



**A
New Egyptian
Health Care
Model
for the
21st Century**



“Our path to advancement
in the 21st Century is through
the health and education
of a new generation”.

President Hosni Mubarak



First Lady of Egypt Mrs. Suzanne Mubarak



The challenge we face at the close of the 20th century is to implement a strategy for social development that accompanies the achievements of the economic reform. At the Ministry of Health and Population, it is our duty to devote our energy and our resources to ensuring that every Egyptian citizen has access to high quality healthcare. A top priority is to protect the health of the poor and the vulnerable, especially the women and children.

Health reform must relieve the economic burden of illness and disease and respond to the pressures of population growth. It may surprise the reader of these pages on health sector reform to learn that the concept of reform took hold more than a decade ago, as early as 1986 to be precise. It may also surprise others to learn that President Hosni Mubarak himself presented the concept in depth to the

Medical Care Committee of the National Democratic Party which I headed at the time. In 1995, I presented a working paper on Medical Care Strategy to the Shoura Council where it subsequently came up for discussion after I had happily been appointed Minister of Health. This, then, was the beginning of the vision as it took shape.

In March 1996, preliminary procedures for reform were presented to the Cabinet. Now with the help of experts from within the Ministry and outside of it, a comprehensive health reform strategy is ready for implementation. The Ministry has adopted many of the concepts described in this brief and has taken immediate steps toward realization of significant health care reform measures.

It is my expectation and my hope that each and every person working in the health system will feel a sense of duty to actively participate and make an earnest contribution to the health reform effort.

**Professor Dr. Ismail Sallam
Minister of Health and Population**

وزارة الصحة والكافة
مديرية الشؤون الصحية
بمحافظة الإسكندرية
مشروع
النضال من أجل المرأة
ومدعوون الصحة الريفيّة



CHALLENGES TO EGYPT'S HEALTH SYSTEM

Egyptian health care faces multiple challenges to improve and ensure the health and well-being of the Egyptian people.

Egypt has the double burden of combating illnesses associated with poverty and lack of education and also those associated with changes in the social and economic environment as the nation and its people develop and progress. A high birth rate combined with longer life expectancy is increasing the population

pressure on the Egyptian health system. The population of Egypt will grow by 50% by the year 2020. Access to global communication and commerce raises the expectations of the population for more and better care and for new, expensive health technology. The Egyptian government, with the leadership of the Ministry of Health and Population (MOHP), is preparing to meet the challenges of securing the health of the young, the middle-aged, and the elderly members of every Egyptian family.

***What
are
Egypt's
current
and
future
health
needs?***

Prevention and treatment of communicable respiratory, infectious and parasitic diseases, and reproductive, maternal and child health care

Despite achievements, there is a high rate of preventable illness and death of mothers and children, particularly among the poor and illiterate and in underserved rural areas of the country. Problems in environmental sanitation and poor hygiene persist. Malnutrition affects one-third of the children under five. Diarrhea, acute respiratory infections, and immunization-preventable diseases persist. Tuberculosis is a serious problem.

Prevention and treatment of chronic illnesses in adults and the aging

Nearly half the deaths of Egyptian adults are due to cardiovascular disease. Non-communicable diseases of the circulatory, respiratory and gastro-intestinal systems are increasing due to lack of exercise, smoking, overnutrition and obesity. Hypertension, diabetes, cancers are on the increase.

Prevention and treatment of accident injury

Failure to use safety belts and increased motor vehicle accidents account for a rising number of deaths. Emergency services and staff are ill-prepared and ill-equipped to deal with severe trauma injuries; fatality increases due to poor case management.

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.

❑ On average, 174 mothers die for every 100,000 live births and more in some governorates.

❑ One in 12 children die before reaching age 5, one in seven in rural upper Egypt.

❑ Less than 40% of the population benefits from social or private insurance coverage.

❑ Poor individuals and families pay a greater proportion of their personal income for health care than the wealthier do.

❑ Sixty per cent 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 is low by international standards and is insufficient to expand coverage of the poor, treat the growing population and more expensive chronic and non-communicable diseases and injuries.

❑ Drug spending and consumption are high and cost and quality controls are weak.

❑ Egypt has a very high surplus of physicians and hospital beds compared both to countries of similar income and according to international standards.

❑ Fifty per cent of deaths in emergency cases are due to improper case management.

❑ There are 29 different uncoordinated government and public entities involved in the present health system.

Facts speak the need for health sector reform*

* The World Bank. Egypt's Health Sector Reform Program, 1997.



A VISION OF A BETTER SYSTEM FOR BETTER HEALTH

To improve the health and well-being of the population, the Government of Egypt has stated its long-term goal is to achieve the coverage of basic health services for each and every one of its citizens. A priority to attain this goal is to attend to the needs of the poor and most vulnerable groups in order to secure public health. This is an essential function of the government to protect the well-being of society for the stability and prosperity of the country.

