



THE COUNTRY PHARMACY PROFILE SERIES



EGYPT

A country profile of pharmacy practice in the context of the national healthcare system

Informed by FIP Member Organisation
**EGYPTIAN ORGANIZATION OF PHARMACY,
DEVELOPMENT AND TRAINING**



**ADVANCING
PHARMACY
WORLDWIDE**



1. OVERVIEW OF THE HEALTHCARE SYSTEM

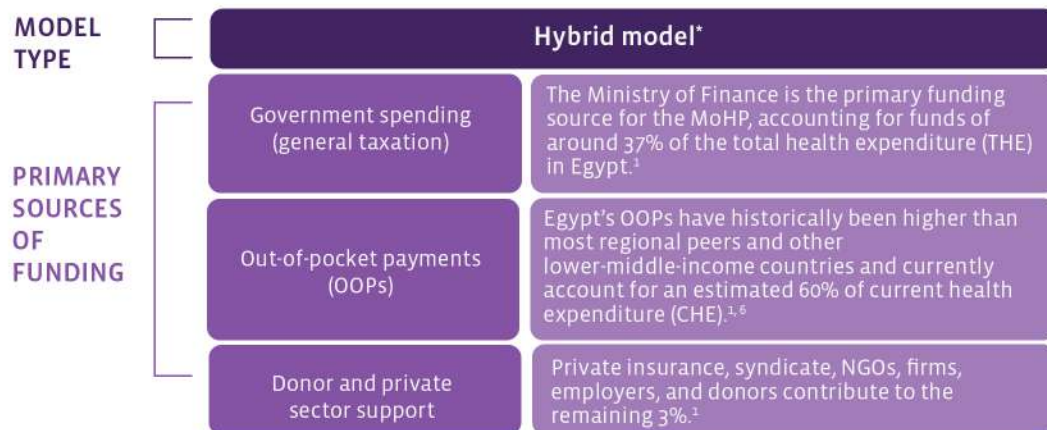
Egypt's healthcare system follows a mixed model that combines public, private, and semi-public sectors. It is pluralistic, with multiple providers and financing agents, and is currently undergoing reforms towards achieving universal health coverage (UHC).^{1,3} The Ministry of Health and Population (MoHP) is the primary public health authority, responsible for public hospitals, preventive care, and regulatory oversight.^{1,2} The public sector also includes quasi-governmental organisations where the MoHP holds decision-making authority, such as the Health Insurance Organisation (HIO), the Curative Care Organisation (CCO), and the Teaching Hospitals and Institutes Organisation.² Other government agencies—such as the HIO and the Universal Health Insurance Authority (UHIA) provide coverage for formal sector workers and are expanding to universal coverage by 2032.¹

Egypt's healthcare system faces a shortage of medical resources and regional disparities. Rural areas tend to have limited access to basic services, while most healthcare professionals are concentrated in urban centres, leaving remote regions underserved.⁴ In 2018, Egypt launched the Universal Health Insurance (UHI) initiative to enhance access, ensure the availability of healthcare services for the entire population, and reduce inequality. Citizen-paid premiums, state budget subsidies, taxes, co-payments, and sector contributions finance the new system. Its phased implementation aims to create a comprehensive, quality-driven, and sustainable healthcare system.^{1,3}

Despite Egypt continuing to have a higher than average density of pharmacists per 10,000 population,³ pharmacists face several challenges, including low salaries, high workload, poor job satisfaction, inadequate leadership support for clinical practice, and the under-recognition of pharmacists' roles.⁵

Healthcare financing model

Egypt's current healthcare financing model is hybrid:



*The hybrid healthcare financing model is described as a system that combines multiple funding sources, such as public funds, private investment, donor contributions, and out-of-pocket payments, to finance healthcare infrastructure and services. Available at: <http://bit.ly/4mFQNL2>

2. SERVICES PROVIDED BY PHARMACISTS IN THE COUNTRY

Types of services provided in community and hospital pharmacies

This section outlines the range of professional services provided by pharmacists in Egypt across community and hospital settings.

