
Editorials

Family Medicine and Implementation of Universal Health Insurance Law in Egypt

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Health improvement and implementing Universal Health Coverage (UHC) is a worldwide goal that is endorsed by the World Health Organization. It calls for coverage of the entire population for the needed healthcare services of good quality, irrespective of their ability to pay, without suffering financial hardship as a result. Equity is a corner stone in the implementation of UHC programs. It addresses gender, financial, cultural, and geographical as well as age factors and allows for better bundling of services to suit local communities. Different important tools for effective program implementation help to ensure quality services, such as monitoring, evaluation, and accountability.

The main goal of the National Health Policy is to improve health of the entire population. The current political environment supports the acceleration of the process of implementing this policy. Egypt is politically committed to moving towards universal health coverage (UHC) and improving social justice in health. Social health insurance (SHI) can be the vehicle for such progress.

The National Policy must ensure the availability of health services and upgrade their quality, so that access to required services is not hindered by financial or non-financial barriers

(geographical, information-based, gender-related, or any other sort of discrimination).

The current health financing system does not allow for an effective coverage. The government's role needs to be strengthened both in the provision of health services and in increasing investment to improve the quality of services provided with a focus on the preventive aspects. Health care are not restrictedly provided in MOH hospitals and clinics but also provided in university hospitals, defense and interior ministries, NGOs facilities and Private hospitals. National health policy relies basically on intersectoral cooperation between MOH and other concerned stakeholders.

The Universal Health Insurance Committee (formed from representatives of different sectors) was working for many years to develop the law. Adjustments were made after several sessions of Dialogue with different sectors including the Universities, Parliamentarians, political parties, syndicates, media, private sector and NGOs. Since then, technical work continued to finalize the law with related organizational restructuring and to develop a plan for gradual implementation. The committee considered the following aspects (i) governance, (ii) financing and pooling, (iii) purchasing, and (iv) implementation and transitional arrangements.

The new Universal Health Insurance Law introduces an effective health program through Family-oriented primary health care and controlled referral system to reduce overall costs. Also, it puts special emphasis on the important role of prevention, early detection, diagnosis and treatment of non-advanced ill patients and referral of more advanced cases to higher level of health care. It is recommended to strengthen training programs for human resource development to improve skills of health care workers in different health issues, establishing management protocols and treatment guidelines, encouraging the participation of private sector, NGOs and community involvement. These programs can decrease the burden on hospitals and leads to costs containment.

The Development of Universal Health Insurance law and system dated back to the late nineties with the onset HSRP where serious reform of Egypt Health System started. Since 2013, MOHP in collaboration with WHO and other stakeholders formulated “White Paper” framing health policy and strategy. This progressed into developing health pillar in National sustainable development strategy 2030, a programmatic plan for 2016 – 2018, and progressed further to developing the new UHI law, which became the driver for comprehensive Health System reform.

After many technical discussions and deliberations on the law, its articles, the byelaws and related acts for concomitant organizational changes concerning various components of the new system were developed (revenue collection, packages, purchasing, pricing, quality standards and assessment

framework, its implementation plan and needed transitional arrangements.

The current UHI law was developed to be in-line with Article 18 of the Constitution, states that Health Insurance will be a “mandatory mechanism”. The 2014 constitution puts Health high in the development agenda and mandates for the first time a minimum of 3% government allocation from GDP for health (currently 1.7%) and defines health insurance (UHI) as a means to achieve universal health coverage.

The new Universal Health Insurance Law can be reached through:

- Governance arrangements. UHI system will consist of three main entities, the provider organization, the accreditation organization; and the SHI organization.
- Adequate implementation policies for the key UHI function of revenue raising, pooling and purchasing.
- Adequate regulations to ensure compliance with the mandatory enrolment and policies to subsidize the enrolment of those who cannot contribute.
- UHI will need to be accompanied by a larger health sector reform which addresses all the health system and public health issues.
- Enough financial resources. Current fragmentation in health financing in Egypt does not allow efficient or coordinated allocation of funds. Moving away from this fragmentation will need institutional reform aiming at integrating the existing health financing organizations under the UHI umbrella. Part of the UHI revenues will come from formal sector workers’ payroll taxes, part will come from informal sector workers’ contributions and part from government transfers to cover

those who cannot contribute. Funding transfers from general government revenues, to cover those not able to contribute, is crucial when using UHI as a strategy to move towards UHC.

