, and activating the role of the governmental protection committees that the Children's Act stipulated its key role in the prevention and child protection.
- We add our part, there is a need to protect the working children from exploitation, as well as modifying the provisions of the child labor and activate the existing forms of child protection.

Objectives

- To monitor the gaps between what has been stipulated in the Constitution and the laws and the actual situation of the working and homeless children.
- Identify what is common between the aspirations of the civil society and the possibilities of the executive bodies to reach effective enjoyment of the children at risk rights.
- Formulate a vision about the requirements of the process and mechanisms that protect children at risk
- Formulate a systematic vision to establish a work strategy between civil society, the executives and donors on the topic of the seminar.

Themes

Theme I: a review of the rights of children at risk in the Constitution, laws, regulations and decisions

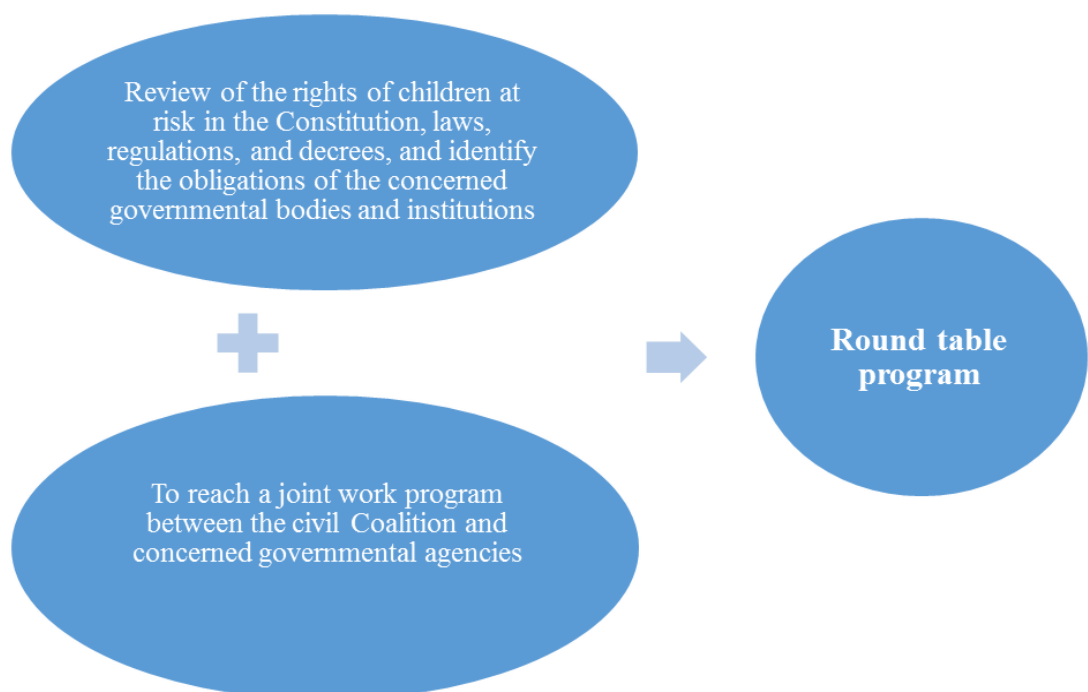
Theme II: determine commitments (protection - performance) of the child rights placed on government bodies and institutions concerned with the enforcement of those rights

Theme III: monitoring efforts of various government interventions that seek to protect children at risk (Agriculture workers – domestic workers)

Theme IV: Prospects and ways of cooperation: Towards a joint work program between the relevant governmental bodies and the civil Coalition

First: Number and gender of participants in the first training program

1. **Number of participants:** 23 (male/female)
2. Number of represented CSOs: 8 associations
3. **Number of State executives:** 4 specialists from the Central Directorate of Social Care, Ministry of Social Solidarity
4. **Gender representation:** 12 females participated in the seminar



Second: Round table methodology:

In order to ensure the success and effectiveness of the round table, a participatory training approach was selected for the implementation as a methodological framework to determine the relationship between the various parties of the process: (1. Round table organizer, 2. Round table moderator, 3. The Participants). The participants have responded to the requirements of this approach through their active participation.



Third:Methods used:

During implementation of this round table, a variety of methods were used that are consistent with the round table's topic and purpose. These methods included, lecture, presentations, group discussion, brainstorming, collaborative work groups, and review of the participants's past experience that is relevant to the round table's subject.

Fourth:Day 1: The Opening session:

Ms. Maya Madkour - introduced the meeting

Ms. Iman Minshawi (The training coordinator) welcomed the participants and introduced the idea for the outreach program

Mr. Mahmod Abdel Fattah (a lawyer and human rights expert) introduced the objective of the meeting as to activate the rights of the children at risk (child labor and street children).

The first theme: *a review of the rights of the children at risk in the Constitution, laws, regulations and decrees*

Session I: Apresentation by SOLIA organization of the outputs of the Public Squares' Project in the field of child labor)

- Dr. Nermin - Assistant Mr. , Faculty of Arts - English Language Department - Menoufia University
- Project Team (College students – Flowers family, Monofia University)

Soleil: it is an educational institution for promoting the 21st century skills by training young people on how to deal with community problems in cooperation and cosultation with the concerned governmental bodies.

Most important themes:

A project presentation (a new vision for child labor in Egypt, moving from actual situation to desired future). This project has been implemented by the University of Menoufia to link the academic studies with the land of reality. The presentation was followd by a discussion under the supervision of faculty.

I. First Proposal: re-activate the role of the school Summer Club program.

Objectives:

- Development of the children hoppies and provide them with handicraft skills that fit with their age and their physical abilities to enable them to improve their economic standing, and also to help reduce the school dropout rate.
- Linking the acquired hobbies and skills to small craft enterprises that serve other large projects the labor market.
- Ensure children's rights while working under supervision of their schools with an emphasis on the need for provising safe work conditions.
- Provide work experience certificates to facilitate children's enrollment in the labor market in the future.
- Improve students' ethics and academic level.
- Required
- Facilitate the use of all of the school facilities during the summer vacation.
- Provide security and ensure application of needed administrative and legal control.
- Facilitate marketing the products of the small enterprises.

I. Second proposal: Self-sufficiency Project at the technical schools, and its desired objectives.

Goals

- Highlight the importance of technical education
- Achievement of technical schools' self-sufficiency and provision of a steady source of income for students.
- Reduce the rate of technical school's drop out as a result of community negative perception about it and ensure students commitment to regular attendance.

What is required:

- Facilitate communication between the technical schools with their different craft specialties.
- Facilitate contracting with competent labor market to ensure the provision of job opportunities for students after school.

III.Third proposal: Economically and socially development of families, and desired objectives.

Goals

- Providing economic support for the poor families through small enterprises in which the whole family participate provided that the children to quit their schooling.
- Small-scale enterprises can be provided for economically well-off families as a kind of voluntary work to strengthen the values of work value and community participation in children's minds.

What is required:

- Provide the legal proceedings for financing small economic support enterprises for the limited-income families.
- Provide appropriate marketing windows for the products of the small economic support enterprises.
- Conduct awareness raising campaigns for civil society in general campaigns and economically well-off classes in particular, to highlight the importance of voluntary work.

Recommendations

- I. Conduct awareness campaigns by specialists on child labor risks
- II. Establishment of cultural channels to reduce the rate of child labor
- III. Strategic change in education and highlight the importance of technical education
- IV. Clergy during religious lessons
- V. Seminars held by charity organization
- VI. Formation of periodic control of workshops and areas where children work
- VII. Conduct inspection rounds sessions on workshops where the children work.
- VIII. Ensure that laws are enforced and activated
- IX. Application of the Child Rights convention.
- X. Each person plays his/her role
- XI. Preparation of the labor market to absorb the small enterprises.

The most important issues of the debate:

- I. The concept of child labor
- II. Protection policies and industrial safety

Session II: Rights of the Child between the Constitution and the laws (the nature of international obligations) children at risk

Mr. Mahmoud Abdel-Fattah (a lawyer and human rights expert)

He presented in details the legislation and international conventions on the protection of children's rights, particularly working children and street children. Several topics has been addressed, including:

Most important themes:

- I. Child rights convention and its fundamental principles
- II. The Convention's articles on violence and abuse (the Round Table's subject)
- III. Focus on Article 32 of the Child Rights Convention.
- IV. Legislative situation of the children in Egypt.
- V. Egyptian Child Law 12 of 96 years, that was amended in 2008 by Law 126 of 2008
- VI. The obligations of the state, civil society, and private sector.

The most important trends of the debate:

- I. Reach common terminology and concepts about these social phenomena
- II. Identify references that can be used to develop relevant plans and programs
- III. Linking national with international stakeholders.

The second theme: Determining the obligations (Respect - Protection - Practice) of the child rights that are placed on the shoulders of the governmental bodies and institutions involved concerned with the enforcement of these rights.

Session III, Mr. Hani Helal

Most important themes:

- I. An overview of the status and conditions of the Egyptian child
- II. Problems of the Statistics issued in Egypt on the status of the Egyptian children in various sectors.
- III. The lack of uniform definitions of children's issues (child workers, street children, etc)
- IV. Inevitability of integration and coordination among relevant ministries and civil society organizations
- V. A need for an independent mechanism for coordination (the National Council for Childhood and Motherhood).
- VI. Children as domestic servants.
- VII. Child labor in the rural areas
- VIII. Children work with their families
- IX. Legislative protection of child labor and its problems.
- X. The need and ways to immediately stop the worst forms of child labor.
- XI. Expansion of vocational education and how to ensure sustainability of the projects provided that violence on the child and dropout have actually stopped.
- XII. The role of the Child Protection's General and Sub-Committees, challenges and ways to activate them.
- XIII. The difference between the street children and the children with no shelter.
- XIV. The problems of the street children, the in-house institutions and the current efforts of the Ministry of Solidarity to address these problems.

The most important trends of the debate:

- i. Agree on the need for political will to immediately put an end to the worst forms of child labor and abuse.
- ii. A need to activate the child protection committees and amend the regulations of the Child Law in terms of its composition and powers.
- iii. Review the labor law and the child law to provide greater legislative protection umbrella for the working children, particularly those working in rural areas and domestic servants.
- iv. Voluntary work is not among the worst forms of child labor, but it requires a change in the community the culture.
- v. Assure social safety and revisit the terms of the work contracts.
- vi. Raising community awareness towards technical education and the need to expand it at this stage.
- vii. The need to provide the children of unknown parentage with identification documents, including those born out of the official wedlock.
- Viii Reconsider the social security pension and measures required in line with the revision of wages and salaries.

The third theme: the prospects and ways of cooperation towards a joint work program between civil coalition and concerned governmental agencies.

Session 4: Small work groups

Participants were divided into two small groups according to the theme of the training program and the intended objectives of the program as follows:

No	Objectives	Grroup
1	First: Setting the legislative amendments that have to be introduced / deleted Second: Develop amendments for the regulations and decrees	Establishment of a dialogue between the executives (social solidarity - and civil society organizations) around the child issues in laws, regulations and decrees in both the long and the short run.
2	Second: Develop amendments for the regulations and decrees	

The most important outputs of the workshops on setting legislative amendments for the following laws (1):

If the laws were not already there, please add the following:

- i. The start will be by setting a law to criminalize the practice of child labor, with emphasis on the definition of the child age group (who are less than 18 years old).
- ii. Work vacation work, but under controlling terms that should be strictly identified in details in a way that does not make any room for manipulation or misunderstanding with an emphasis on a clear definition of the beginning of the child working-age.
- iii. Articles 64 - 69 of the Children's Act are very good, but at the theoretical level so, they should be activated in practice.
- iv. For the rest of the work-related laws, the trade unions, and social insurance, etc, the word “child” should be included. i.e., the child rights should be integrated with the rights of adults in these laws.

2- Develop amendments for the regulations and decrees (2):

- i. Employers are compelled to provide birth certificates for the working children.
- ii. In case the employer violated the term of hiring children under the legal age for work, a police statement should be done and his/her business license is withdrawn or closed.

- iii. Conduct national media campaigns to raise public awareness of the dangers of child labor and its impact on the educational, health and future of the child. These campaigns are to be done through audio-visual and readable means and through direct interviews with families and community members.
- iv. Develop a media code of conduct dealing with the norms and standards necessary to deal with children and with children's issues, both in the movies and TV programs or any other media tools with the development of legal sanctions for the violators.
- v. Protection sub-committees should have the right to inspect all work sites and to coordinate with other sub-committees, Education directorates, and youth centers through NGOs partnership against all forms of violence, or child labor risks with adherence to the work code of these committees.
- vi. The protection committees activate the role of the boards of trustees/parents at all levels of the basic education stage by forming sub- committees for protection to urge families to keep their children at school.
- vii. The protection Sub-Committees should set a compensation system as a substitute for children working in hazardous occupations.
- viii. The protection sub-committees should cancel the seasonal work and remove the second paragraph of the Children's Act and ensure the child's right to work that is not harmful to his/her health, education or morals, and at a certain age.
- ix. Child's right to protect his/her physical rights against possible employer's abuse through the protection committees.
- x. Expand the umbrella of legislative protection to cover the working children.

Fifth: Start and end the day:

At the beginning of the meeting, the meeting director presented the major outputs that must be reached, with a focus on the importance of participants' interactions and additions. At the end of the day the meeting director separately lists the most important outputs of each session.

Sixth: Materials and resources available for program implementation

All materials necessary for the implementation of the training program, including the small group workshops and sources were available thanks to technical support provided by Sadat Association, the training coordinators (Ms. Iman Minshawi) and participants themselves. This had a great impact on seminar facilitation despite the fact that there were some difficulties that have been removed by the participants themselves, and to facilitating role of the working group.