Services provided by community pharmacies beyond dispensing*	
Therapeutic substitution (changing dose, formulation, etc)	✓
Adjustment of prescribed treatments	✓
Complementary prescribing	✗
Independent prescribing	✗
Prescribing in an emergency	✗
Providing medicines and services in care homes (nursing homes)	✓
Services to hospital and other facilities without a pharmacy	✓
Home deliveries	✓
Home care and medication reviews/medicines use reviews	✓
Dispensing emergency contraceptive	✓
Applying first aid and arranging follow-up care	✓
HIV testing	✗
Counselling on HIV self-test products	✓
COVID-19 testing	✓
Dispensing prescription renewals for patients with long term conditions authorised with the original prescription	✓







*Data in this table were provided by the Egyptian Organization of Pharmacy, Development and Training

Services and activities provided by hospital pharmacies*

Validation of prescriptions	✓
Preparing non-sterile medicines	✓
Preparing sterile medicines	✓
Preparing cytotoxic medicines	✓
Preparing nutrition mixtures	✓
Dispensing to outpatients	✓
Pharmacy and therapeutics committees	✓
Multidisciplinary therapeutic decision making	✓
Identifying and reporting non-quality medicines	✓
Managing medication history	✓
Pharmacogenomics testing	✗
Medicines reconciliation	✓
Monitoring medicines use	✓
Pharmacokinetic monitoring	✗
Clinical trials	✓
Managing medicines-related waste	✓
Antibiotic stewardship	✓
Support to emergency departments	✓

*Data in this table were provided by the Egyptian Organization of Pharmacy, Development and Training

Extended scope of practice*

Is pharmacy-based vaccination available in the country?	Yes	
Are pharmacists authorised to administer vaccines in pharmacies?	Yes	
Are pharmacists authorised to prescribe vaccines in pharmacies?	No, only influenza and very limited vaccines	
Do pharmacists receive vaccination training ?	Yes	
At what career stage(s) do pharmacists receive vaccination training?	Intermediate level	
Is the training mandatory ?	Yes, for governmental pharmacists	

*Data in this table were provided by the Egyptian Organization of Pharmacy, Development and Training

3. PHARMACY HUMAN RESOURCES: EDUCATION AND ENTRY INTO PRACTICE

Education and training of the pharmacy workforce (year 2025)*

1 year minimum (internship residency) of experiential/practical training for registration	61 accredited pharmacy schools/faculties	YES (for graduate pharmacists since 2025) Continuing professional development (CPD) IS mandatory for pharmacists' licence renewal
6 years minimum of full-time undergraduate education		
YES (for graduate pharmacists since 2025) The renewal of pharmacist licensing or registration IS based on gaining CPD 'credits' or 'points' or similar credentials		NO CPD IS NOT linked with an annual portfolio-type submission (for example, reflective diary entries, or reflective cases)

*Data in this table were provided by the Egyptian Organization of Pharmacy, Development and Training

4. COUNTRY'S HEALTHCARE ECONOMIC SNAPSHOT

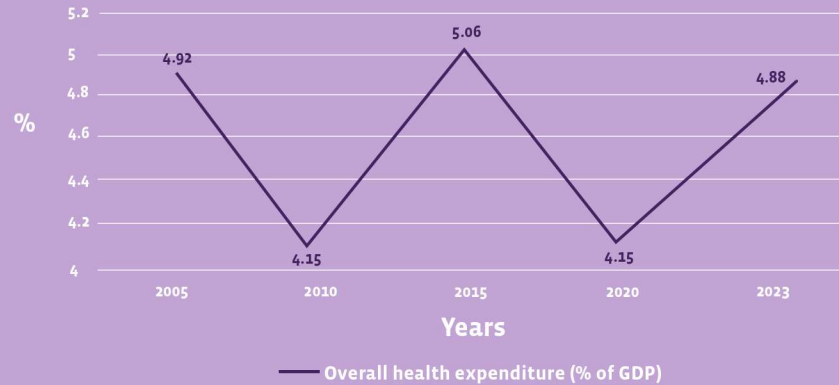
This section provides a macro-level overview of Egypt's health financing indicators and outcomes, including GDP spending, life expectancy, and workforce employment.

World Bank income level category⁷

Egypt: Lower-Middle-Income Economies

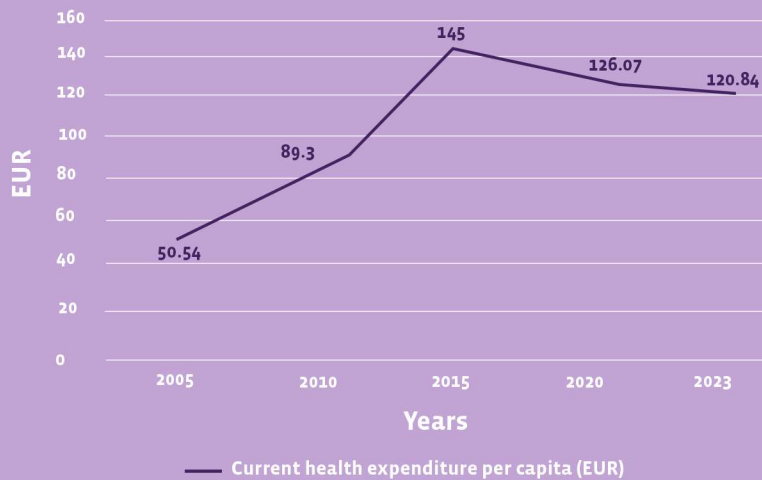
Overall healthcare expenditure as a percentage of GDP⁸

