Joint NGO submission to the Office of the High Commissioner for Human Rights on the occasion of the seventh session of the Universal Periodic Review 2010

Egypt

A selective submission on compliance with economic and social rights obligations

I-Introduction

1. This report has been researched and drafted by the following organizations: the Arab NGO Network for Development, the Association for Health and Environmental Development, the Egyptian Initiative for Personal Rights, the Budgetary and Human Rights Observatory, the Center for Economic and Social Rights, the Egyptian Center for Economic and Social Rights, and Housing and Land Rights Network- Habitat International Coalition. The following organizations have also endorsed this report: the Egyptian Association for Community Participation Enhancement, Center for Trade Union and Workers Services, Land Center for Human Rights, Awlad Alard Foundation for Human Rights, Arab Foundation for Civil Society and Human Rights Support, Better Life Association for Comprehensive Development, and Civic Monitor for Human Rights, People’s Health Movement, Habi Center for Environmental Rights.1 The report is submitted to the Office of the High Commissioner for Human Rights on the occasion of the Universal Periodic Review of Egypt’s fulfillment of its human rights obligations.

2. This submission focuses on Egypt’s compliance with its obligations in relation to the respect, protection, and fulfillment of economic and social rights. It presents and analyses key data relating to the enjoyment of people’s rights to an adequate standard of living, the right to work, the right to education, the right to health and the right to social security. It also presents data on poverty and the implications of trade liberalization on the realization of economic and social rights in Egypt. The report also includes a set of recommendations for remedial action.

II-Progressive realization of economic and social rights in accordance with the maximum of available resources

3. The world economic crisis took its toll on Egypt, which suffered a serious deceleration of economic growth, falling from about 7.2 to 4.7%.2 Nonetheless, even before the global crisis, a broad segment of the population had not benefited from the achieved economic growth.

4. The highly restrictive political environment, due to the continuation of the state of emergency that has been in place since 1981, impedes implementation of constitutional guarantees for economic, social and cultural rights. Civil and political rights have also been violated, as the government responds to citizen (and non-citizen) protests with repressive measures. Furthermore, the political and legislative environment set through (Associations) Law 84 of 2002 hampers the effectiveness of NGOs and constrains their management and operations, freedom of activity, funding and expression. These problems are compounded by the increase in poverty and the continued unemployment problems, making people more vulnerable to additional violations of their economic and social rights.3

5. The Egyptian people are hindered from constructing a truly democratic political system, vital for sustainable social and economic development and progress on human rights. Moreover, the tendencies towards economic and trade liberalization, privatization and dilution

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1 See ANNEX-I and ANNEX-II for the contact details of all NGOs involved in this submission.
3 The census-based government-level predictions of real per capita consumption shows that household members’ enrolment rates and employment status, and household head’s education level and employment stability are significantly correlated with poverty. Ragui Assaad and Rania Roushdy (2006), Poverty and Geographic Targeting in Egypt: Evidence from a Poverty Mapping Exercise.
of social policies (reflected in Egypt’s five-year National Plan for Economic and Social Development 2002-2007) have proven incompatible with the spirit and letter of the International Covenant on Economic, Social and Cultural Rights, and deepen the economic and social inequalities that exist amongst the population, especially along rural/urban and gender lines. The gap in enjoyment of human rights along rural/urban lines is especially notable, considering that Egypt’s rural population is 57%. By 2015, Egypt is expected to be the only country with less than half of its population urbanized.4

6. **Public spending on health, education and social security declined between 2003-2007, in stark contrast to the rise in spending on defense and national security.** The stated goal in Egypt’s five-year National Plan for Economic and Social Development (2002-2007) was to “improve the quality of life and standard of living” of its people. This development plan managed to generate economic growth, with Egypt’s GDP per capita rising from US$4361 in 2003 to US$5052 in 2007.5 Simultaneously, government investment in areas such as health, education and social security all fell, while spending on defense, national security and public order increased by 87%.6

7. **Women especially have missed out on any benefits from economic growth.** While the total value of investments over the course of the National Plan for Economic and Social Development was EGP 104.012 billion,7 the total value of allocations for women within this plan was EGP 3.256 million, accounting for only 3.13% of the total investments made from 2002 to 2007.8

III-The Right to an Adequate Standard of Living

8. **Quality of information on poverty remains controversial** due to limited reliability of data, inconsistencies in measurements and over-centralization and control of data. Poverty calculations do not reflect overall living standards, disguise poverty among the lower and middle classes, and do not address the structural causes of poverty.

