

Current situation, progress and prospects of health for all in Egypt

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SUMMARY This country report outlines the current health system in Egypt, its organization and the challenges it faces. It discusses the health sector reforms being carried out and the achievements that have been made so far. The prospects for health for all in Egypt are considered, with particular reference to the Healthy Egyptians 2010 initiative, which focuses on maternal and child health, injury control, environmental health and smoking control.

Introduction

Egypt lies in the continent of Africa at the most north-eastern corner, with part of the country in Asia — the Sinai peninsula. Egypt extends from the Mediterranean Sea in the north to Sudan in the south, and from the Red Sea in the east to the Libyan Arab Jamahiriya in the west, a total area of more than 1 million square kilometres.

However, only 6% of the land is inhabited, the population being concentrated in the Nile Valley and Delta. The total population of Egypt in 1996 was 59.2 million people and in 2000 it is about 63 million people. The population density in the inhabited land is about 1000 inhabitants per square kilometre. Some areas of Cairo are extremely crowded and have a population density of over 110 000 inhabitants per square kilometre. Therefore, the Egyptian government has adopted a policy of land reclamation and fostering of new settlements in the desert to ease the population pressure in the larger urban areas and to restrict construction on agricultural land.

Administratively, Egypt is divided into 26 governorates plus the city of Luxor. The four urban governorates (Cairo, Alexandria, Port Said and Suez) have no rural areas. Each of the other 22 governorates comprises urban and rural areas: 9 of these governorates are located in the Nile Delta (lower Egypt), 8 are located in the Nile Valley (upper Egypt). The governorates are divided into 230 districts with a district town, subdistricts and villages. The district may include a population of more than 50 000 inhabitants, and the inhabitants in the subdistrict may vary from 5 000 to over 15 000.

Current health system

Organizational structure

The government sector responsible for health includes the Ministry of Health and Population (MOHP), the Ministry of Education which is responsible for University Hospitals, other ministries and the public organizations responsible for teaching, hos-

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pitals and institutions. The public sector includes the public organization for health insurance (HIO), the Curative Care Organization (CCO) and other public sector organizations that provide mainly hospital services.

The private sector provides its services through private clinics, polyclinics or group practices managed by private physicians, nongovernmental organizations (NGOs) and private hospitals.

MOHP includes the administrative structure and the service delivery structure. There is a formal referral system in the MOHP system. Today, most Egyptians have reasonable access to free primary health care provided by a government team of health personnel. The system operates through a vast network of more than 2209 rural and 238 urban health units, 161 integrated hospitals, 337 women health centres, 164 maternal and child health centres, 354 health offices, 214 district general hospitals, 196 specialized hospitals, fever hospitals and 13 teaching hospitals and institutes. These are evenly distributed throughout the country. However, the government's success in bringing modern primary health care within reach of most communities has not been matched by a similar success in increasing cultural acceptability.

Challenges to Egypt's health system

Egyptian health care faces many challenges to improve and ensure the health and well-being of the Egyptian people. Primarily, there is the double burden of combating illnesses associated with poverty and lack of education coupled with those linked to populations undergoing rapid social and economic development.

By the year 2020, the population of Egypt will have grown by 50%. Access to global communications and commerce is raising the expectations of the population

for more and better care and for new, expensive health care technology.

The following facts clearly indicate the need for health sector reform.

- On average, 174 mothers die for every 100 000 live births, with higher rates in some governorates.
- One child in 12 dies before reaching the age of 5 years; this figure is 1 in 7 in rural upper Egypt.
- Less than 40% of the population benefits from social or private health care insurance coverage.
- Poor individuals and families pay a greater proportion of their personal income for health care than the more wealthy.
- About 60% of all primary care visits take place in the private sector facilities. Doctors refer public patients to private practices.
- Public primary health care facilities lack supplies and drugs, and staff are insufficiently trained.
- Physician training is insufficient and there is a shortage of skilled nurses.
- In all, 50% of deaths in emergency cases are due to improper case management.
- There are 29 different uncoordinated government and public entities all involved in the present health care system.

Health sector reform

In order to fulfil its responsibilities and achieve public health care goals, MOHP has developed a health sector reform programme which aims to build on the strengths of the current health system and rectify the weaknesses. The health sector reform programme is based on the following guiding principles.