Seventh: Recommendations and proposals

- Activating the role of the protection committees to play their role in the inspection and monitoring of violations against children in the workplaces
- The Sub-protection committees educate the families with the risks that their children may be exposed to as a result of certain types of work.
- Get acquainted with the economic situation of the children's families, and provide economic alternatives through NGOs and the Social Fund for Development.
- Expansion of technical institutes and vocational schools and linking them with the needs of the labor market.
- Expand the umbrella of legislative protection and provide insurance for the children in labor law to include larger sectors of child labor, whether in the countryside or as domestic servants or the children who are working for their parents.

Create a mechanism for cooperation and communication

- Communicate with youth centers through NGOs and subcommittees to utilize the spare time and energy of the working children to develop their sportic and artistic abilities and skills.
- NGOs should communicate with the media to raise public awareness of the child labor risks.
- Communication between the sub-protection committees and the Manpower offices for permanent control of the employers to make sure that they are committed to hire the children according to the working hours and do not expose them the worst forms of employment.

A layout for a siminar on the children at risk

Paricipants:

- Specialists from the central directorate for social welfare - the Ministry of Social Solidarity
- NGOs
- SOLIA organization to present the outputs the squares project for child labor.
- The Flowers Group of Menoufia University.

Appendix I

A work paper on

The conditions of the working children in Egypt in light of the law, the conventions, challenges and ways of immediate stop of the worst forms of child labor

Introduction and preface

The phenomenon of child labor is associated with the degree of society's progress or backwardness; it seems more prevalent in the third world countries in particular, as it dwindles and vanishes as a result of disappearance of social and economic problems and based upon the extent of the society's respect of the legislations and laws controlling this society.

The regional estimates point out that Asia and the Pacific Ocean have the largest number of child laborers in the age group of 5 -14 years, with a total of 127.3 million (19% of children are working in this region). It is estimated that there are 48 million child-workers in Sub-Saharan as it is about one out of every three children under 15 years (29%) are working. Latin America and the Caribbean have approximately 17.4 million child-workers (16% of the children are working in the region) while 15% of the children are working in the Middle East and North Africa and about 2.5 million children are working in industrial economies which are going through a transition stage. According to The International Labor Organization (ILO) reports, the child labor reaches about the third of the agricultural labor force in some developing countries!!!

Children work within their families was a common phenomenon in most parts of the world and it was more related to agricultural work, which is characterized of being seasonal, offering great leisure time within normal work environment that allows the child to play while working under the care of his parents. Also it gives the child a chance to gradually practice the work in line with being trained on the work which he/she shall carry on in the future.

In Britain, before the Industrial Revolution, children were working at the homes of the rich and living with their children from ten years old until marriage.

By Europe's entry to the era of the Industrial Revolution, factory owners began to employ women and children in extremely harsh conditions for several hours, until the application of the legislations regulating child labor so as to conserve their rights to live their childhood. Many of the children were working in factories for money during the period from 1870 to 1900, while the Law does not allow most of them to work; as they were between the ages of 11 and 15 years old.

Volume of the problem in Egypt

The phenomenon of child labor clearly exists in Egypt like most countries that have the same economic and social conditions. Talking about the size of the child labor problem in Egypt shows how difficult is the problem we are facing as the variances between statistics and estimates is very clear and monitoring such data from time to time and from one statistic to another remains controversial. Studies made in this regard have conflicting results due to the difference in some of the key variables, such as: the start and end of the working age, nature of the work done by the child, whether it is seasonal, temporary or permanent. As well as tendency of some business owners to hide the number of children who work for them as they practice something prohibited by law.

In 2001, the Central Agency for Public Mobilization and Statistics in collaboration with the National Council for childhood and motherhood conducted a national survey, included a sample of 20000 households, and used the operational definition of child labor as: "all economic activities carried out by the child of the age group from 6 -14 years, during the three months before conducting the survey". The survey concluded that the total estimated number of the child- workers' is two million seven hundred and eighty-six thousand children and most of them are living in rural areas (83%). The breakdown of working children according to gender points out that 73% are males and 27% are females, which represents approximately 10% of the number of boys and about 6% of girls in the ages of 6-14 years.

The national survey showed that 70% of the school dropout children are working in agriculture, 46% of them are from Shraqia Governorate only i.e., 400,000 child. The children who work in permanent jobs represent 28.4% of the total child labor and represent 5.97 of all children in the age group of 6 - 14 years. The highest percentage of child labor (54.1%) is among those who work during the summer vacation. The survey also indicates an important piece of information stating that 74% of children are working for free in the economic activities of their families.

As for children's work as domestic servants, which is one of the worst forms of child labor, there is a lack of studies and statistics covering this issue, except for some news about incidents of violence and violations committed against children, though they may be individual cases that cannot be taken as a measurable indicator.

Causative factors of child labor

1. **Demographic factors such as:** the high birth rates, and rural-urban migration.
2. **Family atmosphere:** family disintegration.
3. **Low technological level:** the situation in Egypt, especially in the informal sector shows the continuing increase in the demand for child labor, particularly in the informal sector, which is not subject to the same restrictions set for the formal sector factories in terms of monitoring, supervision and control of child labor!!! Although the type of production has evolved in Egypt as a result of technological development but this on turn didn't affect the child labor market as expected, as the demand for children is still high, especially in the industrial workshops. This attributes to the fact that children are the least paid laborers, as it is known, and they are used in assisting works, which usually add nothing to the child's technical skills which would professionally qualify him/her to advance at work...

The basic causes for child labor:

1. School drop-out: Many poor families prefer to send their children to learn a vocation or any craft than sending them to school; as they believe that sending the child to learn means losing the opportunity to add income for the family which it is in the most need of. Many studies have shown that there is a close link between the deterioration of the educational curriculum and the child move to work. Add to that the failure of educational institutions to accommodate children in their classrooms where the density is sometimes up to more than sixty students. Moreover, going to school- despite free education- means bearing some costs for items such as, cost of the school uniform, notebooks, etc that most poor families cannot afford. In addition to that, the obvious decline in the quality of education in public schools, at a time when parents of poor families can't help their children in studying; because most of them are illiterate, or as their educational level is very low. Thus children's dropout rate reached 25%; as a result of the repellant nature of curriculums, as well as high age of joining education; which puts us all in front of a real challenge and thus work on development of the educational process to make it attractive to children and to develop their abilities in all aspects as stated by Article No. 29 of the Child Rights

Convention, including the capacity of the classrooms and teachers situation. Statistical indicators show that the net rate of children's enrollment in kindergarten does not exceed (18%) from those who belong to the age group of 4 to less than 6 years old, rate of enrollment in primary education is (96%) for the age group from 6 to 11 years old, and the rate in the middle schools is (94%) from those who are between 12 to 15 years. These two stages are the basic education level, which states are committed to provide with regard to its quantity and quality. If we give the above mentioned rate in absolute numbers, after excluding preschool education stage, it would exceed 2.5 million children who have never attended school at the age of 6 years and dropped out during primary school, or those who dropped out in the preparatory stage. The net enrollment rate in secondary education is (66%) for the age group between 16 to 18 years, which means that about 2 millions drop out of schools for economic or non-economic reasons in the transition from middle to high school. The bottom line is that we have about 4.5 million children and young people, in the pre-university education, who have not received any education, or whose educational levels do not even reach the basic education, and some of them may fall back to the alphabetical or functional illiteracy, or deficiencies in citizenship requirements and in their personal and social life responsibilities. Some of them may even join the street children gangs or deviate to crime, drugs and thefts. According to a report of violence against children in Egypt issued by the Land Center for human Rights, 65% of children have been subjected to intimidation and beatings inside the schools. The report has also indicated that pupils' fights inside the school became one of their main reasons for being seriously injured, among (13) encroachments against children at schools, including 7 fights have led to serious injuries and permanent disabilities. The report has also shed light on a new unique incident represented in a fourth grade schoolgirl who resorted to hunger strike because her teacher has beaten her, and the school management decided to disregard the girl's mother complaint against the guilty teacher!

2. A learned craft: Some parents have revealed that they are not seeking any financial gain from their children's work, but they aimed to teach them a "craft" that can benefit them in the future as a university degree will do not bring them any return, especially these days, where "holders of university degrees" are unemployed and are looking for their livelihood through occupations that have no relevance to their undergraduate studies. A 13 years old child said that he asked his father to let him learn his craft; carpentry and he justified that by saying he has the ability to divide his time between study and work. However, after two years he discovered that he had failed in his study and at the same time it seemed to him that he mastered the father's craft, so he decided to drop the school and stay with carpentry despite of his father's opposition. A year after he felt intense yearning to study and started to regret what he did. As he put it, his eyes used to overflow with tears when he hears the school bell or sees the friends in neighborhood going to school.

1. **Helping parents:** In some cases, the child's wage can be the sole or primary source of income for the family.
2. **Some common cultural values that encourage child labor:** Some people believe that child work helps in developing the child personality and enhances his ability to be saddled with responsibility, while others believe that girl's domestic work is a duty as it prepares her for carrying out future responsibilities at her husband's home.
3. **Other reasons, such as:** working is better than playing in the street, unwillingness to sit at home, death of one of the parent, taking the responsibility of providing marriage requirements and preparations (for girls in particular), and the parents' wish.

Types of abuse suffered by the child-workers

- Poor academic and cognitive level.
- Financial exploitation, which is evident in the long work hours and low wages.
- Exposure to delinquency, inclination to smoking and drug abuse, e.g., sniffing paints' solvents and the like, and sale of drugs such as Hash.
- Physical and sexual abuse (especially against children working in the automotive repair and small enterprises).
- Exposure to serious injuries as a result of car accidents and crash of selling carts with fast cars.
- Occupational injuries and deep wounds due to the use of electrical appliances, machinery and sharp tools used in mechanical workshops, butchery, carpentry and in glass recycling sites.
- The children working in construction suffer wounds caused by falling stones and bricks.
- Children working in welding and blacksmithing are exposed serious eye injuries.
- Children working in agriculture suffer from infections and respiratory diseases due to the spread of toxic pesticides. They also suffer from injuries and severe skin fungal infections in their toes because of working barefoot in the fields. The studies confirm that working children are vulnerable to a number of health hazards and unmatched violations of rights. As well as the fact that "migrant child labor" are always at risk of being killed, during being transported in unsafe vehicles, and the most recent accident was on Ismailia road, in which 46 boys and girls were killed or wounded. In May 2002, 41 boys and girls from Fayoum were killed while being transported to work in farms of Albeheira Governorate, added to dozens of other accidents. According to a study conducted in 2000 on more than one million children who work on seasonal basis to collect cotton, are working typically 11 hours a day along seven days a week in temperatures reaching 40 ° C, also the study referred to the fact that children work in the cotton fields, immediately after spraying serious pesticides, exposes them to many health risks, and that all the children reported that they were beaten with a wooden stick by the foremen..

- The children who are serving in houses experience neglect, exploitation, oppression and deprivation; where they work for many and unlimited hours, in addition to the child's exposure to psychological and physical abuse in forms of beating, humiliation and often sexual harassment as well.

Challenges facing the child labor problem:

1. The main problem expected to be faced by starting a campaign against child labor in developing countries is the fact that government agencies, employers, workers, the public, parents, and even most of the child- workers themselves are not aware enough of the dangerous effects of child labor, or they are aware but already accept it as a result of poverty that cannot be avoided. These challenges include:
 - Many parents-especially those who were working during their childhood- tend to resist the idea that their children would leave their work for the following possible reasons:
 - They consider early involvement of their children in the economic activity is better than attending schools.
 - Believing that children's work is as a world full of experiences that can provide them with useful skills for their future as adults.
 - Children's work gives them a sense of discipline, or saving them from being lazy, unemployed or distorted as perceived by parents.
2. The other most severe and related problem to be confronted, identified and recognized is the fact that the problem of child-workers who are subjected to verbal or physical or sexual abuse and other forms of violence in the workplaces, is a problem which cannot be perceived easily and hardly to restrict and to control. Also this problem often applies to children working in rural areas, in the workshops of informal sector and commercial institutions in big cities, or the domestic servants in private homes. Thus, effective efforts should be exerted to protect children from harm, risks, abuses or violence committed inside the workplaces, including the following:
 - Start by making the child labor problem visible, concrete and bringing it into the attention and to public opinion.
 - Bring the kinds of risks they face and the means that can be used to eliminate them, to the focus of public attention.

Developing perceptions or suggestions for immediate stop of the worst forms of child labor must begin with an analysis of the current situation of the legislative protection provided for this category of our children, and we will try hereby to discuss some of these situations...

First: Child Law No. 126/2008

The new child law No. 126/2008, is one of the most important and mature Egyptian legislations, we will not be exaggerating when we equate this law, in comparison with the Egyptian legislations, by the International Convention of the Child Rights in terms of its philosophy and its social status and a holistic view of the issues of protecting the fundamental rights of the children in Egypt. This Act includes an entire section to set out the rights of the child and working mothers, and the first chapter is devoted to the care and regulation of the rights of the child-worker, as well as addressing many of the problems of child labor in Egypt, for example:

➤ **The prohibition of child labor before completing basic education stage**

Article No. 64, the first paragraph, stipulates that: Without prejudice to the text of the second paragraph of Article No.18 of the Education Act No. 139/1981, child labor is prohibited before reaching fifteen years old, as well as prohibiting his/her training before reaching thirteen years old.

➤ **The prohibition of children employment before the of 18 years in the worst forms of child labor**

Article No. 65 stated that: child labor is prohibited in any work that can, by its nature or due its conditions, may cause harm to the health, safety or morals of the child, and it is particularly prohibited to recruit children in any of the worst forms of child labor, which are stated in the Convention No. 182/1999.

