

# Health Sector Reform

## Health System

- Health system means the "combination of resources, organization, financing, and management that culminates in the delivery of health services to the population" (Roemer 1991)
- The key institutional components of the health system are:
  - State or government institutions
  - Health care providers
  - Resource institutions
  - Purchasers of health care such as insurance agencies
  - Other sectoral agencies e.g., education, water supply, sanitation
  - Consumers or population at large

## Introduction

- The Egyptian health care system faces multiple challenges to improve and ensure the health and well being of the Egyptian people. These challenges increase the population pressure on Egyptian health system. Examples are:
  - The double burden of combating illnesses associated with poverty and lack of education.
  - The social and economic changes.
  - The rapid development and progression of the population.
  - The high birth rate combined with a longer life expectancy.

• **Egypt's Current and Future Health Care Needs: -**

- 1) Prevention and treatment of communicable respiratory, infectious and parasitic diseases, and reproductive, maternal and health care.
- 2) Prevention and treatment of chronic illnesses in adults and the aging.
- 3) Prevention and treatment of accident injury.
- 4) Health awareness and education: Better and more health information and counseling for the public is needed to prevent illness, improve nutrition, hygiene and lower the risk of communicable and non-communicable diseases. Both caregivers and beneficiaries have to increase efforts to change behaviors that increase the risk of poor health and early death.

- **Concept of Health Reform:**

Health reform means building on the strengths of the current health system and rectifying the weaknesses to achieve public health care goals. Reforms to enhance the performance of health care system ultimately increase the possibilities of the health security and prosperity of the Egyptian nation.

## **Rational for HSR:**

- On average, 174 mothers die for every 100.000 live births with increasing numbers in some governorates.
- One in 12 children die before reaching the age of 5. One in seven in rural Upper Egypt.
- Less than 40% of the population benefit 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 wealthier do.

- Sixty percent of all primary care visits take place in private sector facilities. Doctors refer public patients to private practices. Public primary care facilities lack supplies and drugs and staff is insufficiently trained.
- Physician training is insufficient and there is a shortage of skilled nurses.
- Total government spending for health care is low by international standards and insufficient to expand coverage of the poor, treat the growing population and treat the more expensive chronic and non-communicable disease and injuries.

- Drug spending and consumption are high and costly and quality controls are weak.
- According to international standards and compared to countries of similar income, Egypt has a very high surplus of physicians and hospital beds.
- Fifty percent 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.



## **HSR Components**

- HSR deals with
  - Equity
  - Effectiveness
  - Efficiency
  - Quality
  - Sustainability
  - Defining priorities
  - Refining the policies
  - Reforming institutions for policy implementations.

## **Types of Reforms**

- Changes in financing methods
- Changes in health system organization and Management
- Public sector reforms

## **Challenges to reforms**

- Unclear who has the power and responsibility.
- The minister for health?
- The medical association?
- The health insurers?
- The citizens?
- Power divided among groups - interests ?
- Doctors want more freedom and more resources
- Health insurers want more control and less spending
- Ministers want quick changes
- Public health specialists' focus is health promotion

## **Obstacles to present health care system:**

- The vertical, broad and fragmented system now in place limits Egypt's opportunities of taking advantage of the best available practices in medicine and realizing potential gains from any improvements in efficiency and quality.
- The discriminating access to health care around the country due to the geographic and financial constraints only adds to other existing problems. Despite an oversupply of physicians and beds for curative secondary and tertiary level care in urban areas rural and poor areas suffer from lack of care and high healthcare costs.

## **Strategies of Health Sector Reform:**

The government of Egypt (GOE) has articulated as its long-term goal the achievement of universal coverage of basic health services for all its citizens.

It has also stated as its priority objective, the importance of targeting the most vulnerable groups in the population, emphasizing in particular the need to identify approaches that have the most impact in reducing infant and maternal mortality rates.

## **HSRP Strategy areas are:**

- o Human resources development.
- o Health care services reform.
- o Health sector infrastructure development.
- o Health sector institutional development and capacity building.
- o Health care financial reform and its sustainability.
- o Pharmaceutical sector reform.

- *The first phase of the HSRP (five years) has the following objectives:*
- **1- Universal Coverage to a Basic Package of Primary Health Care (PHC) benefits** will be implemented in three Pilot Governorates (Alexandria, Menoufia and Sohag). This consists of:
  - Introducing family medicine practice.
  - Developing and implementing Governorate PHC Insurance System
  - Develop district and governorate health Master plans (Develop Standards and Guidelines, Technical audit, GIS and Master plans).

- Establishing the family health fund as a purchaser of care.
- Improving Quality and Efficiency of Governorate PHC Delivery System.
- Applying quality and accreditation standards prior to contracting with the family health fund.

## **2- Reforming Public Health Programs:**

- Monitoring and Evaluation.
- Integration of vertical programs.
- Partnership with the private sector and non-governmental organizations.



### **3- Reform of the Health Insurance Organization:**

- Assurance financial solvency and sustainability.
- Improving management and contracting abilities.
- Restructuring the Health Insurance Organization delivery system, which will become the future National Health Insurance Fund (NHIF), a national social insurance entity administering the country's social health insurance system.

**The Health Sector Reform Program (HSRP) is designed to improve the health status of all Egyptians by:**

1. Promoting health, preventing illness and treating it more effectively;
2. Eliminating disparities, unwarranted cost, outcome, access and quality gaps, especially for vulnerable populations;
3. Providing more appropriate and better quality services by better targeting the burden of illness and standard setting; getting better value for money; and
4. Increasing public and private support.

**THANK YOU**