



COVID-19 and Health Services in Egypt

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Introduction

Egypt has a highly fragmented health system that makes it difficult to ensure the equity and quality of the service¹. Despite that the coverage of the health services has expanded over the last three decades, the poor quality of the services remains a big challenge for Egypt. High population growth possesses further pressures on the health services and negatively affects both the coverage and the quality of services.

The emerge of COVID-19 is expected to possess more pressure on the health services and health services providers.

The study informing this policy brief sheds light on the accessibility, and quality of health services before and during COVID-19 pandemic and the challenges that the health system faces during the COVID-19 pandemic. The brief highlights the policy implications of the study.

Health Care Services in Egypt Before and During COVID-19

Baseera 2015 survey on the role of the Egyptian government in providing services shows that private clinics were the main source of health service for around half the Egyptians followed by public hospitals and public health units with 34% and private hospitals. While 13% of respondents said that they found both doctors and medications, 35% said that doctors were available but they did not find the medications and 9% said that neither doctors nor treatments were available. This reflects that the unavailability of medication is a major challenge faces the health system in Egypt, while the availability of healthcare providers is not a major issue. The rating of Egyptians of the health services increases from 56 points out of 100 for public hospitals and public health units to 64 for private hospitals and private clinics. A more recent survey conducted in 2018² about women health shows that the rating of the females

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<http://www.emro.who.int/egy/programmes/health-systems-strengthening.html>

² Data were collected from a national representative sample of 1120 females in the age group 18+.



decreased for all the health service providers compared to their rating in 2015. When asked about the reasons³ behind not being satisfied with the health services, 36% of those not satisfied mentioned maltreatment from the staff of the health facilities, 14% mentioned the absence of organization and overcrowding, 13% complained from unavailability of medications, 10% mentioned lack of experience of the health service providers, and 6% attributed their dissatisfaction to high prices of tests and medication.

Egypt registered the first case of COVID-19 in February 2020. In June 2020, baseera estimated the number of infected people among Egyptians aged 18 years or above at 616 thousand (61 thousand – 1.23 million)⁴, around 14 times the number announced by the ministry of health and population.⁵

The periodic surveys of baseera center include questions about Egyptians rating for 29 services and issues in Egypt including health services. The rating of the health services started to increase after that to reach 61 points in December 2018 and continued at that rate until December 2019, just before the onset of COVID-19 (Figure 1). This increase could be attributed to the residents' initiatives to improve Egyptians' health such as 100 million healthy lives and HCV eradication campaign. The data of the survey conducted in June 2020 show a decline in the rating of the health services to 50 points in June 2020, 4 months after the

onset of COVID-19 in Egypt. Comparing the rating of the health services in June 2020 to the rating in December 2019 shows that the decrease in the rating differed according to the characteristics of the respondents. The highest decrease was witnessed among youths less than 30 (16 points compared to 5 points among those aged 50 or above). The rating decreased with 15 points in upper Egypt compared to 13 points in Lower Egypt and 8 points in urban governorates.

Despite the decrease in the rating of the health services after the onset of COVID-19, 62% of the Egyptians see that the performance of the health sector regarding COVID-19 in a good way while 19% see that the health sector performance regarding COVID-19 was poor and 20% couldn't decide.

The percentage of those who rated the performance as good decreased from 62% among those who were not infected by COVID-19 to 42% among those who were infected, which reflect the difference between perception (those who were not infected) and actual experience (those who were infected).