Universality

The system aims to cover the entire population with the provision of a basic package of priority services. Every person in the country will have the same access to and benefits from basic health care.

Quality

The standards of health care and facilities will be improved and assured, and diagnostic, clinical and nursing education and training will be enhanced. Professional and ethical treatment, and public satisfaction and trust should characterize the health care system.

Equity

Financing for health care services should be based on ability to pay, while the provision of services should be based on need. All regions of the country and people of all income levels will have a fair share in the health system.

Efficiency

Allocation and mobilization of human, financial and infrastructure resources for health care will be based on population needs and cost-effectiveness. The government and citizens will obtain the best health value for the money.

Sustainability

The continuity, self-sufficiency and lasting establishment of the health care system reforms will be ensured, as will be the services for the health and well-being of future generations.

Policy support and achievements

Access to health care is a basic right of all Egyptian citizens. This health care should include examination, diagnosis and treat-

ment at the best level possible and free of charge. Physical access to care is virtually universal since 95% of Egyptians are within 5 km of a facility.

From 1996 to 2000, MOHP adopted new policies and approaches and improved the existing health system in the following key areas.

Family medicine practice approach

The family is the cornerstone of Egyptian society. Thus the cornerstone of Egypt's new health care model is family medicine.

Women's and reproductive health to control population growth rate

MOHP has established hundreds (450) of women's health units throughout the country as well as mobile clinics to cover remote, deprived and unplanned areas. Women's clubs at primary health care units and centres serve as a development tool for women in general and rural communities in particular. Through women's clubs, different educational, social and economic activities are conducted.

Infrastructure development

MOHP upgraded 689 women's health centres to provide integrated care and established, renovated or upgraded others. Also 24 quarantine units and 7 international immunization centres were established or renovated among other things to check travellers from different areas.

Human resources development

During the past few years, MOHP has carried out a comprehensive human resources development plan in different fields — management, administration, leadership, communication marketing, information technology, medical records, clinical supervision, quality improvement, continuous medical education and family medicine practice.

MOHP is introducing new technologies in training, such as telemedicine and distance learning. The Ministry has acquired two television channels (Horus Vision and Imhotep) on the Nile satellite for continuous training of physicians as well as for health promotion.

The Ministry has also tried to focus on renovating, developing or establishing various training centres and has sponsored many fellowships in different subjects, such as emergency care and family medicine, at different universities in the United States of America, United Kingdom and the Netherlands.

Nursing

MOHP has improved the working and living conditions of nurses in hospitals and primary health care facilities. It has also improved salaries, incentives and benefits and provided suitable uniforms and nutritional support. Necessary supplies for nursing duties are available.

Expanding emergency services

MOHP has established 176 new, very well equipped emergency units which are located on highways, in addition to 221 traditional emergency sites every 30 km. MOHP has also allocated 2138 ambulances and 47 cars for the transfer of blood across governorates.

Emergency wards in hospitals have been upgraded and 80% of a national wireless emergency communication network has been completed.

MOHP has acquired 681 well equipped ambulances, and introduced 194 intensive and coronary care mobile units and 10 mobile operating theatres for emergency surgical procedures. Air and marine ambulances have also been added.

To improve further the emergency services, MOHP has established an emergency

care training centre linked to renowned international centres. These efforts shortened the emergency response time from 28.7 minutes in 1996 to 7.8 minutes in 1999.

Advancing curative care

Following the recommendations of President Hosni Mubarak to extend specialized services to provide quality care across the country, MOHP has established:

- across centres
- open-heart centres
- burn centres
- centres for liver disease and bone marrow transplant
- day surgery clinics
- haemodialysis centres
- ophthalmology hospitals.

Protecting the disabled and disadvantaged

MOHP has made a major investment in the newly inaugurated Medical Commission to process and award subsidies for up to as many as 2000 patients daily. Furthermore, special cases requiring a ministerial decree for treatment at government expense are guaranteed a response within 24 hours.

To extend coverage, the government has expanded the national health insurance system to cover 23.258 million people. It has also expanded coverage of vulnerable groups, notably infants under 1 year of age and schoolchildren.

Improved health status indicators

- The rate of natural increase decreased from 22.5 (1995) to 21.1 (1998).
- The crude birth rate declined from 29.6 per 1000 population (1995) to 28.4 per 1000 population (1998).