Egypt's health expenditure (% of GDP) varied between 2005 and 2023, with a mid-period peak in 2015 and lower levels around 2010 and 2020, mainly due to GDP growth outpacing health spending, reliance on out-of-pocket payments, and inconsistent public funding.¹



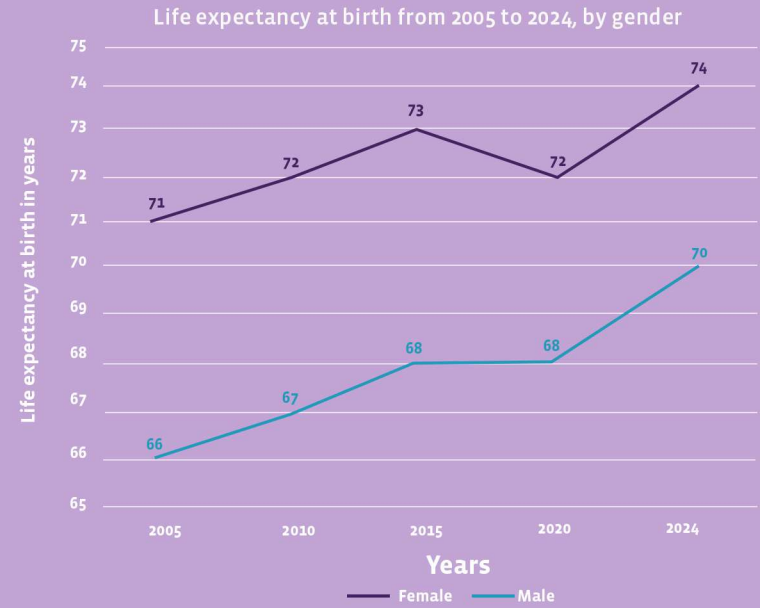
Health expenditure per capita⁹

Per capita spending increased steadily from 2005, peaked in 2015, and declined slightly by 2023.



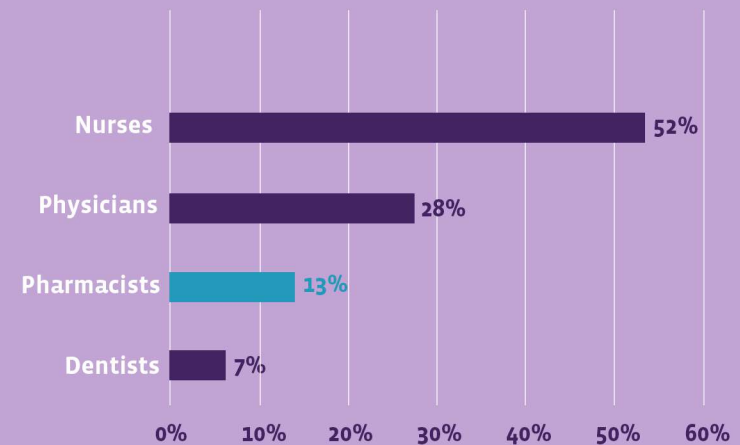
Life expectancy (male/female)^{10,11}

From 2005 to 2024, life expectancy at birth increased steadily for both genders. Despite a slight drop for females in 2020, overall trends remained positive.^{10, 11}



The employment rate in the healthcare sector¹²

Percentage of healthcare personnel in 2020



5. HEALTH SERVICE STATUS

1. Coverage rates for essential health services

In 2021, the UHC service coverage index for the country was 70, reflecting moderate access to essential health services.¹³ Between 2015 and 2025, Egypt has made significant and measurable progress in expanding coverage of essential health services, particularly in reproductive, maternal, newborn, and child health (RMNCH). By 2015, the gap between urban and rural areas had narrowed to 2%, and the gap between the poorest and wealthiest households had narrowed to 7%.¹⁴ Notably, vaccination coverage for all children living in Egypt, including non-Egyptians, has exceeded 95%.¹⁵ However, coverage rates remain uneven, with persistent disparities by geography and income. High out-of-pocket (OOP) payments continue to pose major barriers to universal access, especially for the poor and in rural areas.¹⁶