9. **Egypt’s anti-poverty policies have failed to make progress, and the number of people living on less than $2 per day in Egypt has risen in the past twenty years; 42.8 % of Egyptians live on less than $2 per day, up from 39.4% of people in 1990.**9 In 2007, one out of every five Egyptians (19.6%) had consumption expenditures below the national poverty line. This indicates an upward trend of people living in poverty over the past 15 years.10

10. **Government poverty eradication policies tackling poverty do not reach all regions of Egypt.** The first Millennium Development Goal (MDG) is to eradicate extreme poverty and hunger by halving the proportion of people living on less than $1 a day by the year 2015. Eleven of Egypt’s governorates are not expected to achieve this goal. Eight of these governorates are expected to continue suffering from a high poverty level through 2015.11 Furthermore, Cairo – despite its relatively low poverty rate – is expected to witness an increase in poverty from 4.6% in 2005 to 7.6% in 2015.12 Rural dwellers are disproportionately affected by poverty, with more than 70% of poor Egyptians concentrated in rural areas. Half of these

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8 BAHRO, op cit.
9 Household Income, Expenditure and Consumption Survey 2004/05 (HIECS).
people live in rural Upper Egypt, particularly in the Suhāg, Assūt, Bani Swaif, Fayūm and Qina Governorates.¹³

11. **Eight percent of children aged 6-14 years are estimated to be child laborers**, affecting around 2,400,000 children.¹⁴ Child laborers are mostly engaged in the agriculture sector, without work permits, health certification or legal protection.¹⁵

12. **Slum dwellers are at great risk of forced evictions and other official violence.** The Egyptian government estimates existence of 1,133 slums in Egypt, 171 of which are in Greater Cairo.¹⁶ These slums house the vast majority of Egypt's urban poor, as well as many members of the lower and middle classes, including a large proportion of Egypt's urban youth. Slum dwellers have fewer opportunities than the rest of the Egyptian population in terms of access to jobs, education, healthcare, adequate housing, food, clean water and sanitation. In the past few years, under the pretext of urban development and beautification, or to create new highways and roads, the Egyptian government has made multiple attempts to displace marginalized and poor residents throughout Cairo's slum areas¹⁷, and to move them to the outskirts of Greater Cairo. These attempts have been met with severe resistance from the concerned communities, in some cases by filing lawsuits against governmental decrees ordering their eviction, sometimes succeeding in forcing the government to rescind its plans. Furthermore, government pledges that these communities would be offered alternative housing in other residential areas have not always been honored. When alternative housing is made available, it is offered in far off areas, making it difficult for people to commute to work, or it is offered in areas without basic services.¹⁸

13. **Eviction from agricultural land and housing are social repercussions of Egypt’s economic transformations.** Farmers are evicted mainly by (1) abolition of land “guardianship” that had allowed small farmers’ land tenure, now concentrating land holdings for agribusiness; (2) liberalized interest rates, land rents and prices of the means of production, including privatized access to water among other public goods and services; and (3) fraud by heirs of large landowners in collusion with authorities.¹⁹ The cornerstone of peasant eviction is Law 96 of 1992, which cancelled land leases and raised agricultural land rents by as much as 30 fold. In some villages, fraud has led to farmers’ eviction from land on which they had been paying installments for 40 years and actually own. The rural tenants—and some owners—evicted as a direct result of Law 96 were counted at 811,000 in the year 2000,²⁰ and today are estimated to be considerably more.²¹ Together with their families, at least 4.5 million people may be without livelihood due to these forms of peasant eviction and dispossession.²²

14. **Access to adequate sanitation is low, especially in rural areas.** Diarrhea, which is largely the result of inadequate sanitation and unsafe water, causes 13% of deaths of Egyptian children under five. Yet only two out of three Egyptians have access to improved sanitation facilities,

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¹⁴Out of the 30,000,000 Egyptians under the age of 15 (37.5% of total population).