- **Providing health protection for the child-worker and periodically make sure that he/she health condition is good for work.**

Article No. 65 Bis: the child must go through medical examination before being appended to work to make sure of his/her health eligibility for the work, and re-examination should periodically be done, at least, once a year, as indicated by the Executive Regulations.

- **Protecting the child-worker from all forms of violence and abuse**

Article No. 65 Bis: In all cases, the work must not cause pain or physical or psychological harm to the child.

- **The child work should not deprive him/her from the right to education**

Article No. 65 Bis: the child should not be deprived of the chance to attend school, recreation and development of his/her abilities and talents.

- **The child-worker's right of insurance against occupational harms**

Article No. 65 bis: the employer is obliged to provide insurance and protect the child from the harms caused by the work during his working hours.

- **The right to have more holidays than adult-workers**

Article No. 65 bis: the child-worker annual leave should be seven days more than the adult workers, and it may not be deferred or canceled for any reason.

- **Organization of the number of working hours and times of daily and weekly rest and public holidays**

Article No 66 stated that: Child may not work more than six hours a day, and it must be permeated a break or more, to eat and rest provided that it should not be less than one hour in total, and this period is determined so that the child does not work for more than four continuous hours. Also it is prohibited to employ children for additional work hours or during weekly or public holidays, and in all cases, it is not permitted to hire the children to work during the period of 7 p.m. until 7 a.m.

➤ **The child-worker has the right for a documented employment relationship through the Manpower offices**

Article no. 67 states that: Every employer who hires a child under sixteen years old, is obliged to give the worker an ID card with the child's picture proving that he/she works for him/her and it should be approved and sealed by the concerned Manpower Office.

➤ **The child-worker's right to enjoy safe working environment and healthy occupational conditions**

Article No. 68 stated that: An employer who is hires one or more children should do the following:

1. Hang a copy of the provisions of this chapter in a conspicuous place inside the workplace.
2. Write down and update a statement of the basic data related to each child of his workers, including name, date of birth, nature of his/her work, number of working hours and rest periods and content of the certificate proving his/her eligibility to work, as well readiness to provide this statement for authorized personnel upon request.
3. Inform the competent administrative authority about the names of children being employed and the names of the people assigned to supervise them.
4. Provide separate accommodation for the child- workers, if the work conditions required their stay overnight.
5. Keep the official documents that prove the age of all of his employees and their ability to work, at the headquarters, and to provide it upon request. Also the employer is responsible for making sure of the ages of the child-employees.
6. Equip the work place with all required occupational health and safety precautions and to train children on how to use them.

➤ **The child-worker's right to protect his/her financial rights**

Article No. 69 stipulates that: The employer shall pay the wage or compensation, or any of the child's entitlements, to him/her or to one of his/her parents in a formal and documented way.

What are the shortcomings of the Act No. 126 of 2008?

- In spite of the fact that this chapter has addressed many of the problems of child labor in Egypt, it failed to provide a legislative protection umbrella for the broader sector of child labor in Egypt and it was limited to the sectors covered by the labor law. It did not regulate child labor in the rural sector and pure agriculture and also it did not include a clear text that regulates child labor as domestic servants whether they work for others or for their families!!!
- The Act also allowed exceptions for governors to decrease the work age to twelve-year-old through the text of the second paragraph of Article No. 64, which states that "it is allowed upon a decree of the competent governor and after the consent of the Minister of Education, to authorize the employment of children from the age of twelve to fourteen years in seasonal work that does not harm their health or their growth and does not prevent them from attending their schools".

Of course, it is clear that seasonal work is usually in agriculture, where its workers whether young or old are not subject to the provisions of either the Labor or the Child Acts.

Second: the Labor Law

This Law is considered the worst social legislation in the past fifty years. It has come to be a legal framework for the policy of economic liberalization in the labor relations field, where work turns into a commodity subjected to market mechanisms. Currently, there is expansion in type of

temporary work, employers' freehand for workers dismissal after removing the restrictions that used to prevent such actions, stripping workers of any protection measures, and confiscation of the right to strike. Not only that but also working children are subjected to the provisions of the Labor Law, making their situation worse than before.

What aggravates this situation is that the child-workers' protective provisions, included in this Law, are in its minimum levels if compared with the provisions prescribed in the Child Law No. 126/2008. The fact that employment of children from 14 years is conflicting with some of the advantages provided for the child workers in terms of social insurance and trade-union protection. This is because it is allowed to join trade-unions by the age of 15 years and the age of social insurance is 18 years. The Law is also contradicting with the International Labor Convention issued by 1973, with regard to the child work age; **The Convention No. 146**, which recommends raising the minimum age for children employment to 16 years and that the developing countries should take the necessary measures to prevent children employment in any economic activity before reaching 15 years old.

The draft labor law excludes those who work in agriculture (Pure farming) from benefits of its provisions, which means stripping the children who working in this sector, of protection, even though they represent 77% of child labor in general.

Since the start of drafting this law, civil society organizations (CSOs) were very much concerned with the provisions of this Law, which affects the lives of the majority of different segments of the Egyptian people. Thus women's organizations

and other CSOs that are interested in the trade-unions and labor life, have given much attention to formation of several committees, such as: the Coordinating Committee for Defending the Rights and Trade-union's Freedoms. It is worth mentioning that we have been involved in all activities related to this issue, studied the previous labor laws and the current bill to find out the shortcomings and we concluded that the current labor law is disappointing as it ignored all forms of exploitation of children, and violated the Article No. 32 of the Convention on the Rights of the Child, which includes the child's right of protection against economic exploitation and from carrying out any work that stands against his/her education or that can be harmful to his/her overall health and growth.

A protest statement was submitted to the speaker of the Egyptian Parliament and its members, about

the Law as well as the agreed upon comments of CSOs. This has taken place through a march consisted of NGOs members and large numbers of prominent labor leaders. This petition included several comments that can be stated as follows:

- **The Labor law is against rural children and domestic servants**

Article No. 4 of Section I, excludes children who are working as servants in private homes and those who are working with their families. As well, Article No. (103) Chapter VI- excludes children working in agriculture despite the fact that the largest segment of child labor in Egypt is working in farming as its rate reaches more than 77% of the total child labor!!! This is clear violation of the rights of these groups who are subject to many risks and violations.

- **The Labor Law draft ignores the childhood age**

Article No. 98 of the current law defined the childhood age to be 17 years, which is contrary to the Child Law and the Child Rights Convention, which defines the childhood age by 18 years.

- **Apprentice became a back door for child labor**

Gradual implementation of the law became a way to increase child labor without any control or determinants of age of this group or nature of their work, where Article No. 141 of the new law in section V stated that "every child who worked for an employer with intent to learn a profession or craft is apprentice". Article No. 143 which gave the employer the right to terminate the gradient's agreement if it has been proven that he/she is not qualified or unwilling to well learn the profession. Accordingly this opened the door wide to end child's work whenever the employer wants.

In addition, many studies that addressed this phenomenon, have indicated many of the risks facing the children working in agriculture, including:

1. It involves harsh conditions of work that include real risks, as the use of agriculture tools can cause injuries (wounds and bone fractures), exposure to the risks of using agricultural pesticides (getting poisoned or infected by serious diseases). As well as the risks arising from the long working day, extreme tiredness, bad treatment on the part of supervisors and employers in line with all chronic diseases.
2. Economic exploitation, which is reflected in a number of situations, such as the start of work at early age (less than 7 years), which represents a flagrant challenge to the provisions of the Children's Act. The persistence of labor contractors' practice (who steal part of the children's wages), children's low wages, and increased number of daily working hours in violation of the provisions of the Children's Act and international labor standards. In addition to depriving children from their rights to paid holidays and weekly rest that violates the international agreements and the Egyptian legislations.
3. Different natural hazards (climatic conditions and factors, extreme heat and cold... etc.), and chemical and biological hazards. Such dangers have great impact on the children including, sunstrokes, dizziness and fainting due to lack of means of protection from the sun.

The types of children's work that have previously referred to are actually among the worst and most dangerous forms of children's work according to the provisions of the Convention No. 182. The harm is maximized by lack of adequate health care, means of prevention and protection and employers' the failure to conduct periodic medical examination for children in violation of international and local legislation. Added to that, non-availability of essential services in the workplace (clean water, toilets, food, safe transportation means...etc.).

In addition to the several negative points of this Law, we believe that it has not come to protect children from work risks at early age that threaten the principle of child's protection and growth, as provided by all international conventions and agreements. This is attributes to the fact that this Law came to regulate labor relations for a small portion of the total number of working children in Egypt and ignored the vast majority of this unjust practice which leads to all forms of child rights violations and hinder his/her physical, mental and moral development.

We called for all CSOs, members of the Parliament and political parties concerned with human rights, especially the rights of children, to continue their condemn and combat this Law to protect Egypt's future which is presented in our children.

Third, the Trade-Unions Act

After the issuance of the new Child Law in Egypt, and since the children of the age-group of 15 to 18 years which is considered, according to the provisions of the new law, as part of the workforce, we believe that there is a need to advocate for to cover them by the trade-union protection although they are deprived of the right to be active members of the trade-unions. If we go through the Trade-Unions Act No. 35/1976, its amendments, as well as Labor Law No. 137/1981, we can see that the Labor law regulates the child work in Chapter II of Section VI, under the title (recruitment of juveniles) as it regulate the working conditions of children aged from 12 to 17 years, while it prohibited employment or training of those under the age of 12. Although there has been a large number of children below this age, working in many workplaces long time ago, the State instead of addressing all aspects of this phenomenon (economic and social) it tended, through legislations to draw out the prohibition of employment and training of those children. However, when the legislator set out the penalties for violating the Law provisions, put sanctions related to the prohibition stated in Chapter I of Section VI. Chapter 3 of the same Section related to juveniles, didn't set any sanctions which has led to the continued employment of children below this age, and their continued exploitation without any kind of legal protection as the section stipulated certain age to join the trade unions, and another age to enjoy membership in the General Assembly and the eligibility to elect, added to a third age group to enjoy the right of nomination for the boards of trade union organizations.

Hence, the obstacles facing children regarding enjoying trade-union freedoms; free of the right of all members of the trade union organization in election, nomination as long as they are members in this organization, and leave the right of the membership of the board of the trade union to the general assembly nomination, and all procedures relating to trade unions is their own affair which is subjected to the regulations set by the workers themselves without interference from any party. It is worth mentioning that all international conventions relating to the unions did not specify any age to join the unions and did not require a specific age group to nominate for membership of the trade-union organizations' boards.

IV: The Social Insurance Law

It is provided that those who are entitled to be covered by the Social Insurance Law should be 18 years or more, whether he/she is working with the government institutions or with the private sector. Some explained this provision by saying that it aimed at easing the burden of the employers, and that the juvenile workers will not be affected because his/her wage is small as well as the amount of his/her subscription fees.

Many legal experts have criticized this unfair article that abolishes the insurance protection for children working from the age of 13:18 years. Also the poverty rate of 48% of the Egyptians, will lead to increased numbers of child-workers. Accordingly, the modification of this article is very

essential in light of the poor and miserable conditions that we will not overcome in the foreseeable future, until the insurance protection extends to all children working. Mr. Abdel-Rahman Kheir, "Children risk Workshop" - the Egyptian Center for Children's Rights

V: Gradient compensation for the occupational injuries of the apprentices

- The provisions of Law No. 79 of 1975 concerning the occupational injuries are applied only on the workers who are under the age of 18 years and apprentices who are engaged in the summer recruitment projects.
- Article No. 54 of the Egyptian Social Insurance Act No. 79/1975, stated that a full disability or death pension for those who do not receive a wage of these categories, would be ten pounds which is regulated by the provision of the second paragraph of Article No. 51, which states the this pension is increased by 5% every five years until the insured individual reaches the age of 60. Thos applies, of course, if he/she is covered by insurance, and he/she will not deserve a pension or compensation if the disability was less than 100% if he/she is insured by a pension or compensation.

- The tragedy reaches its utmost when the insurance authority sets a periodical check-up schedule for the worker, as a main condition to continue paying him/her the "ten pounds" pension!!
- The legislator relieved business owners from paying their social insurance contributions set for those apprentices to encourage them to enroll the under-aged apprentices to work for them to learn a profession especially if they are not paid for their work.
- However, the legislator ignored the paid workers who are the vast majority and the responsibility of counting them lies on the under-staffed labor inspection offices that follow weak procedures. It is worth mentioning that, in many cases, the employer alleges that those workers are members of his family and in case the children is working in vast spaces such as quarries, he can easily hide them since they are not subjected to the rules of periodical medical examination imposed by law as a preventive measure of occupational diseases. Many of those under-aged workers leave these types of work as they fall sick at an early age as it is estimated that 25% of work-related injuries happen to children.
- Studies on the informal sector, showed that the number of informal work units have grown significantly over the last ten years from 2.5 million in 1988 to 3.8 million units in 1998, i.e. nearly up to 50%. The huge number of informal units which represent about 85% of the total number of the small private businesses, reflects the different changes that have taken place in the Egyptian economy, which include:
 - 1- Implementation of the economic reform program (by 1991).
 - 2- Increase of the private sector's role in the national economic activities.
 - 3- Decline of external migration rates.
 - 4- Slow growth rates of employment, as it is estimated that the number of jobs provided by the informal sector by the end of the nineties, is nearly 10 million jobs, noting that only half of this number is permanent and stable type of jobs.