2. Availability and accessibility of health insurance options

Egypt's health insurance system is pluralistic, combining public and private providers. The main public insurer, the Health Insurance Organization (HIO), covers about 60% of the population, primarily formal sector employees, students, and pensioners. The new UHI system, being rolled out in phases until 2032, aims to provide comprehensive coverage for all Egyptians, with special subsidies for the most vulnerable groups. The UHI is financed through contributions (from employers, employees, and dependents), state budget allocations, and earmarked taxes. Private health insurance remains limited, covering only 1–10% of the population, and is mostly supplementary.^{1,17,18}

3. Pharmacy Policies and strategies implemented for health promotion and disease prevention

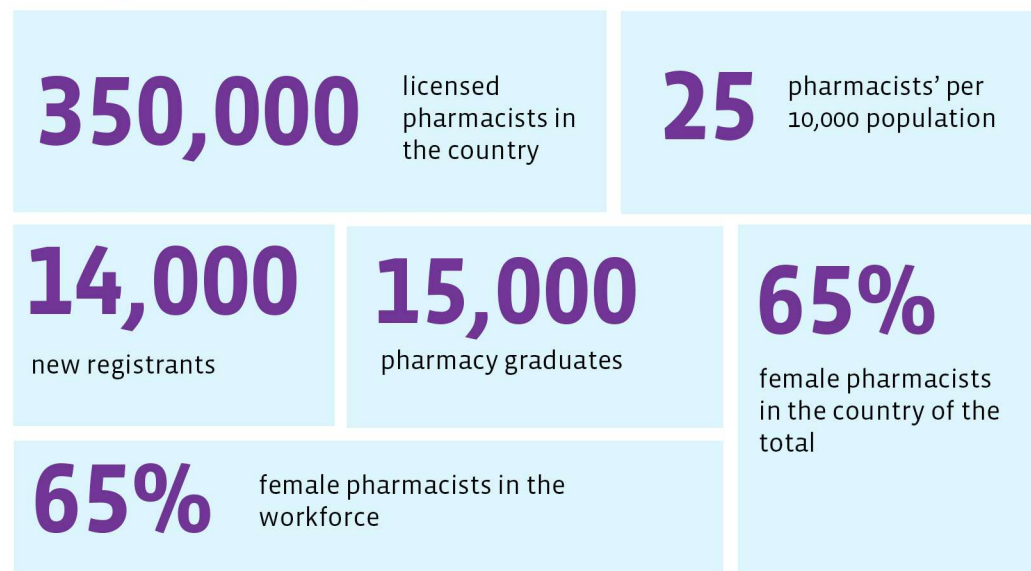
Pharmacies in Egypt play a critical role in health promotion and disease prevention; however, policies to support their contributions remain limited. While pharmacists are increasingly recognised, there is no national self-care strategy or strong pharmacy-led public health programmes.³ Pharmacies supported the national hepatitis C campaign through distribution and patient education, contributing to Egypt's achievement of WHO recognition. Community pharmacists provide self-care advice, chronic disease management, and health education, but their roles are not fully reflected in policy.^{3,19} In hospital settings, clinical pharmacy interventions have shown significant economic and clinical benefits by reducing drug therapy problems and healthcare costs.²⁰ The MoHP, in coordination with the Egyptian Healthcare Authority and the Egyptian Health Council (EHC), has launched the Clinical Pharmacy Activation Document under the UHI system to integrate clinical pharmacists into patient care teams across governorates. This initiative aims to improve medication management and ensure optimal medicine usage across health facilities.²¹

4. Availability and accessibility of patient medical records (including pharmacy access)

Egypt is gradually adopting electronic health records (EHRs). As of mid-2024, only around 314 hospitals had implemented such systems.²² A centralised EHR platform linked to the Universal Health Insurance (UHI) system is currently under development but has not yet achieved widespread adoption.²³ As a result, access to consolidated patient histories at community pharmacies remains limited, affecting cross-site medication review and continuity of care.²⁴