¹⁶Sarah Sabry, “Lost in the slums, social policy failure is deepening inequality, particularly among Egypt’s youth” Al-Ahram, Issue No. 893 (17-23 April 2008), http://weekly.ahram.org.eg/2008/893/sc061.htm.

¹⁷Mainly from Duwaiqa, Istabl Antar, Gazireat el-Dhahab and areas surrounding Imbaba Airport.

¹⁸Based on information gathered by the Egyptian Center for Economic and Social Rights, ecesr.egypt@gmail.com.


the lowest of all lower-middle-income Middle East and North African (MENA) countries. Egypt’s rural/ urban gap is also the widest gap in the region (among lower-middle-income MENA countries23); while 85% of urban dwellers have access to adequate sanitation, only 52% of rural dwellers do.

**Recommendations:**

15. Review the national definition of poverty, and the thresholds and methodologies used to calculate poverty, including the use of multiple methodologies. Address the availability of information on household resources at a finely disaggregated level.

16. Give due consideration to the geographic dimension of poverty in programs addressing poverty reduction, which would require addressing the ESCR needs of remote and difficult to reach villages, helping them develop the necessary infrastructure and capabilities. Potential poverty alleviation programs should also work towards reducing the economic distance between these remote, poor communities and the city centers to allow for better access to public services, and/or towards allocating more investments to the basic services and infrastructure of the low-income localities according to the needs of communities, determined via participatory processes.

17. Ensure universal access to basic social services. Reform the scope of subsidy programs and integrate empowerment programs that target poor communities beyond the ones calculated at US$1 per day, thereby to include vulnerable communities falling below the upper and lower poverty lines.

18. Develop clear policies that empower women as a corner stone in poverty reduction and human capital development plans.

19. Ensure the availability and accessibility of improved sanitation facilities in all areas, both rural and urban.

20. Enhance linkage of public expenditure and aid flows in water and sanitation to clear policy and targeting mechanisms, considering regional and gender disparities.

**IV-The Right to Work**

21. **Members of the informal sector have suffered a deterioration of their real earnings over time.** In 2006, this segment – including those self-employed and those working for household enterprises and farms for no wage – constituted 36% of total employment and continues to expand.24

22. **The government’s economic policies concerning unemployment over the last 10 years have not progressively and consistently addressed Egypt’s serious unemployment problems.** Unemployment rates were recorded at 9.4% during the first quarter of 2009, while one hundred thousand workers were laid off, raising the unemployed number of people to 2.35 million25, from 2.1 million in 2007 and 2008. A report prepared by the Central Agency for Public Mobilization and Statistics (CAPMAS) showed the unemployment rate has ranged from 9 to 11% since 2000. Yet, the total number of unemployed people has consistently increased, from 1,697,319 in 2000 to 2,209,558 in the last quarter of 2008, as percentage calculations do not take into account the increase in the labor force.26 Regional disparities in unemployment rates vary between 3.4% in Fayūm, and 5.8% in Minya, and more than 9% in Asiūt and Suhāg.27

