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For Better Health Services in Egypt

Egypt Network for Integrated Development

Policy Brief 009

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The Need

In 2005, the World Health Organization established the Commission on Social Determinants of Health, in an effort to draw the attention of governments to social factors leading to health inequities, especially among the poor. This was in recognition that economics, social policies and politics played a crucial role in the circumstances in which people are born, live, work, as well as the health systems that are put in place to combat illness, consequently impacting individual and community health.[2] There was an acknowledgement of a worldwide shift from the predominance of communicable diseases and epidemics to non-communicable diseases, nutrition and resource allocation as determinants of health.

In Egypt, over the past five decades, this trend has become increasingly visible, with a steady rise in lifestyle and nutrition related disease such as hypertension and cardiovascular diseases, of Type II diabetes and some types of cancers.[3] A study on poverty and food security indicates a progressive increase and severity of stunting[4], long used as a measure of impact of malnutrition on health, and an indication of chronic poverty. It also showed concerning levels of anaemia; 50.2% among children ages 6-59 months, 48.2% among youths aged 15-19 years, and 44.1% prevalence among women aged 20-49 years.[5]The data indicates a rising trend in lifestyle disease, and an urgent need for intervention to address the negative impact of such diseases on the upcoming generations. In addition to diseases related to malnutrition, there are also environmental factors contributing to ill health. Increasing levels of food, water, and air pollution are further exposing Egyptian families to health risks. In fact, the World Health Organization conservatively estimated that cancer cases had increased twenty fold in 2005, in comparison to 2009.[6]

Communities in Upper Egypt are further exposed to health risks due to lack of basic services and infrastructure delivery, such as lack of sewage infrastructure, potable water, and accessible health services. This is evident in health indicators which show that in 2005, child mortality rates and under five mortality rates were 18.4% and 23.6% compared to 14.5% and 19.4% in frontier governorates.[7] The gap in basic service provision, aggravated by multiple shocks faced by the poor economically, lead to a multitude of health related problems and decreased income, which affect health seeking behavior. This is augmented by policies and inequitable distribution of resources that are skewed towards Lower Egypt and Frontier governorates, leaving the already poor communities of Upper Egypt even more vulnerable.

A focus on service delivery alone will not solve the disparity. A more holistic integrated approach that considers service delivery, infrastructure, lifestyle approach, supportive social and economic policies is

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[1] This policy brief is based on two papers, presented to the African Development Bank entitled *Community Development in Rural Upper Egypt with aFocus on Health and Education*, by HowaidaAdly Roman and; *Health as a Development Goal* by Habiba H. Wassef. The papers were developed as chapters in a series of papers on Social Policies Affecting Communities in Rural Upper Egypt for the Egypt Network for Integrated Development (ENID).

[2] WHO, http://www.who.int/social_determinants/thecommission/en/index.html. Accessed November 2013.

[3] Ministry of Health and Population, 2011."*Annual Report 2010*".National Information Centre for Health and Population.

[4] WFP and CAPMAS, 2013. *The Status of Poverty and Food Security in Egypt: Analysis and Policy Recommendations*.

[5] ibid

[6] Wassef, Habiba, H. (2013), *Health as a Development Goal*. Chapter in a series of papers on Social Policies Affecting Communities in Rural Upper Egypt for the Egypt Network for Integrated Development (ENID).

[7] ibid

necessary to ensure that all facets of the problem are addressed. Rather than develop new health programs and services, it would be more feasible to address the shortcomings of the current system, and establish linkages with other sectors that have an impact on health.

ENID Approach

ENID proposes the reactivation of the Supreme Council of Health, which was formed under the Health System Reform (HSRP) program in Egypt in the late 1990's. The mandate of the renewed Council would be to propose, promote and monitor evidence based policies focused on preventive medicine, and the delivery of effective, efficient, and high quality public health care service. It would promote best practices and innovative ideas for better health that are inter-sectoral and multi-disciplinary.

The Health Council would develop a national health plan that is holistic in nature and recognizes the importance of the whole person; the physical, psychological, and social dimensions, as well as the way people interact with their cultural and physical environment. There would be clear objectives, targets and outcomes of national and sub-national health indicators that are measured, assessed and re-evaluated periodically. The Council would act as a coordinating body, and a partner in quality program planning, management, evaluation, and community health services, as well as monitoring body for other impacts on health such as education programs, environmental risk factors, and lifestyle habits.