6. PHARMACY WORKFORCE CAPACITY AND DISTRIBUTION

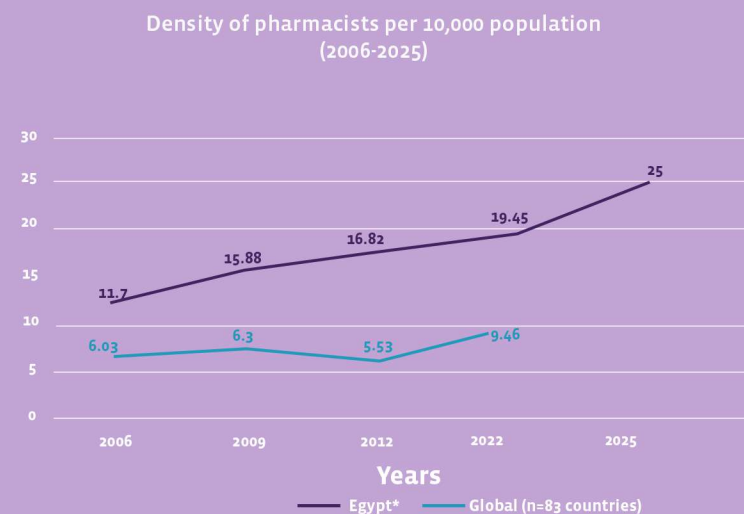
Pharmacy workforce capacity* (Year 2025)



*Data in this table were provided by the Egyptian Organization of Pharmacy, Development and Training

Distribution across the area of practice

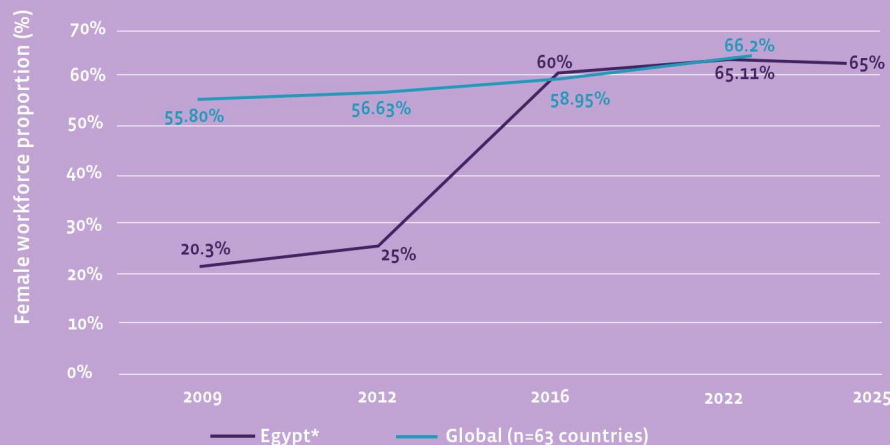
Between 2006 and 2022, the density of pharmacists in Egypt increased steadily from 11.7 to 19.45 per 10,000 population, then accelerated sharply to 25 by 2025, highlighting rapid recent growth that increasingly outpaces global averages.



*Data in this chart were provided by the Egyptian Organization of Pharmacy, Development and Training

Egypt has experienced a sharp increase in female pharmacist proportion, rising from 20.3% in 2009 to 60% in 2016 and aligning with the global average. By 2022 to 2025, the proportion reached and remained at approximately 65%.

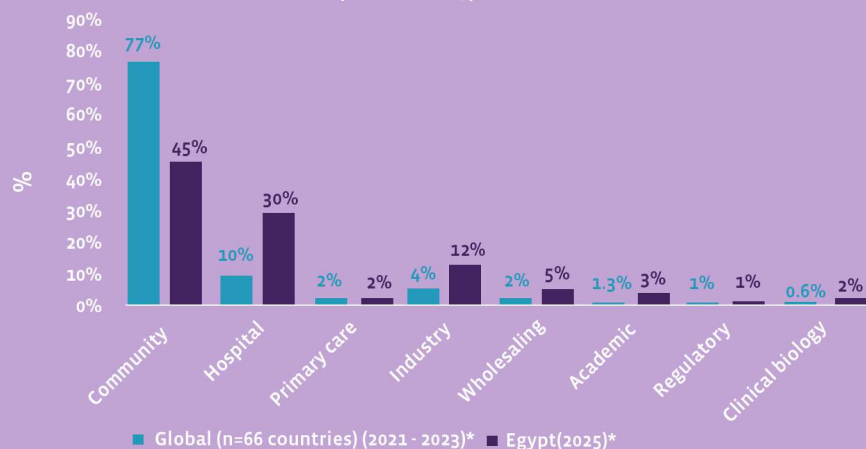
Female workforce trends (2009 - 2025)



*Data in this chart were provided by the Egyptian Organization of Pharmacy, Development and Training

The majority of pharmacists in 2025 in Egypt work in community settings (45%), followed by hospitals (30%), industry (12%), wholesaling (5%), and academia (3%).