The apparent contradiction between the decrease in the overall rating of the health services and the fact that most of those who could rate the performance of the health sector regarding COVID-19 see that it was good could be explained by the findings of in-depth interviews with a sample of

³ Multiple response was permitted in this question

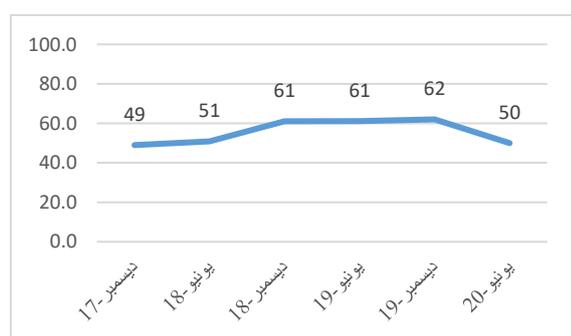
⁴ The margin of error is 1.7%

⁵ Calculated based on the number announced by the ministry on June 13th.



doctors⁶. Some interviewees mentioned that at the beginning of the pandemic the health system in Egypt was not ready for facing the pandemic but gradually the system started focusing on the pandemic and concentrated its efforts on eradicating COVID-19 which may had negative impact on the other health services.

Figure 1 Trend of Health services rating from December 2017 to June 2020



Challenges Faced by the Health Care System During the COVID-19 Pandemic

Fourteen online interviews have been conducted during the period from August 1st to August 15th to explore the opinion of stakeholders regarding the readiness of and challenges faced by the health sector in Egypt regarding COVID-19. The interviewees included physicians with different specializations, a parliamentarian, nurses and the president of the nurses' syndicate.

Most of the respondents think that the health system was not ready for the first wave of COVID-19 pandemic. Two of the respondents assured that the system was doing very well at the beginning of the

pandemic but utilizing physicians who were not trained for curing communicable diseases, led to the death of a significant number of the medical personnel.

Regarding the readiness of the health system for a second wave of the pandemic, respondents were divided over the readiness of the health system in Egypt. The first group believes that the health system in Egypt will be ready for a second wave of the pandemic due to the experience the system gained from the first wave while the second group sees that Egypt is not ready to deal with another wave of the pandemic, especially after exhausting the available resources in dealing with the first wave.

Respondents agree that there are great challenges facing the health system in Egypt. These challenges are mainly related to limited financial and human resources that led to low salaries and poor infrastructure and lack of equipment and protective tools. Respondents see that there are additional challenges that imposed themselves on the scene after the emergence of Covid-19 including greed of merchants and their misuse of the situation regarding the provision and pricing of medical supplies, Medical teams lack adequate protective equipment to protect them from COVID-19 infection, Lack of training of medical teams to deal with communicable diseases and Centralization and the absence of a clear role for local health directorates.

⁶ The following section includes more information about the in-depth interviews



Policy Recommendations

Poor quality of health services is among the most important challenges that face the health services in Egypt. This challenge has aggravated by COVID-19. The decrease in the number of physicians and the poor infrastructure and lack of equipment and medications are the main reflections of that challenge. On the other hand, in-depth interviews show that the health teams are not satisfied with the remuneration system, lack of preventive tools, and quality of health facilities. The findings suggest the following recommendations:

- Increase public expenditures on health to the level stated in the Egyptian constitution of 2014.
- Improve the income of the doctors who work in the public sector to eradicate the leakage of doctors.
- Develop policies to increase the number of colleges of medicine and nursing and expand student enrollment.
- Develop a system to provide evidence-based information on the rating of the Egyptians to the health services to be able to develop the plans that help improving the health systems.
- Develop communication channels between the ministry of health and the medical teams to effectively

assess and respond to their needs, fears, and expectations.

- Develop and activate a sustainable crisis management system to be able to deal with any similar crisis or pandemics.

Centralization is one of the challenges that face all the sectors in Egypt and the health sector is not an exception. The centralized planning process leads to a plans and budget allocation that are not suitable for the specific needs of each governorate.⁷ This suggests the following:

- Involve the officials on local level in planning and budget allocation,
- Commit to developing a monitoring and evaluation system that monitor the implementation of the health sector plans and the utilization of the allocated budgets.
- Develop a system to coordinate the CSR activities that are directed to the health sector on the local level to make sure that these activities are covering the real needs of the governorates.

Health services providers' maltreatment to the patients and the lack of training affect the rating of the Egyptians to the health services. This highlight the importance of provide training to the health services providers and updating them with all the new procedures and methods of treatment.

⁷ Results of the workshops on localizing SDGs on governorate level, baseera center (unpublished document)