At the sub national level, the Council would focus on actionon social determinants with the purpose of reducing regional inequities, by generating information, developing inter-sectoral coordination and community participation in the formulation, implementation and monitoring of public health policies. For rural Upper Egypt, this would entail a closer look at social policies, unequal economic measures, and the role of politics, which the World Health Organization has recognized as having an impact on health.[8]

Results

There are various worldwide models of health Councils, including in Canada, the United States, the United Kingdom, and Qatar. All these revolve on the premise that public health care needs to be monitored and supported with research, to deliver the best possible services to communities. These services include direct service delivery through public clinics and hospitals, awareness raising, as well as a channel for monitoring health care professionals. The recommendations are designed to improve access to health care, reduce disparities in health status, assist state and local governments in the development of sound and rational health care policies, and advocate on behalf of the underserved. Local health councils study the impact of various initiatives on the health care system, provide assistance to the public and private sectors, and create and disseminate materials designed to increase their communities' understanding of health care issues.[9]

The Health and Care Professions Council (HCPC) in the United Kingdom goes so far as to register health care professionals, and closely monitors training programs they need to complete before they can register to practice. It provides the public with assurance that these professionals are monitored, and provides an avenue of redress in cases of malpractice.[10]

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[8] WHO, The 66th World Health Assembly May 2013.http://www.who.int/social_determinants. Accessed November 2013

[9] The Health and Care Professions Council**,** http://www.hpc-uk.org/aboutus/**.;**The Health Council of South Florida, Inc. http://healthcouncil.org/aboutus.asp.; Health Council Canada, http://www.healthcouncilcanada.ca/content.php?mnu=5&mnu1=2; Qatar Supreme Council of Health, http://www.sch.gov.qa/sch/En/ All accessed November 2013.

[10] The Health and Care Professions Council**,**http://www.hpc-uk.org/aboutus/**.**Accessed November 2013.

In Egypt, the Health System Reform Program was initiated in 1997, as a partnership between the Ministry of Health and The World Bank. A first phase was initiated in the pilot governorates of Alexandria, Menoufia and Sohag (1998-2004) and subsequently extended to Qena and Suez (2004-2005). The aim was to improve the quality of service delivery, through various avenues including introducing Family Health Centres, enhancing the capacity and skills of service providers and increasing the collaboration between stakeholders in the field of health. The Supreme Health Council was established to act as the coordinating entity between all the partners, including NGOs, community members, and government ministries. The program came to a close in 2006.

While it is not within the scope of this brief to assess the results of HSRP, it is important to note that the evaluation of the program indicated the need for human resource development to be extended to staffing mechanisms; and the empowering of citizens to locally strengthen monitoring of the program. It also pointed to the importance of outreach programs in helping patients shift from secondary to primary care. [11] Moreover, there is a dire need to both restructure and monitor the hugely fragmented health care system in Egypt, while enhancing the role of governance and decentralization in improving overall health, including service delivery, awareness raising, community participation and lifestyle information. These would be some of the main objectives under the mandate of the newly activated Supreme Health Council.

Policy Implications

To establish a Supreme Health Council with the proposed mandate, there has to be an extremely high level of stakeholder collaboration, as well as monitoring and evaluation of the various facets of the holistic approach that is to be employed. There has to be recognition that policies in other areas/sectors will have an impact on health, and should be viewed accordingly. The Health Council, informed by data, case studies, research and community feedback, should have the authority to question, propose, amend, monitor policies and services as they relate to health. For this to occur effectively, there need to be some policy adjustments at the legislative, administrative and social levels.

Legislative Level

The Supreme Health Council has to be re-established with authority. It should have influence over stakeholders, access to information and data, power to hold stakeholders accountable, to request allocation or reallocation of budget/funds. To balance this authority, there has to be an oversight or review board that monitors the work of the Council. This should all be legislated once a precise mandate for the Council is worded, both to allow it to function effectively, and to prevent any misuse of authority.

For the Council to effectively carry out its mandate, especially in the areas of preventative medicine and minimizing the impact of social determinants on health, other sector policies such as education, economics, environment,social services, and the new Food Safety Agency have to clearly indicate how their programs will affect health.

[11] Grun, Rebekka and Javier Ayala, Impact Evaluation of the EgyptianHealth Sector Reform Project - Pilot Phase. http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2010/05/24/000333037_20100524002725/Rendered/PDF/545120WP0Egypt10Box349420B01PUBLIC1.pdf. Accessed November 2013.