- UHI can steer the health system towards better quality services by setting adequate incentives to providers by making use of its purchasing power.
- A clearly defined benefit package is a tool for efficiency and equity; it will enable UHI to focus on cost-effective interventions, especially in primary care, while at the same time limit medically unnecessary procedures and interventions.
- The cornerstone lies in the purchaser-provider split it aims to put in place. As a purchaser, the SHI organization can use its financial power to strategically purchase services from public and private providers.
- The implementation phase will need to be guided by a robust implementation plan; and gradually transform the existing structures, institutions and regulations into one clear governance and legal structure which ensures that decisions are made according to clear processes and with clear accountability mechanisms.
- Moving towards the implementation of the UHI law need the following:
 - Develop scenarios and clear action plans for implementation in selected governorates and other governorates.
 - Work on improving quality of public sector services: Family health model and secondary and tertiary care augmenting and in the meantime rationalizing resources, improve

management, administrative structures and regulations.

- Develop robust information system for SHIO and providers.
- Decide about extent, mandates and process of organizational restructuring.
- Establishing informed service pricing and payment systems and implementing dynamic benefits' package.

The overall objective is to promote the health of the entire population in Egypt (all age groups and residential and occupational communities) by providing a comprehensive package of advanced health services to individuals, families and communities of quality and fair distribution.

Specific objectives:

- The full coverage of the population through an organized process based on sound scientific foundations and popular acceptance and cooperation in planning and implementation.
- Promote the health of all age groups through the prevention of communicable diseases by immunizations and non-communicable diseases by educating and rationalizing behaviors as well as treating patients and raising awareness among all segments of society in various health fields, especially maternal and child health, as well as social and developmental fields.
- Reduce mortality rates, especially in children under 5 years of age, and control reproductive rates so as to reach the population balance in order to achieve comprehensive economic and social development.
- The fruitful interaction between service providers and their recipients and stimulate popular participation.

- Early detection, treatment and follow-up of chronic diseases at all levels of health service.
- Rationalize health care to reduce the burden on hospitals by developing an efficient referral system.
- Strengthen health management capacities so that they can exercise their oversight, guidance and follow-up functions closely.

The new Universal Health Insurance Law introduces an effective health program through Family-oriented primary health care and controlled referral system to reduce overall costs. According to the definition of WHO, primary care is defined as "primary health care is the basic health care that is universally available to individuals and families in the community by means of which they can accept, with their full participation and at a cost that can be afforded to community members and the country's entire population. Health, as they represent the nucleus of that system, and of the overall social and economic development of the community. In order for primary health care units to deal with 70-80% of the health problems faced by local communities, the concept of primary care has evolved to include the central hospital as a second level of referral from primary care units and centers. Primary care units have evolved into family medicine units and centers.

There is no doubt that the focus on the level and quality of primary health care services and activating the role of the family doctor leads to:

- Reduce the cost of health services.
- Improve health by providing the right health service and making it accessible to its applicants.
- Minimize the paradoxes in the fairness of service distribution to members of the community.

A strong primary health care system is needed because:

- The foundation for any good health system.
- The only way to contain the escalating cost of health services is by supporting health conservation and development services, disease prevention and improving the care and consequences of chronic diseases.
- The only way to relieve mounting pressure on hospitals and emergency care departments.
- Contain the problems of manpower shortage by activating the complementary role among the members of the health team.
- The system is capable of containing infectious and non-infectious infectious diseases.

Countries or communities that achieved better health levels were:

- Towards primary health care and family medicine services.
- Equitable distribution of resources to activities and levels of service.
- Whose services were funded through government social health insurance.
- Where commercial individual insurance was rare.
- Which do not have symbolic payment or support when obtaining health service
- Which have a higher average age, a lower infant and general mortality rate, better older services, and healthier occupational health.
- Whose regular young people in the health care of a specialist in family medicine lived longer and the cost of their health care was lower.

With the beginning of the implementation of the health reform program in 1997, at the time of Dr. Ismail Sallam, Minister of Health and Population, a new approach was started based on comprehensive strategic plans for each governorate that started in Alexandria, Menoufia and Sohag and then spread to Qena and Suez to achieve the comprehensive coverage of the population based on digital geographical maps.

Family medicine system was complemented with an information system at all levels from the bottom up to incorporate all demographic, social and medical data into the health unit computer so that information can be extracted for scientific planning and regular follow-up.

The human component was given the utmost importance in the implementation of the family medicine system. Doctors and their assistants to be trained technically, administratively and socially and attracted to rural service through an incentive system based on periodic performance indicators that measure health service outcomes or family medicine units. Through this program, more than 2,500 units and family medicine centers have been developed and adopted according to Egyptian standards of quality that are in line with international standards. In 2007, The Egyptian Family Medicine Program aimed to provide comprehensive and continuous health and medical care. This is done by the family doctor and through the family file.

Now, while we are starting the implementation of the new health insurance law, we need to develop the rest of the primary care network units, distributed throughout the country, so that we can achieve comprehensive coverage of the whole population.

Article 18 of the Constitution indicates providing the quality health services to all the population through these health facilities after completing the accreditation according to Egyptian and international standards. This will help in achieving justice, equality and financial protection for citizens trying to avoid any financial burden of the disease.