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23 World Bank, op cit
23. Only 16% of women in Egypt work, women’s salaries are far lower than men’s for comparable work, and women are far more likely to be unemployed. Women are much less likely to work in some regions – for example, women make up only 11% of the workforce in the governorate of Fayûm, suggesting that they find it more difficult to have access to work opportunities there.28 Even when women do enter the workforce, many do not receive fair pay. In 2005, the average estimated male income was $7,024 (US$ PPP), women’s income was only $1,635 – the greatest gap between male and female wages in all lower-middle-income MENA countries.29 Moreover, women have a harder time finding jobs than men: almost one-fifth (18.6%) of women who are available and seeking work in Egypt are unemployed, three times the rate for men (6%). This is the also the highest gender gap in all lower-middle-income MENA countries.30 The number of women in the labor force was calculated at 5,699,000 in the fourth quarter of 2008 compared to 19,296,000 men within the labor force, even though women constitute half of the population in Egypt.31 Furthermore, there are concerns that these numbers are under-estimating and disguising much higher levels of unemployment among women. The problems women have entering, staying and being fairly compensated in the job market raises questions about state efforts to challenge discrimination and ensure women have an equal opportunity to earn a decent standard of living.

24. Even though women work in various fields, a 2005 study conducted shows that they are unlikely to occupy senior administrative positions. For workers in the highest pay grade, women represent only 13.4% of the total. At the following pay grade, women comprise 21.7% of the total. The proportion of women at the general manager grade is 15.4%. In the public sphere, most government ministers and their deputies are men, and women make up just 3.8% of ministers, compared to 96.2% for men. Only 7.1% of deputy ministers are women. There was no improvement in women achieving positions of power from 1996 to 2005.32

25. Egyptians have not been enjoying just and favorable work conditions. Government policies have further exacerbated the already serious employment situation by promoting temporary contracting in the public sector and fixing wages at levels below the global averages as well as allowing unfair dismissal and abuse by employers. This has resulted in more than 600 protests registered by non-governmental groups in the first three months of 2008, higher than the total number of protest activities in 2007.33

Recommendations:

26. Activate the emergency and unemployment funds stipulated by the labor law and the social insurance law. Take legal action against employers using the economic crisis as an excuse to arbitrarily lay off workers and violate their rights.34

27. Assess the outcomes of the privatization programs and its implications on labor rights and conditions of work. Ensure the application of international labor standards, necessitating amending the Trade Unions Law 35/1976 to allow for multi-trade unions and Labor Law 12/2003, to set a more appropriate minimum wage, to create safer working conditions and to facilitate access to the unemployment allowance.

28. Expand the unemployment definition to give a more accurate picture of the level of unemployment in Egypt. This includes using a relaxed definition of unemployment and reforming the female labor force calculation methods.

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30 World Bank, op cit.
31 CAPMAS: Out of the 2008 population, 37.2 million were male, and 35.6 million were female.
34 Demands of the Center for Trade Union and Workers Services (CTUWS).
V-The Right to Education

29. **Public expenditure on education has fallen**, as a proportion of total government expenditure, from 16.2% to 12.6% between 2003 and 2007. With no justification for this decline, the decline is a clear indication of a regressive action, and a breach of Egypt's treaty obligation to realize the right to education progressively and through the application of maximum available resources.

30. **Fewer children are going to school now than before**, despite the declared education policy aimed to increase school enrollment. Although overall education indices improved between 2002 and 2006, gross enrolment at primary (from 110.6% to 91.6%), preparatory (from 95% to 92.5%) and secondary (from 78.4% to 71.1%) school levels decreased during this same time. As of 2006, 14.7% of children nationwide (over 3 million) between the ages of 6 and 18 have never enrolled in basic education or have dropped out of school. Moreover, adult illiteracy rates (15+) have stayed at around 30% between 2002 and 2006.

31. **The Egyptian government invests more money in some regions than in others.** The governorates with the highest illiteracy rates and lowest net enrolment ratios in primary education – Suhag, Fayoum, and Beni Sueif – receive modest shares of assistance allocated to educational projects: 2.7%, 4.2% and 3.5%, respectively. Meanwhile, Cairo governorate received 11.4% of the total amount of aid (literacy rate of 100% and a net enrolment ratio in primary education of more than 90% in Cairo). Overall, educational programs received 8% of the aid.