Administrative Level

The degree of multi-stakeholder collaboration and coordination that is required for effectively executing the mandate of the Supreme Health Council does not currently exist in Egypt. Despite the rhetoric of decentralization that has occupied the political arena since the early 2000's, a highly rigidcentralized bureaucracy is the reality. One of the problems cited in the evaluation of the HSRP was "the absolute lack of public dialogue and involvement of the healthcare system stakeholders in the process. "[12]There are serious issues in communication vertically within institutions, as well as horizontal communication between different institutions and sectors. There has to be a real commitment to decentralisation, and the actual development of human capacities at the central and regional level for this kind of communication and collaboration through continuous round table discussions, and meetings where stakeholders are held accountable for their participation, or lack thereof. This includes members of civil society and the affected communities where programs are initiated.

Human resource development has to be a priority. A particular focus should be placed on needs of rural areas, including social and cultural barriers to health improvements, such as lack of female doctors/nurses, illiteracy, and inadequate staffing. Staffhave to receive continuous training on developments, progress and innovations in the medical field.

Social Level

Civil society, especially in rural areas, has a wide reach, and is effective in implementing community participation and awareness programs. Local Civil Society Organizations should be utilized to aid in capacity building, community monitoring, and assessment programs.

Community watch groups should be established to monitor the delivery of health services in local communities. While some of these groups were initiated during the HSRP, there has been no evaluation of their impact. They should be reassessed and activated within the framework of the Supreme Council for Health.

Comprehensive public awareness campaigns should be developed, informing communities on the impacts of environment, nutrition, education on health. The importance of preventive medicine and primary health care should be highlighted.

Recommendations

- The Ministry of Health needs a critical assessment of its current programs, services, and health care system in general. Policies and programs that are outdatedor not implemented as envisioned need to be revised and adapted. Special attention should be paid to the channels through which services are delivered in order to minimize inefficiencies.
- Training and staffing needs of the health care system in its entirely have to be rigorously assessed. This includes not only medical staff, but also related employees in the overall bureaucracy.

[12]Grun, Rebekka and Javier Ayala, Impact Evaluation of the EgyptianHealth Sector Reform Project - Pilot Phase. http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2010/05/24/000333037_20100524002725/Rendered/PDF/545120WP0Egypt10Box349420B01PUBLIC1.pdf. Accessed November 2013.

- A thorough review of the role of the Supreme Health Council established during HSRP should be conducted, and a new mandate established.
- A pilot program, focusing on a holistic approach to medicine, should be piloted in Quena, where previous reforms have been initiated with some success. It should include an assessment of social determinants of health, community involvement, assessment of the health care system in the governorate, and should be used as an experimental model.

References

Grun, Rebekka and Javier Ayala, Impact Evaluation of the EgyptianHealth Sector Reform Project - Pilot Phase.
http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2010/05/24/000333037_20100524002725/Rendered/PDF/545120WP0Egypt10Box349420B01PUBLIC1.pdf. Accessed November 2013.

Health Council Canada, http://www.healthcouncilcanada.ca/content.php?mnu=5&mnu1=2. Accessed November 2013.

Roman, HowaidaAdly (2013), *Community Development in Rural Upper Egypt with aFocus on Health and Education.* Chapter in a series of papers on Social Policies Affecting Communities in Rural Upper Egypt for the Egypt Network for Integrated Development (ENID).

The Health and Care Professions Council,http://www.hpc-uk.org/aboutus/. Accessed November 2013.

The Health Council of South Florida, Inc. http://healthcouncil.org/aboutus.asp.
Accessed November 2013.

Ministry of Health and Population, 2011."*Annual Report 2010*".National Information Centre for Health and Population.

Qatar Supreme Council of Health, http://www.sch.gov.qa/sch/En/. Accessed November 2013.

Wassef, Habiba, H. (2013), *Health as a Development Goal*. Chapter in a series of papers on Social Policies Affecting Communities in Rural Upper Egypt for the Egypt Network for Integrated Development (ENID).

World Food Program (WFP), 2013.*The Status of Poverty and Food Security in Egypt: Analysis and PolicyRecommendations*,(Preliminary Summary Report). Study undertaken as a joint effort of CAPMAS, Cairo University and IFPRI.

World Health Organisation (WHO), The 66th World Health Assembly May 2013. http://www.who.int/social_determinants. Accessed November 2013.

World Health Organisation, http://www.who.int/social_determinants/thecommission/en/index.html.
Accessed November 2012.