- As for the organized sector, which includes about five hundred vocational training centers, it is surprising that employers overlook insurance procedures for this group of apprentices although this will not cost them more than filling the form attached to the list of each group of trainees. The weird thing about it is that the social insurance departments in the government, the public and the private sectors do not bother oversee these training centers periodically to make sure that they apply the legal insurance procedures on the apprentices who are exposed to occupational accidents such as, electrocution, amputation and fall from the cranes. In addition, some production units uses those children as cheap labor in the production training periods, and assign them to dirty jobs such as, floor cleaning, load up of rubbish and remove machinery exhausts, etc.

International conventions and agreements

- Article No. 32 of the Child Rights Convention, ratified by Egypt on July 6, 1990, acknowledges the child's right "to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social growth.
- The Convention obliges the States to take necessary legislative and administrative measures to ensure the implementation of Article No. 32, including "setting out an appropriate regulation for work hours and conditions" and "the imposition of sanctions or other appropriate penalties..."
- Many other provisions of the Convention are addressing the treatment of child-workers, including the right guaranteed by the State to use the "medical treatment facilities, health rehabilitation, free compulsory primary education and the right to rest and leisure time". The Convention prohibits exposing any child "to torture or other cruel, inhuman or humiliating punishment". It is the same as "the International Covenant on Civil and Political Rights," ratified by Egypt in January 12, 1982.

In June 1999, the ILO adopted the Convention No. 182, which is related to the Worst Forms of Child Labor, which obliges ratified states to "take immediate and effective measures to secure the prohibition and the elimination of the worst forms of child labor as an urgent matter.

We believe that "the worst forms of child labor" according to this Convention, include "the forced labor in rural Egypt even if the children are working with their families", as well as "the types of work that is likely due to either nature or its conditions may badly affect the child's health or safety or morals" which is usually happens with this group being the most vulnerable and poorest!!!

- As for the other types of work included in the latter category, it will be decided upon and determined by the States in consultation with employers and workers organizations, taking into account the international conventions, especially ILO recommendation No. 190, entitled "the worst forms of child labor". This recommendation was issued in 1999, accompanied by the Convention No. 182, which states the need to consider many issues such as the types of work that may expose children to physical harm, and "the work in an unhealthy environment that may lead to children's exposure to dangerous materials, elements, operations, or to what may harm their health such as high temperature, noise or vibration, in addition to "working in extremely difficult conditions, such as working for long hours or doing a work which does not allow the child to return home daily”..

Some recommendations for an immediate stop of the worst forms of child labor

- It is important that the executive regulations for the Child Law No.126/2008 should include a clear specification and classification of forms of the types of work that fall under Article No. 65, which prohibits child employment in the worst forms of work in accordance with the provisions of the Convention No. 182. These forms should also be sorted by level of severity, and it should take the actual situation of child labor in Egypt into account.
- Protection sub-committees should be given the right to inspect all work sites, including the types of work that fall under the worst forms of child labor, along with the role of the Ministry of Labor's inspectors.
- Conduct national campaigns to raise public awareness of the dangers of child labor and its impact on the personal and health future and culture of the child. The media plays a key role along with the protection sub-committees, through direct community meetings.
- Review of the financial status of those children families and provide economic alternatives through NGOs and the Social Development Fund and linking it to reintegration in the various education stages.
- Raising awareness of child-workers and their families on the importance of documenting their relationship to the work and the nature of their contracts, and the dangers of ill-treatment.
- Coordination between sub-committees, educational departments and NGOs to open literacy classes inside schools and scheduling teaching times in coordination with employers.
- Launching leading initiatives to face the violence against working children inside the workplace. One of these initiatives is the experience of Marine Scouts in Alexandria, where they developed the relationship between the child-workers, their families and the employers through joint activities.

- Adopting successful initiatives to turn the course of action of the most hazardous to secured types of work, especially the experience of Wady Alnile Association in Minya.
- Coordinate the efforts of Youth Centers through NGOs and subcommittees to use the child-worker's times and energy during non-working hours, in developing their technical and physical capabilities and their skills.
- Listening to the working children and involve them in the planning to curb the phenomenon.
- The Protection Sub-committees in villages that export migrant labor to work in farms, to assure the safety and security of the vehicles used for transporting those children and agreeing with contractors on safe means that must be followed.
- The protection sub-committees raise families' awareness on the risks that may face their children as a result of uncertainty about the safety and validity of the vehicles and the roads they go through.
- The general protection committee in each governorate that have quarries, has to coordinate with the governorate's authorities to get the right to oversee all quarries and to conduct non-periodic visits to make sure they are not employing children.
- Activating the role of boards of trustees in creating an attractive school environment for the children through expansion of the extra-curricular activities, prevent violence in schools, and enhancing the school relationship with the surrounding community.
- The sub-committees of protection, in cooperation with the boards of trustees, must enumerate the students who are unable to pay tuition fees inside school and making efforts to exempt them.
- The protection sub-committees, in cooperation with the boards of trustees, must enumerate the students who are not attending school regularly, and asking NGOs working in the geographical scope of the sub-committees, to study their status and help reintegrate them in education.

Recommendations: at the legislative protection level.

- Abolish the second paragraph of Article No. 94 of the Child Act No. 126/2008.
- Specify the types of seasonal work stipulated in the second paragraph of Article No. 94 of the Regulations of the Child Act, as follows:
 - Providing that the seasonal work should not be impediment to the continuation of the child's education or detracting his/her ability to attend school or his/her effort to study or any other issues that may endanger the child's health or morals or security.
 - In all cases, children may not be employed to spray pesticides or collect agricultural pests or to work under hot sun more than two continuous hours, as these activities may endanger the child's health and growth.
 - Also children may not be employed as domestic servants even on a temporary basis, such as during Fridays or holidays, as well as working in traffic control, in parking areas, or in any other type of work that may expose the child or his/her morals or health to risk, in accordance with Article No. 96 of the Law.
- Ensure the child-worker's right to work in a safe environment and conditions where occupational Safety and Health are assured, by modifying the executive regulation of Article No. 68 to be as follows:
 - The manpower offices and protection subcommittees working in their geographical range, should carry out regular oversight on the employers to make sure of their commitment to employ children according to the work hours defined by the Law, good-treatment, assurance that they are not subjected to any form of violence, abuse or physically or psychologically harm. As well as taking into account other provisions set out in this chapter and to ensure the availability of guarantees and legal and health requirements for the working environment, hours and conditions. Added to terms of the contract, including the procedures regarding extended social and health insurance umbrella of the child-worker.
 - Providing the facility where children work with health requirements prescribed by the Law, especially the ventilation and lighting, clean water, toilets. The workplaces that children occupy with disabilities must provide reasonable physical and appropriate facilitations appropriate to the type and degree of disability.

- The executive regulation of Article No. 69 of the Law must confirm child's right in protecting his/her financial rights, and we propose the following text:
 - The relationship between the employer and the child, should be regulated according to an employment contract stating the nature of work and the number of working hours, as well as salary or bonus agreed upon which clarifies the economic use of the child as stipulated in the CRC.
 - It is provided that this contract must be approved by the protection committees and manpower offices.
 - It also must be emphasized that the child himself would receive at least a portion of his wages or fees.
- Expand the umbrella of legislative protection for working children, stated in Labor Law, to include the largest sectors in child labor, whether in the countryside or as domestic servants or those who work with their parents, as a preparatory stage to provide insurance for these children and to reduce these kinds of labor, until reach the strategic goal of eliminating child labor in all its forms.
- Set-out terms and conditions for the safety and durability of vehicles transporting mobile labor who work in reaping crops and in pest control, through the proposed legislation, which regulates child labor in the rural sector. As well as stipulating that it is important to use safe roads during the transport of children across the villages and farms.
- Set severe penalties on contractors of mobile labor, especially those working in the rural sector and who are not committed to the terms and conditions of safety and durability of the vehicles transporting children, as well as to taking safe roads.
- Issue instructions to the police traffic services to stop and detain any vehicle, transporting children, which doesn't conform to the terms and conditions of safety and durability.
- Expansion in the establishment of institutes and school of vocational education and linking it to the labor market needs.
- Modifying the Trade Unions Act to adopt a child worker's right to enjoy all rights of active membership in the trade unions related to their professions, from the age of 15 years, according to the age of employment, which was approved by the Children's Act.

Expand insurance umbrella in the Insurance Law to include all working children from the age of 15 years, according to the age of employment, which was approved by the Children's Act.

Roundtable on
social vision to
activate the articles
of the Egyptian
constitution on
the right to health
Between reality and
expectations

**Civil & State
Communication
Program**

Report



First: Introduction

This report contains a range of information and data of the training program participants (number & gender), description of the approach and methods used during the Round table, method used for evaluating the Round table results, including the contents of the specialized Round tables around the issue of **"Social vision to activate the articles of Egyptian Constitution on the right to health between hope and reality"**. To assess the impact and results of training, we depended on participants's responses either by presenting and discussing the theoretical knowledge associated with the Round table topic or when holding specialized small group Round tables around the program topics

The subject of the seminar (The right to health - Waiting for the constitutional text becomes a reality)

The aim of the seminar is to activate the right to health, according to the constitutional text

Article (18)

Every citizen has the right to a quality and integrated health care, and the State shall ensure the preservation of the public health services that provide services and support to the people and will do its best to raise the efficiency of these service and spread its facilities equally among all geographical areas. The state is also committed to allocating a percentage of the government spending of not less than 3% of the GNP for health gradually to match average global spending. In addition, the state is committed to establish a comprehensive health insurance system for all Egyptians that cover all types of diseases, and the law regulates the citizens' contribution or exemption of the service's cost according to their level of income. The law will include punishment for those who refrain from providing all forms of required treatment for each person in cases of emergency or life threatening danger. The state is also committed to improving the conditions of doctors, nursing staff and workers in the health sector, and all health facilities, products, and the health-related promotion materials will be controlled by the state. The state will encourages participation of the private sector and civil society in the health care services in accordance with the law.

According to the World Health Organization, the right to health is defined as: Health is a state of complete physical, mental and social of human being, and not merely the absence of disease or disability. This definition was ratified when the World Health Organization was founded.

The right to health and the International Bill of Human Rights

Article 25 of the Universal Declaration of Human Rights recognizes the right to health as it states:

"Everyone has the right to a standard of living adequate for the health and well-being of him/herself and of his/her family, including food, clothing, housing and medical care ...". Article 25 has also included a reference that each state has to take measures to ensure that all citizens enjoy adequate standard of living, with regard to food, clothing, housing, medical care and necessary social services; as essential elements of an appropriate standard of living in terms of health and well-being.

Article 12 of the International Convention on Economic, Social and Cultural Rights identifies the right to health as "*The right of everyone to the enjoy the highest attainable standard of physical and mental health*"

The right to health according to the World Health Organization means that all governments must create the conditions that allow everyone the possibility to enjoy the greatest possible level of health. *Such conditions range between health services and ensure healthy and safe work conditions adequate housing and nutritious food.*

Objectives

- To monitor the gaps between what has been stipulated in the Constitution and laws and the extent of right to health that citizens actually enjoy.
- Identify the common factors between the aspirations of civil society and the possibilities and resources of the executive bodies to reach actual enjoyment of the right to health.
- Formulate a vision about the requirements and mechanisms of the process that enables citizens to enjoy the right to health.
- Determine the state's obligations (respect, protection and performance) in terms of the right to health.
- Formulate a vision to establish a systematic work strategy between civil society, the executives and donors on the topic of the seminar.

Axes

Axis I: Review the right to health in the laws, decrees and regulations.

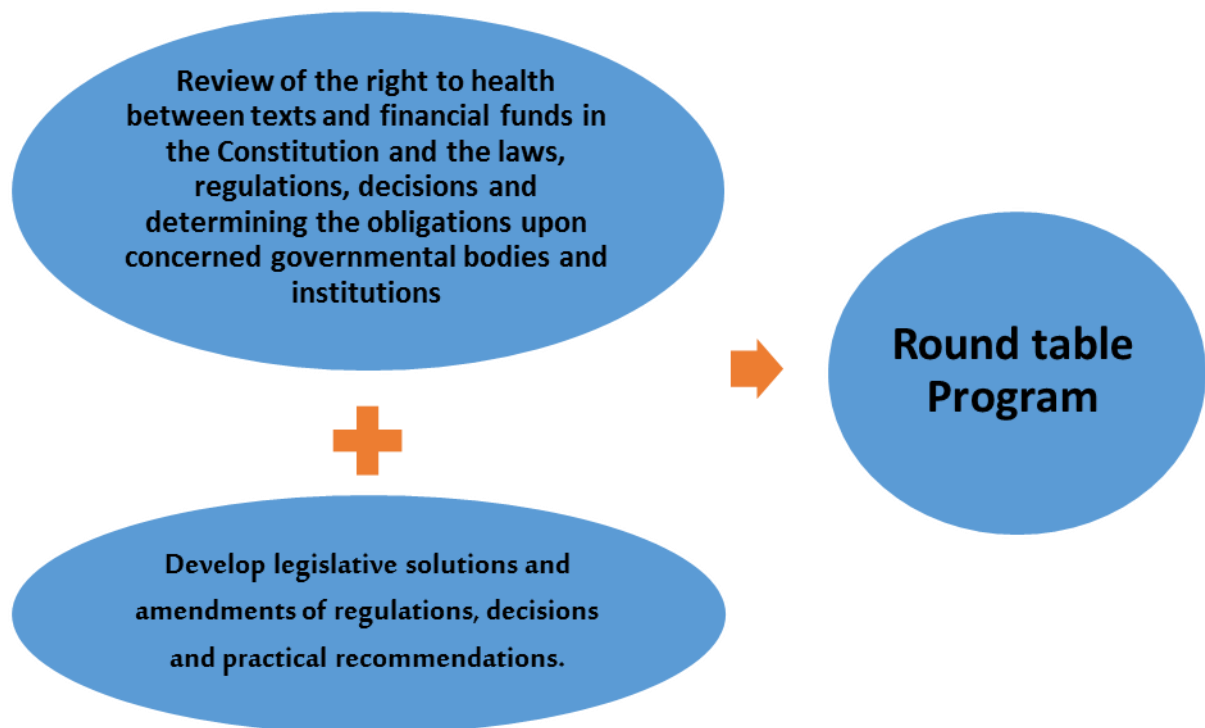
Axis II: Determine the commitments (respect - protection - performance) in the right to health that placed on government bodies and institutions concerned with the enforcement of that right.