The Ministry of Health and Population has the responsibility for the health system and over the last few years conducted a comprehensive and objective study of the health situation in Egypt. The documented evidence shows that to reduce suffering of the poor and develop an effective health care program for the entire population in the medium and long term, substantial im-

provements in the quality, delivery, organization and financing of health services and pharmaceuticals must occur. It is not simply a question of more money but new institutional, training, and information systems.

The vertical, broad and fragmented system now in place limits the opportunities for Egypt to take advantage of best practices in medicine today and realize potential gains from any improvements in efficiency and quality. Geographic and financial access to care is not equitably distributed around the country or across all income groups. Despite an oversupply of physicians and beds for curative secondary and tertiary level care in urban areas, rural and poor areas suffer lack of care and higher healthcare costs. A new strategy is needed to obtain the best value for the money of the Egyptian government and people.



What is health reform?

In order to fulfill its responsibilities, the Ministry has developed a "health sector reform program" with contributions from many Egyptian experts within the Ministry and across the health system as well as international advisors. *"Health Reform" means building on the strengths of the current health system and rectifying the weaknesses to achieve public health goals.* Reforms to better the performance of the health system ultimately increase the possibilities for the "health security" and prosperity of the Egyptian nation.

The Ministry of Health and Population is responsible for the health and welfare of the Egyptian people and will not relinquish this social obligation of government. In fact, privatization occurring in other areas of the public sector economy may result in greater government resources and capacity to strengthen social sectors such as health and fulfill its mandate to protect the poor and alleviate poverty. Instead of privatization, the Egyptian Health Sector Reform Program provides incentives to the private health sector to support the public health goals and priorities and to adhere to universally accepted and appropriate standards for quality of care in Egypt.

Universality

Covering the entire population with a basic package of priority services. Everyone, everywhere in the country has the same access and benefits from basic health care.

Quality

Improving and assuring the standards for care and for facilities, enhancing diagnostic and clinical effectiveness, updating medical and nursing education and training. Professional and ethical treatment, public satisfaction and trust characterize the health system.