- The crude death rate declined from 7.1 per 1000 population (1995) to 6.3 per 1000 population (1998).
- The infant mortality rate was reduced from 28.8 per 1000 live births (1995) to 25 per 1000 live births (1998).
- The maternal mortality rate was reduced from 77 per 100 000 live births (1981) to 40 per 100 000 live births (1997).
- At least 90% of 1-year-olds are fully immunized (BCG, polio, diphtheria–pertussis–tetanus, *Haemophilus influenzae* type b and measles).
- Population growth declined from 2.3% (1995) to 2.1% (1997).
- The fertility rate per woman decreased from 3.6 (1995) to 3.2 (1998).

Prospects for health for all in Egypt

Healthy Egyptians 2010 is a national initiative for disease prevention and health promotion. It has the goal of assuring a healthy life span for Egyptians, building upon the health-for-all approach.

The goals of Healthy Egyptians 2010 are:

- to increase the healthy life span of the Egyptian population;
- to promote healthy lifestyles among all Egyptians;
- to assure equity and eliminate disparities among different population groups;
- to assure universality of access to primary health care for the entire population.

Healthy Egyptians 2010 focuses on maternal and child health, injury control, environmental health and smoking control.

Maternal and child health objectives

- Reduce the maternal mortality rate to no more than 50 per 100 000 live births; baseline: 174 per 100 000 live births in 1993.
- Reduce the infant mortality rate to no more than 12 per 1000 live births; baseline: 52.7 per 1000 live births.
- Reduce neonatal mortality to no more than 7 per 1000 live births; baseline: 29.3 per 1000 live births.
- Reduce the under-5 mortality rate to no greater than 15 per 1000 live births; baseline: 46.8 per 1000 live births.

Each of the aforementioned objectives has in turn a set of objectives related to strategy actions, such as health status, risk reduction, services and protection, data and information.

Injury control objectives

- Reduce deaths caused by injuries to no more than 10 per 1000 total deaths; baseline: 25.9 per 1000 total deaths.
- Reduce nonfatal unintentional injuries so that hospitalizations for this condition are no more than 20% of total injuries; baseline: 80% of total injuries.
- Reduce deaths caused by motor vehicle accidents to no more than 2.72 per 100 000 population; baseline: 4.08 deaths per 100 000 population caused by motor vehicle accidents.
- Reduce pedestrian deaths caused by motor vehicles to no more than 3% of registered injury deaths; baseline: 6% of registered injury deaths.
- Reduce the number of insect/animal-related injuries, specifically dog, scorpion, snake, cat and rodent, by 50% in children and 50% in adults.

- Reduce burn deaths to no more than 8% of total deaths from injuries; baseline: 16% of registered injury deaths.
- Reduce drowning deaths to no more than 8% of total deaths from injuries; baseline: 16% of total injury deaths.
- Reduce nonfatal poisoning to no more than 23 emergency department treatments per 1000 treated people; baseline: 45 per 1000 treated people.

Environmental health objectives

- Improve the health and air quality of Egypt by increasing the use of cleaner alternative motor fuels to 25%; baseline: not determined at present (developmental objective).
- Improve data collection on air quality by increasing the number of air pollutants currently monitored from three to six.
- Reduce outbreaks of waterborne diseases arising from water intended for drinking to no more than 10 per year.
- Reduce the potential risks to human health from surface water pollution by increasing the total population being served by sewer services to 25% in rural areas and 80% in urban areas.
- Reduce human exposure to solid waste contamination by increasing the number

of governorates served by a system of waste disposal to at least 50%.

- Increase to at least 85% the number of MOHP hospitals that have systems in place for the management and incineration of hazardous medical waste.

Smoking control objectives

- Reduce deaths from smoking-related diseases to no more than 867.2 per 100 000 population in males and 685.8 per 100 000 population in females; baseline: 893.3 deaths per 100 000 population in males and 684.3 deaths per 100 000 population in females in 1992.
- Reduce the prevalence of cigarette smoking to no more than 10% of the population; baseline: 21% of the population smoke cigarettes.
- Reduce the initiation of cigarette smoking by children and young people so that no more than 3% have become regular cigarette smokers by age 20 years and older; baseline: 48% of the Egyptian adult population (13 million) smoke cigarettes, 3.84% (500 000) are under 15 years and 0.57% (37 000) are under 10 years of age.
- At least double the cost of cigarettes by increasing the current excise tax on cigarettes.