Axis III: Monitoring efforts of various government interventions that work towards the enforcement of that right.

Axis IV: Prospects and ways of cooperation: Towards a joint work program between civil society and government agencies on the right.

First: (A) The number and quality of participants in the Round table

1. **Number of participants:** twenty-threeParticipants
2. **Number of civil institutions represented:** ten associations
3. **Number of executive representatives:** nine from the Ministry of Social Solidarity
4. **Gender representation:** eight female participants out of 23.



Second: Round table methodology:

In order to ensure the success and effectiveness of the Round table, a participatory training approach was selected for the implementation of Round table as a methodological framework to determine the relationship between the various parties of the process: (1. Round table organizer, 2. Round table moderator, 3. The Participants). The participants have positively responded to the requirements of the approach through their active participation.



Third:Methods used:

During implementation of this round table, a variety of methods were used that are consistent with the round table's topic and its purpose. These methods included, lecture, presentations, group discussion, brainstorming, collaborative work groups, and review of the participants's past experience that is relevant to the round table's subject.

Fourth:What has been done in the Round table:

The Opening session:

Ms. Iman El Minshawi (the Project Officer) welcomed the participants and introduced the idea for the Communication program. Then, Mr.Mahmod Abdel Fattah (a lawyer and human rights expert) presented the goal of the Round table which is; "to activate the right to health"

The specific objectives of the Round table:

- Monitor the gaps between what has been stipulated in the Constitution and laws and actual right to health that citizens enjoy.
- Identify the common factors between the civil society aspirations and actual resources and possibilities of the executive bodies to reach effective enjoyment of the right to health.
- Formulate a vision about the requirements and mechanisms for a process that enables citizens the right to health
- Determine the the State's obligations towards the right to health (respect, protection and performance).
- Reach a systematic work strategy between civil society, the state executives and donors on the Round table's topic.

The first theme: Review of the right to health between the texts and actual financial allocations.

The first session: Review of the health conditions in Egypt

Main session's axes:

- The right to health in the Egyptian Constitution:
 - Review of Article 18 of the Egyptian Constitution around the right to health.
 - Addressing the Article (238 of 93) and the general controls over the right to health in the Constitution.
- Review of Egypt's resources and health facilities during the period of 1998 - 2012, that indictes deterioration of health resources and declining of the state's role and its reflection on the health status in Egypt.
- The health situation in Egypt
- Spending on health in Egypt, Arab states, and some other countries.
- Evaluation of health spending in the bational budget

Recommendations for health reform in Egypt:

- Substantial increase of the health budget as stated in the Constitution to 3% of Egypt's GDP, i.e., an increase of 9 billion pounds (from 33 billions to 42 billions). This year, it did not increase, but it was even reduced from 2.2% to 2.1% of GDP!
- Citizens should not pay more than their health insurance subscription fees to receive health service. Contributions to medical tests, and medicine should be stopped.
- It should be clearly stated in the Health Insurance Act a unified structure for the governmental medical services, provided that the governmental structure should remain a non-profit service structure to provide the medical service for actual cost only. The governmental public service is preferred to the private sector for its low cost, followed by the service of the private non-profit sector. Contracts with the private sector should be done in a transparent and fair manner and only when needed.
- Reformation of the university hospitals by provide adequate funding and improve their administrative structures while keeping them affiliated to universities and, non-profit and exclude the participation of the private sector under the Act 67 of 2010.
- Rejection of conditional loans from the World Bank for the health sector, and termination of the joint projects with the World Bank, which aims to privatize the health service and expand private sector's opportunities for participation in service provision for profit, which increases the burden of sick the citizens. The alternative is to mobilize resources through progressive taxation and other sources to secure adequate funding for hospitals and reform their administrative systems.
- It is very important to insert people and civil society control in every hospital and every health institution, and the performance of the Ministry of Health as a whole. People's control as a basis for democracy must be based on full transparency in terms of declaration of policy, numbers, and salaries of senior management at the level of the Ministry of Health as a whole, as well as at the districts, departments and hospitals levels.

The second theme: The civil society vision for the problems facing the enjoyment of the right to health and the proposed solutions

Session 2:

Dr. Alaa Ghanam, Health policy expert- The Egyptian Initiative for Personal Rights

He provided a detailed explanation of the health system in Egypt, especially the health insurance system and its regulations along with the following topics:

Main session's axes:

1. Egypt's health system and sources of the health sector funding in Egypt.
 - Challenges
 - A big share of health-related expenditures is mainly and directly paid by the people to the private sector.
 - A large segment of the population from the informal sector does not have any health coverage (those working for themselves / peasants / and the rural residents, etc.).
 - There are financial barriers to provide health services especially for the poor.
 - Relative deficiency in the quality of health services provided in the medical units of the Ministry of Health, pushing the poor and the rich to search for health service in the private sector.
 - Inefficient use of available resources.
 - Current legal and legislative context does not help to bring about real reform in the national health system.

Health systems and the criteria of the right to health.

Inputs	Mid-term Measures	Outputs
planning Policies Strategies Legislations Finance Organization	Provide access to acceptable quality Non- discrimination Right to health indicators	Improving health indicators Decrease the financial burden of the disease Beneficiary Satisfaction

1. Health insurance in Egypt (background of the health insurance - the concept of health insurance - insurance economics - comprehensive health insurance – a health policy that is committed to the right to health)
2. Egyptians' right of to Health
3. Law No. 75 of 64 and the criteria of the right to health.
4. Law 32 of 75 and the violation of the right to protection, health and non-discrimination.
5. Law 99 of 92 and school students
6. A new health insurance law / and system reform:
 - State's obligations in the new law from the perspective of the right to health criteria.
 - Risks of the new law and a perspective of the right to health.

Main suggestions / recommendations

- Consolidation and restructuring of the health system (a unified new system)
- Restructuring the basis of the health system: public institutions to provide the service and a referral system that is integrated with different levels.
- There is an important role for organization and development of the MOH's policies and strategies to be dynamic and effective.
- Development of realistic alternatives to finance the new insurance system.
- Setting a fair structure for the wages of medical teams within the insurance system.
- Development and restructuring of medical education, research and manpower development policies in the health sector.
- Development and support policies that protect citizens' rights to receive the necessary and basic medicine they need.
- Empowerment of civil society and human rights organizations to play an active role in the decision-making process and enforce accountability.

Third axis: Development of legislative solutions, regulations, practical decisions and recommendations.

Session III: Working Groups – Mr. Mahmoud Abdel-Fattah - Lawyer and human rights expert

Participants have been divided into two groups work according to the theme of the training program and intended goals of the program in the following manner:

No.	Group	Objectives
1	First: <ul style="list-style-type: none">▪ Developing legislative amendments that need to be added and development of solutions for modifying its regulations and decisions	Establishment of a dialogue between the official executives (Ministry of Social Solidarity and civil society organizations on the right to health in laws or regulations and decrees in the near and long run.
2	Second: <ul style="list-style-type: none">▪ Practical recommendations to enact the right to health at the levels of governmental bodies and agencies involved in the provision of medical service▪ Development of initial proposals for the health budget	

Most important outputs of the working groups:

Egypt Health Association

1. Training doctors and nursing staff of the health sector.
2. Pricing of health services in all governmental and investment health sectors, and even private clinics.
3. Establishment of a statistics/information center at the Ministry of Health to provide CSOs with needed information and statistics.
4. Care of older women and breadwinners should be among top priorities.
5. Announcement of funding and credit agencies and how to use them.
6. All hospitals whether governmental or university affiliated, or even educational and health insurance hospitals should fall under one administrative umbrella.
7. Making best use of resources in place and develop them to improve the health service.
8. Development of the health insurance sector and solve the problems of the new law, as it should clear for the poor.

9. Setting uniform health policies that are not subject to ministerial or administrative changes for the development of the health system.
10. Geographical distribution of doctors should be taken into account along with setting a new distribution policy based on the volume of service required for each area.
11. A new health insurance law should be developed to include all family members through a family doctor and improve the schools' health system.
12. Dealing with all health service recipients on the basis of equality.
13. There should be coordination between all stakeholders in order to get an integrated health service including CSOs to activate community supervision and control.
14. Medical education curriculum should be developed to include health-related laws and finances.
15. Control everything related to the health including, food, medicine and other health-related products even the ads of these products.
16. Raising people's awareness of their health rights.

Human Relations Association

1. There should be a regulatory body for public health and medicine not affiliated to the Ministry of Health and has credibility of reward and punishment.
2. A fixed long term health policy that does not change when the Minister or top decision-makers leave their offices and the role of the new officials should be limited to develop it further and not compromise its terms.
3. Activating the role of CSOs by connecting their efforts and activities with the stakeholders so their work should not be limited to legislation, planning, and monitoring taking into account that there are some CSOs that have funds allocated for providing support to the health system, environment and education, since NGOs are the third leg of the government. The association has provided support to health insurance with an amount of one million pounds.

Good Egypt Foundation

- 1- Health service providers (Doctors and Nursing staff) have the right to technical medical training and education and to build their personalities.
- 2- Health service providers have the right to appropriate income to assure decent life standard so as not to drop out to work in the private insitutations or travel abroad. Necessary resources should be allocated to do so.
- 3- Distribution of medical staff should take into account the social and psychological conditions and work efficiency to assure that the right person is working in the right place.
- 4- Improve the image of Egyptian nursing staff in the media and bring them back to the past respectful image and advance the profession to keep them from quitting their jobs to join other occupations.
- 5- Improve the scientific level of the medical staff and facilitate their postgraduate studies and allocate needed resources to do taht.

Fifth: Method of starting and finishing the training day:

At the beginning of the meeting, the moderator presents the major outputs that must be reached, with a focus on the importance of interactions and participants' contruputions. By the end of the day, the moderator separately lists the most important outputs of each session.

Sixth:Materials and resources available for program implementation

All materials necessary for the implementation of the training program, including the small group workshops and sources were available thanks to technical support provided by Sadat Association, the training coordinators (Ms. Iman Minshaw) and participants themselves. This had a great impact on seminar facilitation despite the fact that there were some difficulties that have been removed by the participants themselves, and to facilitating role of the working group.

Seventh: Recommendations and proposals

1. Formation of independent popular commissions not affiliated to any governmental body to monitor implementation of laws and regulations.
2. Developing strategic plans that cover all shades of the people to follow up their implementation.
3. Networking between various associations working in the health field and agencies operating in other related areas.
4. Maintain citizens' dignity when dealing with the health system.
5. Decentralization of neighbourhoods and taxes should be paid to the health centers.
6. Preservation of the rights of marginalized groups.
7. Providing individuals without identification papers with health care rights.
8. Low income citizens have the right to medication.
9. Provide unemployed, old aged and poor women with health insurance.
10. Provide easy access to the necessary health – related data.
11. Develop a system for pricing and determinants of health services for the public and private medical sector including private hospitals and doctors.
12. Service provided by the health centers is very poor, especially in Upper Egypt to the extent that some centers lack competent doctors and nursing staff in addition to poor distribution of resources, which is reflected on the efficiency of service in spite of having good health facilities.
13. Patients and clients lack awareness of their rights.
14. The health strategy has to be activated and must include all stakeholders by developing a health policy for the Ministry of Health and the university and private hospitals.
15. Civil society should practice control over the health institutions and citizens should be represented in the management of these institutions.
16. Giving more attention to developing the capacity of the health sector staff, including the capabilities of doctors and nursing staff of the basic health care units.
17. There is a need to develop the training and HRD methods provided by the Ministry of Health in addition to increasing the material and technical support required.
18. Activation of a comprehensive health system for schoolchildren to ensure daily and regular the health care.

Appendix I

Health Conditions in Egypt

Introduction

Egyptian Constitution 2014 achieved a gigantic step on the road of enforcing the right to health and health care through the provisions of Article (18) of the constitution.

Article (18)

- Every citizen has the right to health and to comprehensive health care which complies with quality standards. The State shall maintain and support public health facilities that provide health services to the people, and shall enhance their efficiency and their equitable geographical distribution.
- The State shall allocate a percentage of its governmental spending to health that is equivalent to at least 3% of Gross National Product (GNP), which shall gradually increase to comply with international standards.
- The State shall establish a comprehensive health insurance system covering all diseases for all Egyptians; and the Law shall regulate citizens' contribution to or exemption from its subscription fees based on their income levels.
- Refusing to provide any form of medical treatment to any human being in cases of emergency or life threatening situations is a crime.
- The State is committed to improving the conditions of physicians, nursing staff, and health sector workers.
- All health facilities as well as health-related products, materials and means of advertisement shall be subject to State control. The State shall encourage the participation of private and nongovernmental sectors in providing health care services according to the Law.

Article (238) of the constitution also stipulates that the state is committed to gradually implement the rates stipulated in Article (18) so that we may reach those rates in the state budget by the fiscal year of 2016/2017 according to the constitution ratified by the people. Article (93) of the constitution also stipulates Egypt's commitment to the international conventions signed and considered part of the State's laws.