Equity

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

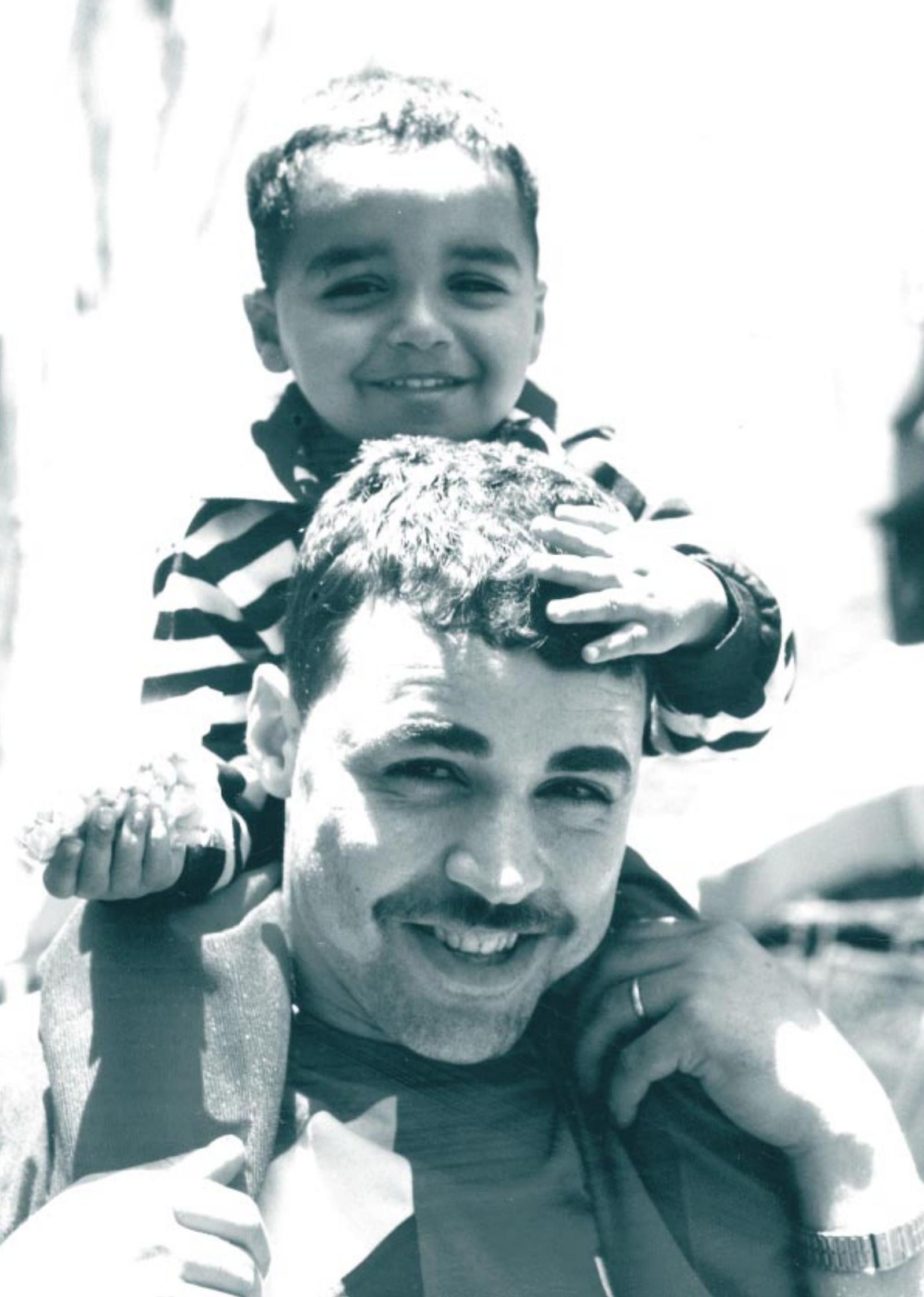
Efficiency

Allocating and mobilizing human, financial, and infrastructure resources for health based on population needs and cost-effectiveness. The government and the citizens obtain the most health value for money.

Sustainability

Ensuring the continuity, self-sufficiency, and lasting establishment of the health system reforms and services for the health and well-being of succeeding generations.

***What are the
guiding
principles of
the Egyptian
health
reform
program?***



A STRATEGIC AND RATIONAL APPROACH TO HEALTH REFORM

Egypt's Health Sector Reform Program gradually transforms the health system over the next two decades to keep pace with the growing population and the transition in the burden of disease from communicable diseases to more costly non-communicable adult and chronic diseases. The Ministry of Health and Population leads the process drawing on the expertise, experience, and collaboration of all sectors of the health system, public and private. The incremental approach ensures that human, financial, institutional resources and capabilities are adequate to successfully implement the reform and meet the expectations of the population.

Health Reform is a complex and continuous process and requires the courage of government leadership, the cooperation and dedicated efforts

of public and private personnel, and the participation of the people. The health sector reform program offers a vision and a design for the health system of the future based on the realities of Egypt today and the hopes and wishes of the Egyptian people and their leaders.

The first phase of the reform toward the ultimate goal of universal coverage begins with a new primary care strategy, including public health programs and promotion, population, preventive and curative services, including some in-patient. Egypt aims to develop an efficient and high quality primary care service that is financially affordable to the nation, provides a significant level of benefits to the population, and distributes these benefits and associated costs fairly according to people's needs and ability to pay.



***Why does
the reform
begin with
a new
primary
care
strategy?***

Primary Care has the greatest potential to improve the well-being of the majority of the Egyptian people. Primary Care has a critical role to play in meeting the new health challenges and in helping to reduce the financial burden of future needs and demands from a larger population. Currently, most Egyptians, including those with low incomes, seek primary illness care in the private sector. Government primary care services are inefficient and widely perceived as poor quality. The poor bear a high burden on their income to pay for primary care from private sources.

Financing and payment for Primary Care services through a newly unified insurance entity combines public and private health spending. This way of financing makes more powerful and effective use of available funds, lessens financial risk, and reduces the expenses for health care on low-income families and the poor.

The primary care reform lays the foundation for universal coverage of a more comprehensive package of benefits in the future. Reorganizing the delivery of primary care services begins the vital process of strengthening and improving the organization and management of services at all levels of the health system in subsequent phases. Primary care reform can begin while the MOHP along with the Health Insurance Organization (HIO) prepare to separate the insurance financing from the delivery of health care.

The Ministry of Health and Population is part of the government which represents the interests of the people of Egypt. All Egyptian citizens share ownership in the health system.

From the point of view of the people of Egypt, it is necessary to promote quality control and efficiency and give voice to the users of the system. The separation of financing and service delivery gives patients a choice of where to use their social insurance coverage. Beneficiaries are not limited to a specific health provider or facility. Providers of health services, public and private, have a greater incentive to enhance quality and attract and keep patients. Satisfaction of *all who work* in the health system and *all who use* the health system increases with improved relations between them.

From the point of view of the Government of Egypt and the Ministry of Health and Population, separating the public functions of financing from delivering care allows each management entity to consolidate resources and focus on improvements in the health system. One entity specializes on efficiently delivering more and better quality services according to accepted standards; the other concentrates on efficiently operating the insurance system, creating payment incentives for providers to adhere to set standards, fair prices, and cost-effective treatments.

Balanced, separate management and organization of the financing and provision of care promotes the long-term sustainability of the system. