

A SNAPSHOT OF EGYPT'S HEALTH SYSTEM AFTER COVID-19

The gist:

As COVID-19 hit the world, Egypt had taken its first steps towards the roll-out of a universal health coverage scheme. Several positive improvements took place within the context of the new healthcare coverage scheme, yet, its phased geographical application and the relatively limited scope of implementation it has reached so far, make these improvements difficult to consider as nation-wide developments. Our analysis revealed an improvement in some aspects related to lessons learned from COVID-19 and the concurrent implementation of the new Universal Health Insurance Law. In other healthcare systems pillars, a clear deterioration was observed particularly in the healthcare workforce, healthcare spending, and the availability of reliable data.

How did the review work?

To gauge the health of Egypt's health system, we developed a study tool based on building blocks supported by the World Health Organisation (WHO) and on the epidemic preparedness measures developed by BMJ Global Health.

[Click here](#) to see a simplified version of our study tool.

We populated the tool with information from 2019 (before the pandemic) and compared that with the reality in 2020 and 2021.

Gathering information to populate our study tool proved tricky because it's difficult to find reliable, up-to-date data about health systems in the region. To bridge the gap, our team opted for a two-prong methodology.

1. We gathered information from reports and studies published by official sources such as the Moroccan government, the World Health Organisation and the World Bank.
2. Then, we consulted with Egyptian public health experts, activists and health workers, who provided their analysis of the information we gathered based on their on-the-ground experiences. For this reason, the report and its findings include subjective elements.

Why did we do it?

The point of the evaluation is to identify the interventions that would improve the working conditions in the Egyptian health system, increase health worker retention and in so doing, help to build a health system that can deliver universal health coverage for all and respond to future health crises.

The report should also provide decision-makers and civil society actors with the knowledge needed moving forward in health systems reform efforts.

The main objective of this paper is to understand the changes and effects of the pandemic on the healthcare systems and highlight needed interventions to strengthen them.

Who was on the expert panel?

1. The ex-head of the Health Insurance Organisation
2. The head of a private sector health service provision group
3. A high elected officer at the Medical Syndicate
4. A high officer at the General Authority for Healthcare
5. A member at the health committee of the Parliament
6. An expert from a civil society organization working on the right to health
7. An expert from civil society researching economic and social rights
8. A high-leveled public officer on population issues
9. A high-leveled public officer at the Ministry of Health
10. A health systems consultant at the World Bank.



The panel was asked to vote on whether Egypt's health system was better, worse, or the same as it was in 2019. The consensus (or lack of consensus) was then justified with a short summary of each panellist's views.

How did Egypt's fare during COVID?

COVID-specific measures

Was COVID data available? (new infections, deaths & illness)	Yes. Experts in agreement.
Was COVID data credible, regular and accessible?	Experts disagree.
Was vaccine coverage to high-risk target groups ensured and vaccine equity realised?	Yes. Experts in agreement.
Were boosters available and coverage achieved?	Experts disagree.
Were tests affordable and accessible?	Neutral
Was treatment affordable and accessible?	Experts disagree.

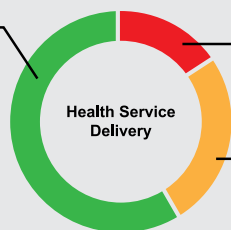
This study was prepared by the Right to Health program team of the Social and Economic Justice Unit of the Egyptian Initiative for Personal Rights (EIPR) in partnership with the African Alliance..



HOW IS EGYPT'S HEALTH SYSTEM DOING NOW?

Better than 2019:

- Coverage of the sick, healthy, rich, poor and all social groups
- Continuity of care
- Person-centredness
- Quality
- Coordination



Worse than 2019:

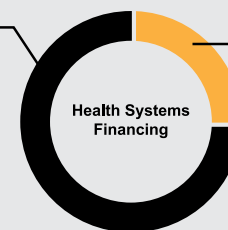
- Comprehensiveness
- Accountability and efficiency

Same as 2019:

- Barriers of cost, language, culture or geography

No consensus:

- Government spending on health
- Financial risk protection and coverage for vulnerable groups
- Out-of-pocket payments

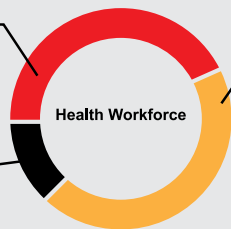


Same as 2019:

- Financial transparency

Worse than 2019:

- Size of health workforce
- Capacity
- Management of health workforce migration



Same as 2019:

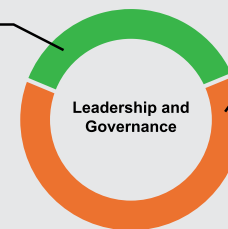
- Strategic planning and medical human resources management
- Motivation and staff performance
- Management of inefficiencies

No consensus:

- Public sector interaction and regulation

Better than 2019:

- National health strategy
- Grievance redress mechanisms

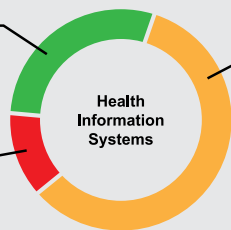


Same as 2019:

- Representation in decision-making
- Transparency
- Accountability and efficiency

Better than 2019:

- Data generation
- Existence of birth and death registration



Same as 2019:

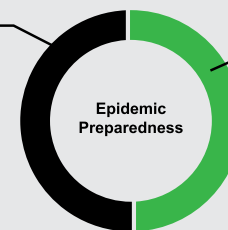
- Existence of health surveys (still non-existent)
- Existence of censuses
- Existence of health system resource tracking
- Existence of health facility reporting

Worse than 2019:

- Data analysis and validation

No consensus:

- Public health infrastructure
- Labs
- Hospital capacity

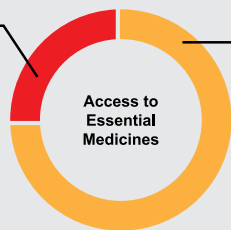


Better than 2019:

- Surveillance
- Expert's consensus
- Coordination

Worse than 2019:

- Practical availability of essential medicines

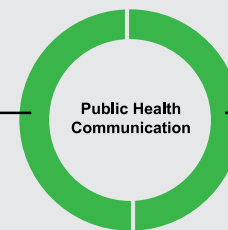


Same as 2019:

- Access to essential medicines as a right
- Published national medicines policy
- Published national list of essential medicines. (Still not met)

Better than 2019:

- Public education and risk education



Better than 2019:

- Communication with health workers