Therefore, the constitution set the general measures for the right in health, which requires several amendments in the current health-related laws, and issuing new laws turn the constitution articles into practical reality felt by the citizens. On the other hand, the state will allocate required governmental funds to improve the quality level of health services and assure its equitable distribution among citizens.

The state will also provide comprehensive social-health insurance that maintains the right of all citizens to health. Therefore, we try through this paper to shed light on the health conditions in Egypt.

Development of Health Resources in Egypt

In spite of the population increase from 60.7 million in 1988 to 69.9 million in 2005 then, to 86.6 million in 2013, yet the health facilities witnessed a decline that reflects the deterioration of the health services and consequently the right of the Egyptians in health.

- In spite of the population increase and the need for more health services centers, we find that there has been an estimated decrease of 15% of district clinics, 59% in urban health centers, 35% in Maternity and child care centers, and 5% in Health offices, which reflects the deterioration of the level of provided health services.
- There were more focus on spreading the primary health care units in the countryside, as its number increased from 2,471 units in 1988 to 4,245 units in 2011, with an average increase of 72%, during that period, but in spite of the increase in the number of units, there are shortage in medical staff, medicine, and other needed supplies to provide the health services which lack many quality standards.
- The Ministry of health lost 49% of hospital beds with more than 39.7 thousand beds, and in spite of the private sector support and the increase of the number of its beds by 35% during the period 1998-2011, and the increase of 8.1 thousands beds, the total number of beds decreased, which reflects one of the aspects of defect in the health system.
- Thus the health resources deteriorates and the role of the State declines, which affects the overall health condition in Egypt as can be seen as follows:

Health Conditions in Egypt

Due to the decrease in the number of hospitals and beds and the decline of the State role, there has been general deterioration of health conditions in Egypt as follows:

- The rate of children with diarrhea who get oral dehydration and continuous feeding of the children who are less than the age of five in Egypt is 33%, while the percentage is 21% in Maldives islands and 22% in Bolivia and Guinea.
- 22% of the women in Lower Egypt and 42% in Upper Egypt have not received any prenatal care.
- The percentage of short children under the age of five is 18% and 21% in the Upper Egypt governorates.
- 4% of the children suffer from thinness (emaciation)

- Percentage of the children who got vaccinations within 2000-2005 decreased, with the exception of the border governorates, and it decreased in the Upper Egypt governorates from 92.3% to 86.3%.
- Percentage of simple anemia among the children between 6 to 59 months was 27.7%, moderate anemia 20.6%, and severe anemia 0.3%.
- A research was conducted by WHO for the primary and preparatory school children in Egypt has indicated that 22% of the students suffer from vision problems, and eye-sight defects.
- Percentage of children under the age of five who suffer from acute respiratory illnesses is about 11% in the urban areas and 8% in the rural areas, 6.8% in Lower Egypt and 10.7% in the Upper Egypt.
- In spite of Egypt's success in eliminating some diseases like cholera, measles and polio, yet some diseases reappeared in a worrying manner specially polio, malaria, meningitis, and tuberculosis usurious .
- Cases of renal failure spread due to the unavailability of clean water. The government declared that 13 governorates get unclean potable water, in addition to insufficient quantities of provided water.
- Percentage of hepatitis (C) is estimated at 20% of the population, and Egypt faces a real risk represented in the expected mating between C and B viruses that will a heavy illness load during the next twenty years.
- Organ trade has spread to the extent that Egypt became the third country in organ trade, though till now, there is no law to regulate organ transplant.
- Egypt is also facing the risk of bird flu, whose rates have increased especially during winter season and the burdens it constitutes on public health.

Thus, the health conditions are reflected on the right to health illness indicators in Egypt, but how the right to health is legislated in the Egyptian constitution compared to the world's constitutions?

Justice imbalance in distribution of the health units

There is a mal-distribution of the health units among the governorates which affects the quality of health service provided and waiting lists. Though 57% of Egypt's populations live in the countryside, yet the distribution of health facilities does not take this rate into account. A study prepared by the Central Agency for Public Mobilization and Statistics entitled "Elements of the health services in Egypt during the period from 2007-2010, revealed the following:

Development of Health Facilities in Egypt

1998-2012

Description	1998	2005	2012	Difference Between 2012 and 1998	Change percentage
Clinic (District-Comprehensive	106	106	90	-16	-15%
Urban Health Centers	224	303	91	-133	-59%
Maternal Child Care Centers	231	203	149	-82	-35%
Health Offices	346	337	329	-17	-5%
Rural Primary Health Care Centers	2471	3027	4245	1774	72%
Number of beds of MOH hospitals	80535	80103	40801	-39734	-49%
Number of beds to MOH affiliated entities	16263	17418	24424	8161	50%
Number of beds of universities & others	24227	28831	31595	7368	30%
Number of beds of Private Sector	23494	25821	31653	8159	35%
Number of beds of public & central hospitals	67125	34542	28153	-38972	-58%
Number of beds of Chest hospitals	6951	6411	4531	-2420	-35%
Number of beds of fever hospitals	8827	9579	4982	-3845	-44%

Source: Central Agency for Public Mobilization and Statistics- Statistical Year book- different years

- Data calculated by the researcher

Total number and proportional distribution of beds among regions and sectors in Egypt during the period (2007-2010)

Sector Region	Governmental Sector				Private Sector			
	2007	2008	2009	2010	2007	2008	2009	2010
Urban Governorates	38162	37349	36395	35519	11596	11780	11952	12299
	30.2	34.0	35.4	35.8	43.7	43.9	44.7	42.6
Lower Egypt	49622	41289	38353	36256	7011	7258	7441	8532
	39.2	37.5	37.3	36.5	26.4	27.1	27.8	29.6
Upper Egypt	34281	27750	24108	24946	7579	7344	6862	7454
	27.1	25.2	23.5	25.1	28.5	27.4	25.7	25.8
Borders governorates	4371	3617	3897	2549	374	432	464	583
	3.5	3.3	3.8	2.6	1.4	1.6	1.8	2.0
Total	100	100	100	100	100	100	100	100
	126436	110005	102753	99270	26560	26814	26719	28868

Source: Ministry of Health and Population

The data of the previous table reflect the extent of the imbalance in the distribution of health facilities and the impact of the State withdrawal from health services provision on various regions of the republic.

- The number of the governmental sector beds in the urban governorates has decreased within four years 2007-2010, to 2,643 beds, and the number of the governmental sector beds in the Lower Egypt region has decreased to 13,366 beds, and in the Upper Egypt region to 9,335 beds and to 1,822 beds in the borders governorate.
- The percentage of what is lost by the urban governorates is 6.9% of the capacity governmental hospitals beds, and 26.9% in the Lower Egypt and 27.2% in the Upper Egypt region and 41.7% in the border governorates.
- Private sector investments and the number of its beds have increased all over Egypt.

The data of the previous table also indicate that the urban governorates lost 2,643 governmental beds, and the private sector provided only 703 beds only. In Lower Egypt 13,366 governmental beds were lost, while the private sector provided 1,521 beds, and 9,335 beds in the Upper Egypt were lost while the number of private sector beds decreased by 125 beds. This reflects the deterioration of the health services in the Upper Egypt. As for the border governorates, 1,822 governmental beds were lost while the private sector provided only 209 beds.

Therefore, the people are suffering from the derogation of the health services they get in the different governorates of Egypt as a result of injustice in the distribution of health facilities. Some governorates have health units but without human resources, or budget for medicine and medical supplies, therefore some people call them “the ruins of the Ministry of Health”



To face the deterioration of the free health services in Egypt, the State began to face the pressing problems of patients with chronic diseases and critical cases, such as patients of cancer and renal failure, and it created the treatment system at the expense of the State.

The number of patients treated locally at the expense of the State has increased from 84 thousand patients in 1996 to 491 thousand patients in 2000, and from 1.3 million patients in 2005 to 1.4 million patients in 2012. The national spending on this type of treatment has increased from 205 million Egyptian pounds to 790 million Egyptian pounds, then to 1.6 billion Egyptian pounds then it reached 2.6 billion Egyptian pounds in 2012.

Treatment at the expense of the State abroad has decreased from 715 cases to 42 cases and spending was decreased from 64 million Egyptian pounds to 3 million Egyptian pounds, which is a positive trend. However, the project had a lot of corruption to the extent that treatment approvals have become a trading subject by a corruption network that included some members of the parliament.

The Ministry of Health tried to regulate treatment at the expense of the State by issuing the decree No. 209 of 2010. An important study by the Egyptian Initiative for Personal Rights stated that “the decree will deprive many of poor patients of their right to receive treatment at the expense of the State. The decree is justified by the fact that the amount of fund allocated for the Ministry of Health in the general budget is too poor to cover the treatment expenses of such big number of patients in Egypt. But this is not an acceptable excuse, because the State had to find solutions to fulfill its constitutional obligation by providing appropriate medical and health care to its citizens. On the other hand, no one can accept what is stipulated in the decree of excluding emergency patients from absolute priority of treatment at the expense of the State.

تكاليف علاج المواطنين على نفقة الدولة بالداخل والخارج (1996-2012)

Cost of Citizens Medical Treatment by Expense of the State Inside & Abroad Egypt (1996-2012)

Cost : Mil. L.E

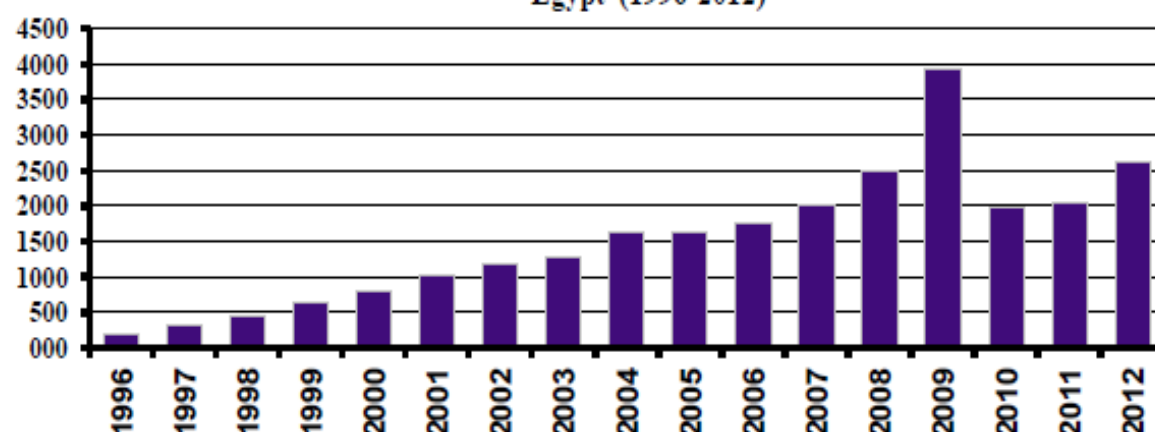
التكاليف: بالمليون جنيه

العلاج بالخارج ⁽¹⁾ Treatment Abroad ⁽¹⁾			العلاج بالداخل Treatment Inside		السنة Year
تكاليف Costs	عدد المرافقين Dependents	عدد المرضى Patients (No.)	تكاليف Costs	عدد المرضى (بالالف) Patients (000)	
64	610	715	205	84	1996
69	596	744	321	136	1997
81	632	790	456	201	1998
62	434	616	649	369	1999
33	238	461	790	491	2000
26	156	348	1 038	750	2001
14	115	220	1 194	907	2002
20	134	229	1 284	1 015	2003
20	164	240	1 644	1 156	2004
12	94	149	1 625	1 265	2005
22	158	214	1 746	1 420	2006
35	176	285	2 030	1 602	2007
33	183	245	2 477	1 681	2008
28	193	240	3 918	2 155	2009
21	102	149	1 986	1 217	2010
4	35	46	2 059	1 198	2011
3	23	42	2 624	1 428	2012

تكاليف علاج المواطنين على نفقة الدولة داخل الجمهورية (1996-2012)

Costs of Citizens Treatment By Expense of the State Inside Egypt (1996-2012)

بالمليون جنيه
Mil. L.E.



(1) طبقاً لقرارات العلاج الصادرة من مجلس الوزراء ووزارة الصحة والسكان.

(1) According to Treatment Decisions Issued by Ministrial Cabinet & Ministry of Health & Population..

Source : Ministry of Health & Population.

المصدر : وزارة الصحة والسكان.

Egypt in Figures 2014

مصر في أرقام 2014

The study has also confirmed that: “non-increase of the allocated funds for health in general and the item of treatment at the expense of the State in particular, void the said decree of all its effectiveness. Therefore, the

State has to positively seek to raise the needed financial resources for the treatment at the expenses of the State”

However, the State did not respond to those calls or the screams of the patients demanding treatment decrees. When the treatment of the patients by the new Sovaldi medication for hepatitis viruses was raised, the Ministry of Health stated that the medicine expenses will be funded through the budget allocated for the treatment at the expense of the State. Commissioners committee of the State Council has confirmed in its legal opinion report to the Administrative Court the right of the poor and ordinary people to get the free treatment at the expense of the State according to the commitment set by the constitutional system which is based on social solidarity and social justice without discrimination among the citizens.