32. **The right to education is not enjoyed equally by males and females.** Almost one-fifth (18.2%) of young Egyptian women (aged 15-24) are illiterate. This is the second highest illiteracy rate for young women among lower-middle-income MENA countries. By comparison, 12% of young men are illiterate.

33. **Rural women are much less likely to have access to education than urban women.** Overall, two-thirds of adult women (aged 15-49) in Egypt are literate, but this national average hides a wide rural-urban divide. Over 80% of women in urban areas can read and write, but only 50% of women in rural areas are literate. There are wide inequalities in access to education: 40% of women in rural Upper Egypt have never gone to school, compared to 20% of women in urban Upper Egypt. The comparatively high levels of illiteracy amongst women, particularly in more rural areas, suggest that the government is not making sufficient efforts to ensure full development and advancement of the right to education for all women in the country.

**Recommendations:**

34. Enhance linkage of public expenditure and aid flows in the education sector to clear policy and targeting mechanisms, considering regional and gender disparities.

35. Enforce mandatory schooling and introduce new legislation to allow for school children and graduates in special programs to be mainstreamed into the formal education system.

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35 World Bank, op cit
36 UNDP Egypt National Human Development Report 2008. Gross enrolment ratio measures the number of children of any age enrolled in school compared to the total population of school age children. This ratio captures over-age children, often indicating late starts or grade repetition.
37 2006 census data.
40 World Bank, op cit.
36. Focus reform efforts at increasing and maintaining enrolment rates, reducing dropouts, building new schools in poor and highly dense areas, giving incentive premiums for teachers to serve in poor areas and expanding maintenance of the existing education infrastructure.

37. Consider developing curriculum to include training on skills relevant for the job market, including in the area of vocational education and reform learners’ assessment tools, as well curricula on reproductive health for Egyptian women.

VI-The Right to Social Security

38. Despite high social protection spending and broad social insurance coverage, the system is poorly targeted and falls short of fulfilling its primary function of alleviating poverty as consistent poverty rate (see section III of this submission) indicates and does not offer adequate pensions to ensure an acceptable standard of living.

39. Private contribution to the social system is comparatively high. Employer contributions to the social security system is relatively high, at rates varying between 14% and 26% compared to other countries of similar economic means the region, like Tunisia at 7.37% or Lebanon at 8.5%.

40. Coverage of the unemployment insurance scheme remains limited to persons previously working in the formal sector, and excludes new entrants, casual agricultural workers, construction workers, domestic servants and family labor. In addition, the number of secured persons in the private sector has fallen from 5.9 million in 2001/2002 to less than one hundred thousand in 2005/2006.

41. The future of the social security system looks bleak. Egyptian government officials have announced that they are planning on introducing amendments to Law 79/1975 on social security, but have so far refrained from sharing the draft amendments with concerned parties and other stake-holders and from holding consultations with them. This is amidst great concern by civil society about several government attempts to undermine the independence of the social insurance and pensions funds, and to include them as part of the state budget. First, the Ministry for Social Security was abolished. The Presidential decree 422/2005 and more recently, the Minister of Finance’s decree 272/2006, amended the Executive Statutes of Law 53/1973 on the state budget to include insurance expenditures and revenues under the state budget. A number of organizations have filed lawsuits pending before the administrative courts, to contest the legitimacy of the decree. Several members of Parliament have raised the issue during the last parliamentary session, accusing the government of lack of transparency and accountability.

Recommendations

42. Maintain the independence of the social security system as dictated by Law 79/1975 on social security, and expand it to include all employees and other categories of workers currently uninsured, including those working under short-term contracts, employees in the informal sector and women working in small and medium enterprises.

43. Annul decrees 422/2005 and 272/2006, and increase the minimum wage to bring it in line with global standards.

44. Enhance linkage of public expenditure and aid flows in social security to clear policy and targeting mechanisms, considering regional and gender disparities.

43 12% of GDP during FY 2007 was spent on subsidies, grants, and social benefits and the government announced that the social spending will remain stable despite the global financial and economic crisis.