Pharmacist distribution across practice sectors (2021 - 2025)



*Data in this chart were provided by the Egyptian Organization of Pharmacy, Development and Training.

*Global figures are based on average data from 2021–2023; Egypt's data reflect the most recent available year (2025).

7. CURRENT POLICIES, URGENCIES AND PRIORITIES WITH PHARMACEUTICAL SERVICES PROVISION

Key insights from the Egyptian Organization of Pharmacy, Development and Training on:

1. Innovative practices that have successfully improved health outcomes and addressed inefficiencies within Egypt's healthcare system



National Hepatitis C “100 Million Seha” or “100 Million Healthy Lives” Campaign: One of the world's largest public health screening programmes, testing over 60 million citizens.

- Treated millions using affordable Direct-Acting Antivirals (DAAs), achieving WHO validation towards hepatitis C virus (HCV) elimination.

- Introduced a national digital health map database, tracking tens of millions of citizens, reducing inefficiencies, duplication of testing, and improving targeted resource allocation.



Universal Health Insurance System (UHS) – Law No. 2 of 2018: - Introduces mandatory universal coverage for all Egyptians by 2032.

- Separates payer Universal Health Insurance Authority (UHIA), provider, and accretor General Authority for Healthcare Accreditation and Regulation (GAHAR), improving governance and transparency.

- Strong emphasis on family medicine primary care, referral pathways, and strategic purchasing to reduce unnecessary spending.



Quality and accreditation reforms: - GAHAR established national accreditation standards for hospitals and primary care to enhance patient safety, digital documentation, billing accuracy, and clinical governance.

- Private sector integration policies support contracting accredited private hospitals/pharmacies within UHS.



National digital transformation in healthcare: - Expansion of telehealth, e-prescriptions, national patient ID, and health information digitisation.

- Improved efficiency in follow-up care, medicine supply, and data-driven public health decisions. These reforms collectively improved outcomes in communicable diseases, strengthened governance, and reduced system inefficiencies.

2. Significant challenges currently facing the pharmacy profession in Egypt



Workforce pressure & underutilisation of pharmacists: - Egypt produces a very high number of pharmacy graduates annually.

- Clinical, advanced practice, and research roles remain limited relative to workforce size. Results in job-saturation, migration pressure, and insufficient utilisation of pharmacists' competencies.



Product-centred community pharmacy model: - Remuneration depends mainly on medicine mark-up, not professional service fees.

- Limited incentives for pharmaceutical care, counselling, chronic disease management, AMR stewardship, or structured medication reviews.
- Persistent non-prescription antibiotic use contributes to AMR challenges.



Gaps in education quality assurance, practice standards, and patient safety culture:

- Variability in educational quality and limited national-level accreditation of pharmacy programmes historically.

- Need for greater adoption of competency-based training, research skills, and interprofessional practice.

- Patient safety culture in community and hospital pharmacy settings requires stronger systems, reporting mechanisms, and continuous professional development.

3. Reimbursed pharmacy services beyond dispensing

Overall, community pharmacy in Egypt is still predominantly reimbursed through medicine margins rather than clinical service fees. However, several compensated or indirectly reimbursed services exist:

A. Indirectly reimbursed clinical pharmacy services in hospitals

- Clinical pharmacists in hospitals are funded through institutional budgets reimbursed by public payers (e.g., UHIS, HIO).
- Services include medication review, reconciliation, dosing adjustments, oncology and chronic-disease counselling, TDM, and discharge education.
- These services are bundled within the hospital's reimbursed package rather than charged separately.

B. Universal Health Insurance System (UHIS) contracting

- UHIS allows contracting accredited private pharmacies as service providers.
- Currently reimbursed primarily for supplying insured medicines and documentation-based services.
- The legal framework supports future commissioning of reimbursed pharmaceutical care services (e.g., medication review, vaccination, chronic-disease monitoring), though not yet fully implemented.

C. Industry/insurer-sponsored patient support programmes

- Some pharmaceutical companies and private insurers pay pharmacies management fees for: adherence monitoring; counselling; data reporting; and, follow-up of chronic conditions. These programmes exist but are not standardised nationwide.

D. Future directions

- Egypt is moving toward formalising reimbursed pharmacy services under UHIS and national self-care frameworks.
- Priority services expected to evolve towards reimbursement include vaccination services, structured medication reviews, AMR stewardship roles, and chronic disease management.

