Egypt Healthcare System
Past and Future

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Objectives

- A glimpse into the past
- General organization and structure of health system in Egypt.
- The package of health services provided at different facility levels
- How the Egypt health care system is funded
- Issues related to the health system and quality of care
- Healthcare reform
A GLIMPSE INTO THE PAST

Each Nation’s Healthcare System is a Reflection of its:

- **History**
- **Politics**
- **Economy**
- **National values**
EDWIN SMITH PAPYRUS 1600 B.C.

- 5 meters long.
- World's oldest surviving surgical document.
- **Describes 48 cases of wounds** of head, neck, shoulders, and chest.
- Discusses bone fracture and gives description of some of surgical instruments in exquisite details.
THE KAHUN GYNECOLOGICAL PAPYRUS (1825 B.C.)

Describing:
- Gynecological symptoms
- Anatomy of the reproductive organs
- Contraception and vaginal applicants
- Testing for pregnancy
- Diagnosing the sex of the fetus
- Case report on a vesico-vaginal fistula

Goddess Isis giving birth, watched by Hathor the guardian-goddess of women and domestic bliss. She took the shape of a cow.
General Organization of The Health System

- Government Sector
- Parastatal Sector
- Private Sector
Government Sector

The Ministry of Health and populations (MOHP) is the largest provider of health services, the organizational structure of the MOHP consists of two functional structures:

- Administrative structure
- Service delivery structure
Administrative structure

Central Headquarter
- Planning
- Supervision
- Program management

Five sectors
- Curative health service
- Administration and finance
- Population and family planning
- Basic and preventive health service
- Central administration for minister’s office

Each sector is headed by undersecretary

There are 13 headquarter undersecretaries
They report to the minister (Preventive care, Laboratories, primary healthcare, curative care, research, pharmaceuticals, dentistry, family planning and nursing)

Governorate-level health directorates
- Reports to MHOP on technical matters
- Reports to governorate administration headed by governor on administration and day to day activities
- Each headed by undersecretary or general director
- They receive reports from 230 health districts (each district has director)
Service Delivery Structure

The **MOHP** is currently the major provider of primary, preventive, and curative care in Egypt, with around **5,000 health facilities** and more than **80,000 beds** in approximately **1,048 inpatient** facilities spread nationwide.

The **private sector** has **2,024 inpatient** facilities, with a total of about **22,647 beds**. This accounts for approximately **16%** of the total inpatient bed capacity in Egypt.
Other Governmental Players

Many other ministries operate their own health facilities that cater to their employees.

- **Ministry of Agriculture**
- **Ministry of Religious Affairs**
- **Ministry of Defense:** Armed Forces
- **Ministry of Transport:** railway employees
- **Ministry of Interior:** police and the prison population
- **14 medical schools** (Faculties of Medicine), affiliated with the major universities
- **36 university hospitals:** (secondary and tertiary care facilities, much more advanced in terms of technology and medical expertise in comparison with MOHP facilities). Cairo University is considered the largest and most sophisticated hospital in this group. These university hospitals are operated under the authority of Ministry of Higher Education.
**Parastatal Sector**

Governmental and Parastatal sectors are run by the state. From a **financial prospective** Parastatal has more autonomy and separate budget, but from **political prospective** government (MOHP) has a controlling share of decision making.

- **Health Insurance Organization (HIO):** 39 hospitals, 7,141 school health clinics, 1,040 specialist clinics or polyclinics, 51 owned and 49 contracted pharmacies.

- **The Curative Care Organizations (CCO):** Operate 11 hospitals, with 2,127 beds.

- **General Organization of Teaching Hospitals and Institutes (THO):** 18 institutes and hospitals

**Private Sector**

- **Private Practices:** Physicians
- **Private Facilities:**
- **Private Voluntary Organizations (PVOs):** Affiliated with charitable or religious organizations
- **Nongovernmental Organizations (NGOs):** e.g. Egyptian Family Planning Association (EFPA), clinical service improvement (CSI) (funded by USAID),...etc.
Current Situation

The Egyptian Ministry of Health and Population (MOHP) is responsible for all roles of providing healthcare as a:

- Policy maker
- Payer
- Provider
- Regulator
MOHP Public Health Programs

- Health Promotion Programs
  - Health Education
    - Healthy living
    - School health program
    - Environment health (water and food safety)
    - Injury prevention and control of traffic accidents.
  - Control of Diarrheal Diseases and Acute Respiratory Infections Programs
  - Population, Reproductive Health, and Family Planning Program
  - Expanded Program on Immunization
  - Maternal Health
Reduced mortality rates among infants and children from diarrhea, immunization-preventable diseases and respiratory infections.