Spending on health in Egypt and other countries of the world

The spending rates on health in the Arab world vary from one country to another. According to the data of the unified Arab report published in 2013, we can conclude the following facts:

- The Palestinian Authority spends 16% of the GDP on health, while Jordan and Iraq spend 8%, Lebanon and Djibouti spend 7% while Egypt spends 5%.
- The percentage of spending on health to GDP may not accurately reflect the conditions of health in the Arab world. For example the United Arab Emirates is one the best Arab countries according to the human development index, spends 4% only on health, while Egypt spends 5% but there is a great difference between the GDP in the United Arab Emirate and Egypt.
- The same applies to Qatar that spends only 2% of GNP on health in proportion to the volume of GNP and the population number, while Yemen spends 1.7% of GNP and it is the most Arab country that suffers from health problems.
- The spending averages on health to the general government spending varies among the Arab countries as it reached its heights in Jordan 19% and Comoros islands 13.1% while it amounts to 11% in Tunisia and Bahrain.
- General spending on health reached its highest average in Morocco 84%, Iraq and Algeria 81%, Kuwait and Oman 80%, while it is 37% in Egypt and Palestine, and 30% in Sudan and 24% in Yemen. The data reflect the extent of the relation between the health service and public governmental spending on health being a locomotive for the entire health sector.

- As for private sector spending and citizens spending on health, its highest rate is in Yemen 76%, while it is 70% in Sudan and 63% in Egypt.

Therefore, we must not depend on the data of spending on health in isolation of the number of population, the level of health services provided, the role of governmental and private sectors in providing health services, the volume of citizens' spending on health and its impact on the accessibility to health facilities and whether the financial status may prevent citizens from getting a decent level of health service or not?

Spending on Health in the Arab countries 2011

Country	GDP	Total Public spending	Spending on health per type of spending (%)	
			Public	Private
Jordan	8	19	68	32
Emirates	4	9	74	26
Bahrain	5	11	73	27
Tunisia	6	11	54	46
Algeria	4.2	8.1	81	19
Djibouti	7	14	65	35
Saudi Arabia	4	7	63	37
Sudan	6	11	30	70
Syria	3	6	46	54
Somalia	3	2.4	45	55
Iraq	8	9	81	19
Oman	3	6	80	20
Palestine	16	10	37	63
Qatar	2	6	77	23
Comoros Islands	4.5	13.1	58	42
Kuwait	3	7	80	20
Lebanon	7	10	39	61
Libya	4	5	69	31
Egypt	5	6	37	63
Morocco	5	7	84	16
Mauritania	4.4	7.3	61	39
Yemen	1.7	5.9	24	76

Source: Arab Monetary Fund- Unified Arab Economic Report for 2013- page 348

Health spending in the State Budget for 2014/2015

The following financial statement of the state budget included figures about health spending during the fiscal year as follows:

- The health spending has increased from 32.7 billion Egyptian pounds in last year's budget to 42.4 billion Egyptian pounds in the new budget, with a difference of 9.6 billion more than the previous year, which represents a nominal growth estimated at 29.5%.
- The health spending in the budget represents 5.4% of the budget expenses, while it was 4.7% of last year's budget. The governmental spending this year represents 1.8% of GDP while it was 1.6% of last year's budget.
- The health budget are distributed on the following line items:
 - Personnel wages and remunerations is 26.6 billion pounds which represent 63% of governmental health spending in 2014/2015.
 - The budget allocated 6.7 billion pounds for the purchase of commodities and services which represent 16% of the governmental health spending.
 - The Ministry of Health is committed to the payment of 20 million pounds as loans interests.
 - Subsidies, grants and social benefits represent 6% of the health budget which amount to 2.6 billion pounds.
 - The budget allocated 647 million pounds for other expenses, representing 2% of the total health budget.
 - An amount of 5.7 billion pound is allocated for the purchase of non-financial assets, representing 13% of governmental spending on health in 2014/2015 budget
 - The new budget allocated 5.7 billion pounds for investments which represents 13% of the health budget.
- The Ministry of Planning has indicated that the targeted investments during the fiscal year of 2014/2015 is estimated at 9.5 billion Egyptian pounds, including 5.4 billion Egyptian pounds as public investments, a percentage of 56.3%, and 4.1 billion Egyptian pounds as private sector's investment.
- The plan and the budget target allocating 2.2 billion LE to Curative Care hospitals, 935.5 billion Egyptian pounds to the primary health care units, 326 million Egyptian pounds for ambulance and emergency care, 90 million Egyptian pounds for preventive health, and 13.8 million LE for family planning and population.

- The Ministry of Health of Finance has added some illustrative tables in the budget of 2014/2015, that has not existed in the previous years. It also added frameworks for some programs and ideas, including the frame No.1, page number 93, of the financial statement allocated for improvement of the quality of health services.
- The Ministry of Health added a program to improve the level of health service in 8 of Upper Egypt governorates and an amount of 300 million Egyptian pounds was allocated for that including equipping of 8 public hospitals, 8 central hospitals, and 340 Family health units.
- A program for health sector reform and for providing health care to the poor in the eight governorates that includes coverage for all the primary care diseases, and 20 diseases of the secondary care diseases (the most common diseases). The cost of this program is estimated at 560 million Egyptian pounds. The poor people who deserve this subsidy shall be identified in the governorates through new targeting mechanisms being prepared to be used in all social care to reach the targeted groups.

Evaluation of health spending in the budget

- We must not deal with the public budget's figures for health in isolation of the rest of the other health, population, and economic indicators. We also have to know the historical development of health the allocations in order to reach to real evaluation of the status of the governmental spending on health, by taking all factors in the evaluation.
- The governmental health spending has increased to 42.4 billion Egyptian pounds in the new budget, but if we take into account the inflation rate and the price increase, we can see that actual increase in health pending does not exceed 19.6% in spite the fact that the amount allocated for personnel wages and remunerations in the health budget has increased from 4.8 billion in the budget of 2007/2008 to 26.6 billion Egyptian pounds in the budget of 2014/2015,

However, the budget data do not clarify the distribution of salary budget among the headquarter of the Ministry of Health, the services agencies, and localities, in order to identify the extent of the availability or absence of justice in the distribution of wages and allowances. It did not clarify also the distribution of wages and allowances among the different financial categories.

- The Ministry of Health has 606.3 thousand employees according to the data of the Central Agency for Organization and Management in the budget of 2010/2011, and 80.4% of the third, second and first financial classes that include the technicians and administrative staff in the ministry and that the occupants of general Manger position and above represent only 3% of the number of the

ministry staff. We want to know the amounts of incentives, bonuses and allowances to the financial cadre, in order to evaluate the extent of the availability of justice in the distribution of the wages/salaries.

- It is known that the Ministry of Health has 363.6 thousand (physician, pharmacist, dentist, and nursing staff) registered in 2012, while those who are actually working are 294.3 thousands only. The percentage of those who are not practicing in the ministry's sectors is 37% in the ministry's headquarter, 21% in Public Health directorates, and 10% in educational hospitals and institutes.
- As for the spending on the second part of the budget for the purchase of commodities and services, it has deteriorated to the total governmental health spending from 29% in 2007/2008, to 16% in 2014/2015. This has its impact on the shortage of medicines and medical supplies in the Ministry's facilities. In spite of the increase in spending on the purchase of commodities and services from 3 billion Egyptian pounds to 6.7 billion Egyptian pounds, yet the decrease of the pound's value compared to the dollar, and the increase of the inflation rate and the increase of prices means that there is no actual increase in the value of ministry's health purchases.
- Upon calculating the inflation rate and its impact on the value of the amount allocated for purchase of medicine, serums and vaccinations, which increased from 3,315 billion Egyptian pounds in the previous year to 3,397 billion Egyptian pounds in the new budget, we find that the real value of this item, taking in consideration the price increase, has decreased by 5.4% between last year's budget and 2014/2015 budget.
- As for the item of subsidy, incentives and social benefits, it decreased by 7.1%, taking in consideration the inflation rate and price increase.
- In spite of maintaining the same amount allocated for the treatment at the expense of the State in last year's budget in the new budget by 2.5 billion Egyptian pounds, and by taking the inflation rate and the increase of prices into consideration, especially in terms of medicines, we will find that the actual value of the same line item in the new budget is less by 7.7% than last year's budget.
- If we add this to population increase from 84.5 million in 2013 to 86.5 million in 2014, and without taking diseases averages in consideration, we can see that we are facing reduction in the funds allocated for treatment at the expense of the State.
- There are real difficulties for the opportunities of free treatment for the poor, especially in the treatment stages of chronic diseases and surgical operations.

- Upon reviewing the data of treatment at the expense of the State, we will find that in April 2013, 142.3 thousand cases were treated with a cost of 251.5 million Egyptian pounds, while in April 2014, 142.6 thousand cases were treated with a cost of 296.2 million Egyptian pounds. This confirms what we concluded of remaining of the value allocated to treatment at the expense of the state, within the increase of prices and the increase of the burden of the patients and the increase of population which reflects a decrease in the amount allocated for treatment at the expense of the State, being the only available source for treatment of simple people, in the light of the deterioration of the system of free health services.
- The fund allocated for subsidizing medicines and infant milk was reduced from 655 million Egyptian pounds to 300 million Egyptian pounds, in spite of the increase of the number of births by more than 2.4 million.
- The data of the Ministry of Planning indicate that 26.3% of the population lives below the poverty line and that 88.3% of the poor live
- in the Upper Egypt. This is in addition to the increase of the percentage of stunting and anemia among the children under the age of five, which is going to rise in the light of reducing the allocation for infant's milk with more than 54% in the new budget.
- The health insurance budget for household head woman has decreased from 120 million Egyptian pounds to 104 million Egyptian pounds, while the value of subsidy for the school students' health insurance was maintained at 240 million Egyptian pounds, same as it was in the previous year, in spite of the increase of the students who are subject to insurance.
- An amount of 1.5 billion Egyptian pounds that was allocated in last year's budget to subsidize the comprehensive health insurance was cancelled and the amount allocated in the current year budget is zero. This is contrary to the repeated statements of the Minister of Health about expanding the coverage of health insurance to include 9 million citizens of the poor people (Al Badil- 14/7/2014).
- As for the coverage of poor in the health care program that will be implemented in 9 governorates over 3 years, the program will start with 5 governorates: Aswan, Luxor, Qena, Sohag, and Assiut in the first year, covering about 1.5 million individual, members of the families that receive social security pension, a total of 370 thousand families (Al Youm Al Sabea- 16/7/2014). The question is, how the government will raise the necessary funds to implement those plans?.

- The investments are unequally distributed among the as while Cairo governorate receives and amount of 358.5 million Egyptian pounds, a percentage of 16.4%, the amount allocated for Port Said governorate is 5.6 million Egyptian pounds, a percentage of 0.3% of the investments. If we take into consideration the number of population, we will find that the portion of the citizen of the health investments in Cairo amounts to 40.1 pounds, while it amounts to 8 pounds in Port Said governorate taking into account that the poverty rate is 18% in Cairo, while it is 19% in Port Said, which reflects the absence of justice in the distribution of the health investments among the governorates.

Recommendation for health reform in Egypt

- An actual increase of the health budget as stated in the constitution to 3% of GNP, as the increase of 9 billion pounds (from 33 billion to 42 billion pounds) this year cannot be considered as increase but actually decreased as the spending percentage to GNP has decreased from 2.2% to 2.1%!
- The amount paid by citizens in health insurance must be restricted to subscription only, excluding contributions in examination, medicines, analysis, as the physician, not the patient who determines the needs of the patient.
- The health insurance law should stipulate clearly that the governmental medical services providers are unified, and that the structure of the governmental service should remain non-profit, i.e., at the actual cost of the service only.
- The governmental sector is preferred to the private sector for service provision due to its cheap price, followed by the non-profit CSO sector. The private sector has to be contracted in a transparent and honest manner when needed only.
- Restructuring the university hospitals by providing sufficient funding to improve their administrative structures, and they should remain affiliated to their universities and continue as non-profit service institutions and to exclude participation of the private sector in them, according to the law 67 of 2010, concerning the participation of the private sector in the services (PPP).
- To reject conditional loans from the World Bank to the health sector, and also to stop the joint projects with World Bank that aim at privatization of health and expanding the opportunities of the profit making private sector to participate seeking profit, and this increases the burdens of the disease on the citizens. The alternative solution is to mobilize needed resources through progressive taxation and others means to provide the sufficient funding for the hospitals and restructure their administrative policies.
- Give the priority to introducing popular control in each hospital, institution and activate the control of CSOs on the performance of the Ministry of Health as a whole. People's control as a basis for
- democracy must depend on complete transparency in declaration of policies, figures, salaries, revenues of top administration at the Ministry level as a whole and also at the level of directorates, administration and hospitals,

Appendix II

Challenges of the Egyptian Health System (Efficiency - and Equity)

Introduction:

The Egyptian Health System was established after the European-style since the era of Muhammad Ali Pasha in the mid of the nineteenth century approximately around the same period during which most of the world's modern health systems emerged. However, one cannot compare the results of the Egyptian system with the results currently achieved by the systems in developed countries in terms of the development and human rights indicators. The Egyptian system, just like other systems, was affected by the type of political system and conditions that established this system and the significance of the goals sought by the Pasha of Egypt. (1)

Egypt is currently classified among the middle-income countries in the minimum for that, according to its national income per capita. (2)

Egypt health system is centrally managed by the Ministry of Health, which was founded in 1936, and is locally represented by a health department in each governorate in addition to a health directorate in each district in each governorate.

Health services are provided through several public, private and CSO health providers with no coordination between them or referral levels from bottom top.

Margins and references:

1. A new health system that is based on a comprehensive health insurance - A published paper in 2013, Dr. Alaa Ghannam, Atalia irregular Bulletin
- 2- World Bank REPORT for 2009

The health system is currently funded through multiple funding systems that include what the government allocates in the national budget, and what is being collected monthly as subscription fees from those covered by the health insurance system in addition to what is privately paid by the citizens to get the health services they need.

(3)

The history of Egypt's Health system has gone through several successive stages, most notably of which are, the establishment phase of the Health Insurance system that was founded in the mid-sixties of the last century by the issuance of the Presidential Decree No. 1209 of 1964 for the establishment of the Public Authority for health insurance, followed by the issuance of the executive laws and decrees, in addition to the establishment of another system in the mid-seventies called "Treatment at the expense of the state" to provide treatment to the non-insured citizens who suffer from serious and costly diseases.

**** Global Health systems:**

Health systems in the world vary between:

1. National Health Systems (NHS)

Example: The system in the UK and Sweden, which is characterized by a good level of basic health care, effective public accountability, and a strong government role in funding and organization.

2. Social health insurance systems

Example: German and French systems, which are characterized by providing a social & health insurance coverage and medium supervision role for the government and limited basic care.

3. Free private systems

Example: The system of the United States of America that is characterized by being run by the free market mechanisms and is accounted for by the stakeholders while the government plays a limited role and does not care about the level of the basic health care.

4. Mixed systems that combine features of the previous three patterns. The Egyptian health system is an example.

References and margins:

3. *ibid*

4. Serious diseases such as, cancer, kidney and liver failure, etc.

There are diverse funding sources for these systems, e.g., from general tax sources (Britain), the social insurance fees (France), or direct payment from the people or the companies. The Private Insurance System (USA) is covered by a mixture of the previous sources.

Profile of the Egyptian health system

The Egyptian health system lacks integration, and is characterized by plurality and scattered different axis for administration, organization and division of services in various governmental public and private sources that are governed by different and conflicting legislations.

The public governmental health sector

1. Ministry of Health:

It is considered is the main body that is charged with organizing and arranging and supervision of the health care provided to citizens. The services provided by the Ministry of Health include a free treatment system that is provided through a broad range of primary health care centers namely, Family health centers/units in rural and urban areas and through a number of public and centralized hospitals in Cairo and provincial capitals and various districts. The Ministry of Health is also responsible for the basic preventive services (vaccinations in particular).

2. Other Ministries:

There are ministries that provide health service for their employees and their families, as well as serve other citizens, such as the hospitals and medical units of the armed forces, the ministry of Interior, Agriculture, and the Ministry of Awqaf, etc.

6. Universities:

The universities provide citizens with curative care through their large and modern educational hospitals. They also provide specialized medical care up to the top levels of service.

While the services of this sector is available to citizens without direct fees or for minimum fees, this service is actually not available as the indirect economic and social costs borne by patients in the last three decades have increased which resulted in negative impact on the ability of most citizens to access these services.

References and margins:

- 1- Analysis of the Egyptian health sector – Version 2 issued by the Ministry of Health 2003
- 2- Web.sit: www.H.S.R.P.gov.eg

4. Public Authority for hospitals and educational institutions:

Margins and references:

7. Future of health care in Egypt and the national health insurance trend, 1995 (a booklet published by the Health Committee of Shora Council.

5. The therapeutic institution:

It was established in 1964 as a result of the nationalization of a large number of private hospitals to provide medical services to citizens for low cost. The institution has several branches in Cairo, Alexandria, Qalubia, Kafr El-Sheikh, Port Said and Damietta. It provides paid medical service for fees much lower than that charged by the private institutions in addition, some of its hospitals have a limited number of free beds that are paid for by the Ministry of Health.

It was assumed that this institution will play a temporary role in preparation for the expansion of the health insurance system then, it will be merge to it after that. However, the reality indicates the opposite as the institution has been expanded and has never been integrated into the health insurance system, but in 2000, so-called specialized centers were emerged from this institution. These latest entities were created by the Ministry of Health and now they have their own general secretariat called (Secretariat of the specialized centers) that includes a number of excellent hospitals that report directly to the minister such as Dar al-Shifa, Nasser Institute, and Sheikh Zayed hospital, etc.). Treatment cost at these centers is often not less than the cost of the private sector institutions.

6-Public Organization of Health Insurance

It is a quasi-governmental economic body established in 1964 to provide health insurance to citizens who are covered by health insurance. It provides the service through affiliated or contracted clinics, medical centers and hospitals all over the country (according to multiple laws including Law 79 of 75, law 32 of 75, law 99 of 1992, law 86 of 2012, the insurance law for breadwinner women, and the Health Insurance Act for peasants, etc.)

7-The private sector:

There is a wide network of clinics, polyclinics and hospitals that provide paid therapeutic care for citizens. The fees and service level of these establishments vary according to the requirements of their economic operation. Therefore, the fees are often exceeding the capacity of the vast majority of citizens.

**** General indicators of the health sector:**

1. The total number of therapeutic facilities is 6,849 of which 1582 hospital and 5,267 outpatient clinic were established in 2011, while 6,555 facility was established in 2010, an increase of 4.5% (public / private).
2. The total number of doctors amounted to 108,664 in 2011 against 105,206 in 2010, an increase of 3.3% (7)
3. The government sector: The number of hospitals was 643 hospitals in 2011 compared to 660 hospitals in 2010, a decline of 2.6%. The number of hospital beds was 98,319 bed in 2011 compared to 99,270 beds in 2010, a decline of 1% due to the fact that Integration Hospitals were converted to medical centers, basic health care units and some specialized hospitals (such as fever). The number of doctors was 90,441 doctors in 2011 compared to 85,734 doctors in 2010, an increase of 5.5%.
4. The private sector: The number of hospitals reached 926 hospitals in 2011, compared to 927 hospitals in 2010, a decline of 1%. The total number of beds was 25,827 beds in 2011 compared to 25,853 beds in 2010, a decline of 1%.
5. Health Insurance: The number of insured citizens was reached 46.4 million capita in 2011/2012 compared to 45.5 million individuals in 2010/2011, an increase of 2%.
6. Treatment at the expense of the state: The total number of patients who received treatment approvals at the expense of the state is 1.2 million patients in 2011 compared to 1.22 million patients in 2010, a decline of 1.6%. The total cost of
7. treatment at the expense of the state was 2.1 billion pounds in 2011 compared to 2 billion pounds in 2010, an increase of 2.8%.
8. Medical emergency assistance: Number of aid stations reached 764 units in 2011 compared to 747 units in 2010, an increase of 2.3%. Cairo alone has 66 aid centers. The number of cases transferred by ambulances 775,948 cases in 2011 compared to 814,508 cases in 2010, a decline of 4.7%. Most of these cases were renal colic and intestinal pains with 37.2%, followed by traffic accidents 18.1% of the total cases.

Margins and references:

8-Annual health statistical bulletin for the health services - November 2012 (the Central Agency for Public Mobilization and Statistics)

**** Health spending:**

The Ministry of Health has developed what is called National Health Accounts Report (NHAR) as a tool for strategic planning since early nineties to analyze the overall sources of health spending (public / private), its tracks within the system, its administration approaches and its intermediate roles. The overall health spending includes:

General government spending that is the funds allocated in public budget for the services and health care, in other words, it is an annual percentage of the public budget. In addition to the public spending, there is private spending, which consists of the following:

1. Direct out-of-pocket expenditures.
2. Part of the public and private insurance expenditures (subscription fees).
3. The share of the insured or additional payments in the insurance or service fees.

It is worth noting that the National Health Accounts' mechanism has raised many important questions including:

- Does Egypt spend the necessary and appropriate funds for the health of its citizens?
- Is the total amount of allocated fund is efficiently and effectively spent?
- Are these amounts are distributed fairly among the various segments of the Egyptian society? In addition to many other important questions.

In summary, the NHA reports reveal many facts, for example, the report which was published in 2005 has revealed the following:

1. The total health spending in Egypt (both public and private expenditures) was about 6% of the GDP while the rate was about 3.7% between the years of 1994/1995.

The report attributed this increase to two main factors:

- First: Increase of the service cost.
- Second: Increased demand for services in the private sector.

The last NHA report for the years 2008/2009 that has been published in November 2011 has revealed the following data:

- Egypt's population is 76.8 million inhabitants (2008/2009)
- Gross Domestic Product (GDP): 1040 billion Egyptian pounds.
- Annual GDP per capita is: 13,541 pounds.
- Total Health spending: 61.4 billion pounds.
- Public health spending 15.2 billion pounds.
- Share of the Ministry of Health is: 10.1 billion pounds.
- Self, out of-pocket spending: 44.1 billion pounds.
- Per capita of the total expenditure: 880.1 pounds.
- Percentage of the GDP: 5.9%
- Percentage of the total public spending: 24.8%
- Percentage of the total private self spending: 71.8%
- Percentage of spending on medicine to the total expenditures: 34.2%
- Percentage of the public spending to the total budget: 4.3%

Based on the above, we can conclude that:

1. Egypt spends less than the regional average on health care compared to similar countries in the region such as Algeria which spends 10.7% of the budget on health while Lebanon spends 12.4% and 11.4% in Iran.
2. Current and previous reports show an increase in spending on health care out of the household pocket.
3. Health care funding in Egypt is still scattered and non-unified in a holistic system which leads to inefficient resource allocation.
4. Imbalanced distribution of spending and service accessibility, especially in rural areas and upper Egypt compared to the urban and lower areas of the country.

Participate in bearing the burden of illness risks and insurance coverage

The history of the Egyptian health system has gone through several successive stages, the most important of which was the establishment of the health insurance system in 1964. The stated purpose of it at the time was to ensure the rights of Egyptians to gradual health insurance protection in ten years, a goal that has never been achieved yet!

Between the years of 1995/1994 and 2008/2009, the population's health insurance coverage rate began to rise from 35% to 55%. However, the role of health insurance as a service financier has declined in the same period from 12% to 8% of the total spending and the share of the private spending of families has increased from 51% to 61%.

Between the period of 1994/1995 and 2009/2010, the private paid health care sector was the main service provider through private clinics and pharmacies, which lead to an increase of out of buckets self-spending. Although a half of a century has passed since the start of this insurance system, its goal has not achieved yet. (9)

Insurance coverage has not reached half of the population yet, mostly urban population, formal sectors' workers, school students, and children under school age. The services provided to these groups often lack quality, though the ignoring of other groups in the countryside and the poorest in the informal sector of the economy represents a sort of negative discrimination. It is worth mentioning that while the health protection rate is 99% in Tunisia, and 98% in Iran, the rate in Egypt, the oldest in this has not exceed 57%.

During the last ten years, the state tried to set a new reformist frame for the health system through a new health insurance law as a way to restructure the sector and as a means to meet the challenges of the private out-of-pocket expenditures, but it failed to do so for many reasons, the most important of which is the lack of political will to do so, lack of vision and lack of organized cadres able to support this ambitious project to reform of the system.

Margins and references:

9- National Health Accounts Report (NHA) of 2008/2009 (the Ministry of Finance and economic indicators)

Reference to the database of the international alarm 2011

10- A new health system based on a comprehensive health insurance (Dr. Alaa Ghannam), the Forefront Periodical of 2013- Volume 21 – the Egyptians health file.

In the same context, the state has developed several drafts for a new health insurance law but most of them lack balance, community consensus, and overall vision to implement them.

11-"ibid"

Later, and after the revolution of January 2011, the health trend continued in terms of the health insurance by restructuring the committee entrusted with the development of this law and included a number of experts as well as some specialized civil society activists in this regard, that helped them overcome the obstacles that hampered previous drafts and the new draft was put up for serious community dialogue and in order to pass it in the next parliament. The new draft is based on the principles of equity and justice that have been stated in the new Egyptian Constitution of 2013, which is considered a human rights achievement as it emphasizes the right to health and the right to comprehensive health protection and insurance for all Egyptians without discrimination.

**** Strategic vision for health reform hoped:**

The health system is a means to an end, and the end is to improve the health indicators of people, particularly the most in need for care of them (children, mothers, pregnant women and the elderly).

Because of the lack of equity in the distribution of health resources in society and the emergence of gaps in the availability of resources and health resources indicator, particularly among rural and urban populations, and north and south of the country. These gaps are extended further in terms of the social indicators of health as stated by the International Health Organization that call for addressing these gaps by improving the of daily life conditions, keeping track of unfair distribution of wealth and resources and measuring health interventions to achieve the dream of putting health on the top of priority list on the political agenda as stated in the Constitution of 2013. Therefore, the Ministry of Health in collaboration with the World Health Organization in Egypt, and the civil society has set the following principles guiding the health sector reform in August 2014.

Guiding principles for reform:

The current Egyptian situation is ripe for pushing effective policies that conform with the provisions of the new Constitution particularly, the emphasis on health

References and margins:

12-Towards a new social contract 2008 (UNDP)

To ensure the availability of basic health services for all while providing protection from financial risk resulting from random health spending (universal health coverage). By 2030, the health system will be able to provide all citizens with the necessary quality health services and ensure that the Egyptians will not suffer from financial hardship because of what they spend on unaffordable health services, such as doctors' fees or the price of medicine, or non-financial barriers such as geographical, information, or gender-related barriers.

3. Strengthening the role of government in providing public health services.
4. Ensure the existence of a national framework for the government: including the various health sectors and inspection in the private sector.
5. Allocation of more funds for health: and achieve better health outcomes compared to expenses.
6. Accountability and transparency.
7. Involving all concerned parties in developing a policy-making: that is realistic to be implemented by the private and civil sectors** Strategic directions for the reform of the health system **

1. Building consensus on the strategic vision and effective move towards universal health coverage.
2. Application of operational plans in accordance with a specific time frame and measurable indicators.
3. The article founded the role of the High Council of Health and integration with the government and strategic planning.
4. Establishment and activation of the frameworks and regulatory institutions including the private sector to reach system integration.
5. Strengthen public health programs.
6. Improvement of the quality of health services and development of the human resource in the field of health.
7. Enhancing the principles of justice, equality and efficiency through universal health coverage for all Egyptians.
8. Develop and implement measures to improve cost efficiency and effectiveness.