In summary, reimbursement beyond dispensing exists mainly in institutional settings and pilot programmes, with strong potential for expansion under UHIS reforms.



4. Current projects and priorities aligned with FIP Developmental Goals

The Egyptian Organization of Pharmacy, Development and Training (EOP) is implementing a wide range of national and international initiatives that are directly aligned with the FIP Development Goals (DGs) of the International Pharmaceutical Federation (FIP).

-   EOP's hepatitis B and C programmes, focusing on prevention, awareness, screening, referral, treatment adherence, and patient follow-up, contribute to **DG7: Advancing Integrated Services**, **DG15: People centred-care**, **DG16: Communicable Diseases** and **DG19: Patient safety**.
-   EOP's antimicrobial resistance (AMR) advocacy activities, including stewardship, rational use of antimicrobials, professional education, and public awareness, align with **DG9: Continuing Professional Development Strategies**, **DG14: Medicines Expertise** and **DG17: Antimicrobial Stewardship**.


-    EOP's patient safety initiatives, including medication safety, error prevention, safety reporting, and patient empowerment, directly support **DG19: Patient Safety**, **DG15: People-centred care** and **DG8: Working with Others**.

-    EOP's work in quality assurance and accreditation of pharmacy education aligns with **DG1: Academic Capacity**, **DG2: Early Career Training Strategy**, **DG3: Quality Assurance** and **DG4: Advanced and Specialist Development**.

-     EOP's development of professional credentials and competency frameworks contributes to **DG5: Competency Development** and **DG9: Continuing Professional Development Strategies**.

-   EOP's focus on reducing health inequalities and serving vulnerable populations, including refugees and people experiencing homelessness, supports **DG10: Equity & Equality**.

-   EOP's health literacy programmes align with **DG15: People-Centred Care** and **DG10: Equity & Equality**.

-    EOP's commitment to partnerships for the goals, through engagement with FIP, IAPO, ministries, universities, patient organisations, and global partners, advances **DG8: Working with others**, **DG13: Policy Development** and **DG20: Digital Health**.

-    EOP's development of professional credentials and competency frameworks contributes to **DG5: Competency Development** and **DG9: Continuing Professional Development Strategies**.

DATA SOURCES AND VALIDATION

The data and information presented in FIP case studies are derived primarily from analysis of publicly available sources and relevant documents, complemented by in-house data that FIP has collated. The sources and methods underlying these data are fully cited and referenced to ensure transparency and traceability. Additional data were obtained directly from the respective FIP member organisation (MO). All data were subsequently reviewed and validated by the FIP MO to ensure accuracy, completeness, and reliability.