Source: WHO

- Under 5 Mortality Rate
Country in transition: Change in disease pattern
Country in transition: Change in disease pattern

• The distribution of the burden of diseases has changed from a predominance of infectious and parasitic diseases to a different mortality whereby cardiovascular disease are currently the leading cause of mortality.

• Egypt is therefore affected by a dual burden of disease, thus associating the morbidity and mortality patterns of developing countries with those induced by modernization.
Rising prevalence of risk factors such as obesity, smoking and hypertension, responsible for chronic diseases.
## Change in disease pattern

### Top 10 Causes of Deaths in Egypt

<table>
<thead>
<tr>
<th>Rank</th>
<th>Condition</th>
<th>Mortality (%) 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Ischemic heart diseases</td>
<td>21%</td>
</tr>
<tr>
<td>2.</td>
<td>Stroke</td>
<td>14%</td>
</tr>
<tr>
<td>3.</td>
<td>Cancer</td>
<td>9%</td>
</tr>
<tr>
<td>4.</td>
<td>Cirrhosis</td>
<td>9%</td>
</tr>
<tr>
<td>5.</td>
<td>Lower Respiratory Infection</td>
<td>4%</td>
</tr>
<tr>
<td>6.</td>
<td>Chronic Obstructive Pulmonary Disease</td>
<td>4%</td>
</tr>
<tr>
<td>7.</td>
<td>Chronic Kidney Disease</td>
<td>3%</td>
</tr>
<tr>
<td>8.</td>
<td>Road Injuries</td>
<td>2%</td>
</tr>
<tr>
<td>9.</td>
<td>Hepatitis</td>
<td>2%</td>
</tr>
<tr>
<td>10.</td>
<td>Diabetes</td>
<td>1%</td>
</tr>
</tbody>
</table>

Source: WHO World Health Statistics 2006
IS HEALTH CARE A RIGHT?
Development of insurance coverage ratios

The proportion of insurance coverage

Non insured: %41

Insured: %59

Development of insurance coverage ratios

<table>
<thead>
<tr>
<th>Year</th>
<th>Coverage Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>8%</td>
</tr>
<tr>
<td>1995</td>
<td>36%</td>
</tr>
<tr>
<td>2000</td>
<td>42%</td>
</tr>
<tr>
<td>2005</td>
<td>52%</td>
</tr>
<tr>
<td>2010</td>
<td>58%</td>
</tr>
<tr>
<td>2011</td>
<td>59%</td>
</tr>
</tbody>
</table>
Demographic Indicators

Source: World Health Organization (WHO), Egypt Health Profile May 2013

<table>
<thead>
<tr>
<th>Indicator</th>
<th>EGYPT (2012)</th>
<th>REGIONAL average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (thousands)</td>
<td>82537</td>
<td></td>
</tr>
<tr>
<td>Population living in urban areas (%)</td>
<td>43</td>
<td>49</td>
</tr>
<tr>
<td>Total fertility rate (per woman)</td>
<td>3</td>
<td>3.2</td>
</tr>
<tr>
<td>Maternal mortality ratio (per 100 000 live birth)</td>
<td>66</td>
<td>250</td>
</tr>
<tr>
<td>Under-five mortality rate (per 1000 live birth) both sexes</td>
<td>21</td>
<td>58</td>
</tr>
<tr>
<td>Life expectancy at birth (years)</td>
<td>73</td>
<td>68</td>
</tr>
<tr>
<td>Crude birth rate (per 1000)</td>
<td>31.9</td>
<td>23.8</td>
</tr>
</tbody>
</table>
What’s good about the system

- 95 percent of the population had physical access to care.
- Extensive healthcare infrastructure.
- Over 90 percent of the population had access to safe water and sanitation.
- 90 percent of children were immunized.
- Population growth had been brought down significantly. (except last 2 years)
- Another encouraging factor to emphasize: in contrast to many other countries in the Region, Egypt does not face a shortage of qualified staff but on the opposite upholds a large talent supply with regards to the various arms of the healthcare industry.
Health System Problems

The MOHP is currently undertaking the roles of planning, budgeting, financing, resources allocation, regulation, monitoring and evaluation as well as health care service delivery.

- MOHP lacks adequate monitoring over its budgets, investment planning.
- Workforce distribution poorly allocated:
  - Between urban and rural areas.
  - Between primary, secondary, and tertiary care.
  - Among different specialties.
- The structure of health system is vertically organized and highly centralized with little communication and interaction. Which has lead to a considerable degree of lack of responsiveness between the local needs and related policies.
- Redundancy and lack of clarity regards to the roles and responsibilities.
Health System Problems

- The MOHP decision-making process is mostly subjective and rarely information based because the management information systems are under-developed.
- Lack of management skills compared to the increasing complexity of health systems.
- The organization and management of the system was fragmented and inefficient.
- There were too many beds (hospital occupancy rate below 35%) and physicians (four times as many as other comparable income countries); yet, there were serious shortages in some rural areas creating access problems.
- Inefficiencies in the health delivery system.
Too little was spent on health

Health expenditure, total (% of GDP)

Source: World Bank

- Middle East & North Africa
- Egypt

2004: 5.1, 5.1
2005: 4.9, 5.1
2006: 4.7, 5.3
2007: 4.9, 4.9
2008: 4.9, 4.8
2009: 5.6, 5.0
2010: 5.5, 4.7
2011: 5.8, 4.9
Egypt General government expenditure on health (GGHE) as % of THE

Sources: World Health Organization (WHO) NHA data, Egypt
Egypt Private expenditure on health (PvtHE) as % of THE

Sources: World Health Organization (WHO) NHA data, Egypt
Out-of-pocket Expenditure as % of PvtHE

Global Health Expenditure Database4
Who Pays for Healthcare?

Households continue to remain the single largest source of health financing

Sources: World Health Organization (WHO) NHA data, Egypt NHA results
Who’s Getting Our Money?

In 2008/09, spending at private facilities accounted for 64 percent of total health spending. Of this spending, pharmaceuticals and private clinics accounted for half of all health spending in Egypt.

Sources: World Health Organization (WHO) NHA data, Egypt NHA results
Health System Reform
Call for Reform

- **Redefine** the role of the MOHP as a regulator, facilitating the empowerment of the healthcare sector by private initiatives and should **stop** seeing itself as a provider.
- Comprehensive **pharmaceutical** reforms.
- The distribution, efficiency, and quality of the **human resource**, needed to be improved.
- The **service delivery system** needed to be restructured.
- Increase investments for **primary health care**.
- **Governance structures** on both the national as well as the corporate level need to be enhanced.
- The continuous **political support** of the Government will be critical for the success of this change.
- Organizational **structure** and **management** of the system needed reform.
Call for Reform

Functions | Current actors | Potential actors
---|---|---
Policy makers | Ministry of Health and Population | MoHP? Policy maker
Regulators | | Regulator
Payors | Other Ministries, Health insurance organisation, Private hospitals and clinics | Purchaser Other Ministries
Providers | Private hospitals and clinics | Public hospitals and clinics

Source: MOH team analysis

- Reform will require strengthening the main healthcare functions
- The allocation of functions amongst the actors (including HIO), and their structure and relative autonomy, is still to be determined
Call for Reform

Source: MOH team analysis

Policy functions

Scope of MoH

- Public health
- Primary care
- Secondary and tertiary care
- Dentistry
- Pharmaceuticals
- Mental health
- ...

Roles

- Define vision. Formulating and monitoring the healthcare system vision and macro-level targets
- Set framework. Setting of principles, guidelines and responsibilities in the system, as well as ground rules/laws for incentives, structures and means of control
- Review performance. Planning infrastructure (planning system capacity); monitoring budgets and service levels
- Not included: provider ownership and management

Institution

Policy

Ministry of Health

Regulation

Independent regulator

Payor

National payor

Service provision

Public & Non-public providers
Economic austerity kills and makes people sick

According to David Stuckler, a leading sociology researcher at Oxford University, and Sanjay Basu, assistant professor of medicine at Stanford Prevention Research Center
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Any Questions
Thank you Thank you