VII. The Right to Health

45. **Egypt continues to spend less on health care compared to other countries of the same socioeconomic level and public spending on health has decreased over the years.** Public spending in 1994-95 accounted for 46% of total health expenditure, but only 31% in 2001-02. Additionally, there has been an increase in family out-of-pocket spending on health care, particularly on medication, placing an even greater burden of illness on citizens. In 2002, out-of-pocket spending was 63% of total spending, and it is currently estimated to be more than 70%.\(^{48}\)

46. **Almost half of Egyptians do not have health insurance.** Those who are in the informal sector, self-employed, farmers or rural residents largely make up the 46% of Egyptians without health insurance coverage. The Egyptian government is planning to submit a new health insurance bill to parliament at the end of this year, but the latest draft of the bill has not been made available for consultation with civil society and other stake-holders. Furthermore, there are concerns – based on the earlier drafts that the government circulated – that the new health insurance scheme would include only a limited package of services, and that the premiums and co-payments for those insured would be costly. This new system – which would be compulsory for all Egyptians – would exclude coverage of many essential catastrophic diseases; placing treatment out of reach of society’s poor and vulnerable.\(^{49}\)

47. **The distribution of health expenditure and access to health services are greatly imbalanced, particularly between urban and rural areas and between north and south Egypt.** The majority of the population lives in rural areas (57\%)\(^{50}\), but only 3,164 health units (outpatient clinics) operate in rural areas, out of a national total of 87,097 health units in the country.

48. **Girls are less likely to receive health care than boys.** For example, Egyptian boys with acute respiratory infections (ARI) or pneumonia are more likely than girls to be taken to a medical provider (77\% of boys compared to 68-69\% of girls) or given antibiotics (60\% of boys compared to 55\% of girls).\(^{51}\) Untreated ARI infections often lead to pneumonia, which causes 15\% of under-five deaths in Egypt.\(^{52}\)

49. **Lack of access to maternal health contributes to maternal mortality, especially in rural areas.** Access to prenatal care for Egyptian women is one of the lowest among lower-middle-income MENA countries.\(^{53}\) When they give birth, only 72\% of rural women are attended by a qualified health professional, compared to 90\% of urban women, and the number of women dying in childbirth in rural areas is particularly high.\(^{54}\) For example, women in the Bani Swaif Governorate are almost three times as likely to die in childbirth as women in Kafr al-Shaikh (72.1 women die out of every 100,000 women who give birth in Bani Swaif, compared to 22.6 women who die in Kafr al-Shaikh).\(^{55}\) Most of these deaths would be preventable with adequate access to skilled health assistance.

50. **Girls continue to be subjected to female genital mutilation or cutting (FGM/C), putting their health at great risk;** over 70\% of girls aged 13 to 17 in Egypt already have undergone FGM/C. This harmful custom is particularly dominant in rural areas – for example 4 out of 5 girls have undergone the procedure in rural Upper Egypt, compared 2 out of 5 in the urban governorates. While FGM/C was fully outlawed in 2008, when amendments to the 1996 Child

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\(^{48}\) Egyptian Initiative for Personal Rights (2009) "Challenges Facing Health Expenditure in Egypt"

\(^{49}\) Egyptian Initiative for Personal Rights (2008) "Preliminary Remarks on the Health Insurance Bill."

\(^{50}\) World Bank, op cit.


\(^{53}\) World Bank, op cit.


Law provided for a complete legal ban on FGM/C, the persistence of the practice will mean that government efforts to eradicate this practice must include greater community education and awareness about the risks of FGM/C in order to protect the lives and bodily integrity of Egypt’s young girls.

51. **Stigma and discrimination against people living with HIV is very common**, despite Egypt being a low prevalence country with a less than 1% infection rate. The Egyptian government still maintains a number of decrees prohibiting people living with HIV from certain governmental posts. These include a decree by the Minister of Health and Population (decree 184/2001) for posts in the public prosecution and for posts in the Suez General Authority (decree 463/1995), and by the Minister of Defense for those in the military service (decree 227/1991). Furthermore, twelve men were arrested on the grounds of their actual or suspected HIV serostatus in 2008. Human rights violations were committed against these men, including mandatory HIV testing, torture and ill-treatment, and five of them are still serving prison terms after being convicted in February 2008. Decree 463/1995 by the Minister of Health also discriminates against people with Hepatitis C and B.

52. **There are still obstacles to achieving the highest attainable standard of mental health for all.** In April 2009, parliament adopted a new law on mental health that significantly improved the legal protection of the rights of persons with mental disorders. There were, however, a number of areas that were absent or insufficiently addressed. The law does not include a reference to the government's positive duty to provide mental health services and to promote and protect the right to the highest attainable standard of mental health. Furthermore, the bill does not ensure the establishment of a network of community services providing treatment, care and support to persons with mental disorders, without which the successful transition to community-based treatment cannot be achieved. The law's scope of application is also very narrow, covering only patients inside mental health institutions.

**Recommendations:**

53. Enhance linkage of public expenditure and aid flows in health to clear policy and targeting mechanisms, considering regional and gender disparities.

54. Ensure that all regions of the country and people of all income levels have equitable share of access to the health system, and benefit from basic health care by allocating and mobilizing health care resources based on population needs and cost-effectiveness. It is also important to work actively on reducing out-of-pocket expenditure.

55. Extend health insurance to all Egyptians, providing them with a basic package of services that includes all primary, secondary care and tertiary care, and that includes mental as well physical well-being, ensuring that a proper stakeholder analysis is conducted and effective participatory approach utilized.

56. Annul all decrees that discriminate against people because of their health status.

57. Develop effective policies to address the social determinants of health towards ensuring progress on access to health care, and setting in place efficient mechanisms to enhance the inter-sectoral coordination.

**VIII. Trade Liberalization and its Effect on Economic and Social Rights**

58. **Egypt continues to neglect its obligations under international and national law when negotiating agreements with international financial institutions, with no a priori assessment of their expected impact on economic and social rights.** When the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) was ratified by Egypt in 1995, significant changes resulted in the domestic Intellectual Property (IP) regulations. A new intellectual property (IP) law was passed in 2002 to ensure the country’s IP regime was TRIPS-
compliant and to update the previous law that had been in place since 1949. Such developments ushered in a new era of IP protection in Egypt, which in turn has posed challenges to the protection of access to medicines. In recent years, the Egyptian government has been pressured to implement “TRIPS-plus” provisions that would further limit pharmaceutical competition, making it even more difficult for Egyptians to access affordable medicines. These pressures have been exerted both in bilateral trade negotiations and in the form of protracted and expensive litigation by multinational pharmaceutical manufacturers against both the Ministry of Health and local generic drug producers.

59. **Not all workers in Egypt are protected by the same labor laws.** In 2005, Egypt signed an agreement with the United States on Qualified Industrial Zones (QIZ), whereby companies in the designated industrial areas enjoy duty free customs in the United States. Companies in these zones however are also not obliged to abide by legislation governing employment conditions in Egypt, thereby depriving workers in these areas of their rights to safe working conditions and leaving them without legal protection.

60. **Agricultural liberalization may have significant negative effects in Egypt in the short and medium terms.** Egypt signed an association agreement with the European Union in 2002, which entered into force in 2004. A sustainability impact assessment of the agreement prepared for the European Commission showed that risks include greater vulnerability of poor households to fluctuations in world market prices for basic foods, and adverse effects on the status, living standards and health of rural women and families. In addition, significant negative impact on employment including wages policy, labor market flexibility, vulnerability, workforce mobility and transferability of skills is also expected. The government failed to undertake clear steps to ensure limitation and mitigation of these outlined threats to the social and economic rights of various communities.

**Recommendations:**

61. Take measures to ensure that government officials responsible for economic and trade policy know about Egypt’s obligations under the Covenant on Economic, Social and Cultural Rights and that various government ministries coordinate to ensure that trade policies do not undermine social policies. These officials also should take steps to ensure that trade-related intellectual property rules do not undermine the State party’s ability to ensure access to affordable medicines for the population and make extensive use of the flexibility clauses permitted in the TRIPs Agreement in order to ensure the right to health for everyone.

62. Take measures to ensure that Egypt’s negotiations on bilateral and multilateral agreements are enshrined in a human rights-based approach.

63. Adopt a unified and carefully considered policy focused on guaranteeing access to medicines, taking into consideration that Egypt does not have a clear policy on access to medicines that ensure their availability and accessibility to all.

64. Amend the labor laws in QIZ and oblige multinational companies and businessmen to apply the international labor standards that Egypt has adopted, ensuring the application of occupational health, safety regulations, collective bargaining agreements and respect for trade union freedom.

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59 Egyptian Initiative for Personal Rights (2005) "Egypt's State Responsibility to Protect the Right to Health after the Implementation of the TRIPS."

60 For example, in April 2006, Eli Lilly filed a case (no. 22218/60) before the Court of Administrative Justice against the Minister of Health, the Prime Minister, the Chair of the Academy of Scientific Research and Technology (ASRT) and Apex Pharma seeking to stop the marketing of Olapex - a generic version of its own Olanzapine (produced under the commercial name Zyprexa).

61 Land Center; “Who will stop the slavery in the free economic areas”. This information is reflected in the ITUC report 2009.

ANNEX-I

LIST OF RESEARCH AND DRAFT NGOs

ARAB NGO NETWORK FOR DEVELOPMENT (ANND)
Address: Wata El Mseitbi, Boustani Str, Zoheiri Bldg, 3rd Floor
P.O.Box: 14/5792 Mazraa 1105 2070 Beirut, Lebanon
Tel: 00-961 1 319366
Fax: 00-961 1 815636
E-mail: annd@annd.org
Website: www.annd.org

ASSOCIATION FOR HEALTH AND ENVIRONMENTAL DEVELOPMENT (AHED)
Address: 17 Beirut st., Apt # 501,505. Heliopolis, Cairo, Egypt
Tel: 00-202 2 2 565612
Fax: 00-202 2 2 565613
E-mail: ahednet@ahedegypt.org
Website: www.ahedegypt.org

BUDGETARY AND HUMAN RIGHTS OBSERVATORY (BAHRO)
Address: 28 Emarat Bank El Eskan we Al-Taemeer, the 11th Area, 6th of October, Cairo, Egypt
Tel: 00-201 2 2749253
Fax: 00-202 38302790
E-mail: bahroeg@gmail.com

CENTER FOR ECONOMIC AND SOCIAL RIGHTS (CESR)
Address: C/Fuencarral, 158-1ºA 28010 Madrid, Spain
Tel: 00 34 91 448 3971
Fax: 00 34 91 448 3980
E-mail: rights@cesr.org
Website: www.cesr.org

EGYPTIAN CENTER FOR ECONOMIC AND SOCIAL RIGHTS
Address: 1 Sour El-Tawfeeqeya Street, Fourth Floor, Cairo, Egypt
Tel: 00-201 2 1519598
E-mail: ecesr.egypt@gmail.com

EGYPTIAN INITIATIVE FOR PERSONAL RIGHTS (EIPR)
Address: 8 Mohamed Ali Jinnah (formerly Elbergas) St., Garden City, apt. 9, 4th floor Cairo, Egypt
Tel: +(202) 2794 3606
Fax: +(202) 2796 2682
E-mail: eipr@eipr.org
Website: www.eipr.org
ANNEX-II

LIST OF SUPPORTING NGOs

ARAB FOUNDATION FOR CIVIL SOCIETY AND HUMAN RIGHTS SUPPORT
Address: 18 Huda Shaarawi Street, Sixth floor, Cairo, Egypt
Tel: +20223937575
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