REFERENCES

1. Fasseeh A, ELEzbawy B, Adly W, ElShahawy R, George M, Abaza S, et al. Healthcare financing in Egypt: a systematic literature review. *J Egypt Public Health Assoc.* 2022;97(1):1. Available at: <https://link.springer.com/content/pdf/10.1186/s42506-021-00089-8.pdf>
2. Developed by the Health Communication Capacity Collaborative (HC3) Egypt in collaboration with MOHP (CAHPC and THS). *The Health System and Public Health. First Year Curriculum.* 2018. Available at: https://www.mohp.gov.eg/theduction/SecondGroup/Counseling_and_health_education/Term1/Health_systems/Health_systems.pdf
3. Youssef A, Amin MEK. Egyptian community pharmacies and self-care: Context, challenges and opportunities. *Explor Res Clin Soc Pharm.* 2023;12:100384. Available at: <https://pubmed.ncbi.nlm.nih.gov/38146318/>
4. Mobasher Y. SWOT Analysis of the Health System in Egypt. *MANAGEMENT AND ECONOMICS REVIEW.* 2022. Available at: <https://mer.ase.ro/files/2022-3/7-3-3.pdf>
5. Eldin MK, Mohyeldin M, Zaytoun GA, Elmaaty MA, Hamza M, Fikry S, et al. Factors hindering the implementation of clinical pharmacy practice in Egyptian hospitals. *Pharm Pract (Granada).* 2022;20(1):2607. Available at: <https://pubmed.ncbi.nlm.nih.gov/35497893/>
6. Cairo: WHO Regional Office for the Eastern Mediterranean. *Egypt National Health Accounts. Establishing an expenditure baseline to support Egypt's health care reform 2019/2020.* 2023. Available at: <https://iris.who.int/server/api/core/bitstreams/400e1fd4-6fe6-49db-b5b5-4cb72beea8fc/content>
7. The World Bank. *World Bank Country and Lending Groups 2025.* Available at: <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>
8. World Bank Group. *Current health expenditure (% of GDP) - Egypt, Arab Rep.: World Bank Group; 2025.* Available at: <https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS?locations=EG>
9. World Bank Group. *Current health expenditure per capita (current US\$) - Egypt, Arab Rep.: World Bank Group; 2025.* Available at: <https://data.worldbank.org/indicator/SH.XPD.CHEX.PC.CD?end=2022&locations=EG&start=2000&view=chart>
10. World Bank Group. *Life expectancy at birth, female (years) - Egypt, Arab Rep.: World Bank Group; 2025.* Available at: <https://data.worldbank.org/indicator/SP.DYN.LE00.FE.IN?locations=EG>
11. World Bank Group. *Life expectancy at birth, male (years) - Egypt, Arab Rep.: World Bank Group; 2025.* Available at: <https://data.worldbank.org/indicator/SP.DYN.LE00.MA.IN?locations=EG>
12. Statista. *Number of healthcare personnel in Egypt in 2020, by sector:* Statista; 2022. Available at: <https://www.statista.com/statistics/1390096/egypt-healthcare-personnel-sector/>
13. World Health Organization. *UHC service coverage index - Egypt:* World Health Organization; 2024. Available at: <https://data.who.int/indicators/i/3805B1E/9A706FD>
14. Biltagy M, Hamdi M. Public health expenditure and household poverty: case study of Egypt. *Future Business Journal.* 2024;10(1):7. Available at: <https://link.springer.com/article/10.1186/s43093-023-00295-0>
15. UNICEF. *Vaccines: Protect a child, protect a community.: UNICEF Egypt; 2023.* Available at: <https://www.unicef.org/egypt/vaccines>
16. Radwan G, Adawy A. The Egyptian health map: a guide for evidence-based decisionmaking. *East Mediterr Health J.* 2019;25(5):350-61. Available at: <https://pubmed.ncbi.nlm.nih.gov/31364760/>
17. Luyten E, Tubeuf S. Equity in healthcare financing: A review of evidence. *Health Policy.* 2025;152:105218. Available at: <https://www.sciencedirect.com/science/article/pii/S0168851024002288>
18. Gericke CA, Britain K, Elmahdawy M, Elsis G. Health System in Egypt. In: van Ginneken E, Busse R, editors. *Health Care Systems and Policies.* New York, NY: Springer US; 2018. p. 1-19. Available at: https://doi.org/10.1007/978-1-4614-6419-8_7-2
19. Medhat M, Sabry N, Ashoush N. Knowledge, attitude and practice of community pharmacists towards nutrition counseling. *Int J Clin Pharm.* 2020;42(6):1456-68. Available at: <https://pubmed.ncbi.nlm.nih.gov/32860597/>
20. Alsetohy WM, El-Fass KA, El Hadidi S, Zaitoun MF, Badary O, Ali KA, et al. Economic impact and clinical benefits of clinical pharmacy interventions: A six-year multi-center study using an innovative medication management tool. *PLoS One.* 2025;20(1):e0311707. Available at: <https://pubmed.ncbi.nlm.nih.gov/39823444/>
21. Authority; EH. *News: Egypt Healthcare Authority; 2024.* Available at: https://www.linkedin.com/posts/ehaegypt_egypt-healthcare-authority-is-proud-to-announce-activity-7238122050664448000-n1gt?utm_source
22. Alorbany A, Sheta M, Hagag A, Elshaarawy M, Elharty Y, Fares A. AI-Driven Electronic Health Records System for Enhancing Patient Data Management and Diagnostic Support in Egypt. *arXiv preprint arXiv:250205603.* 2025. Available at: <https://arxiv.org/abs/2502.05603>
23. Elsangidy MM, Farag NS, Ibrahim NF. Electronic Medical Records: Evolution, Usability, Challenges, and Trends in Health Care Settings. *Medicine Updates.* 2025;45-60. Available at: <https://spiral.imperial.ac.uk/server/api/core/bitstreams/2b4a707a-8506-467f-9ae2-012fb094cc37/content>
24. Roosan D, Wu Y, Tatla V, Li Y, Kugler A, Chok J, et al. Framework to enable pharmacist access to health care data using Blockchain technology and artificial intelligence. *J Am Pharm Assoc (2003).* 2022;62(4):1124-32. Available at: <https://pubmed.ncbi.nlm.nih.gov/35307309/>

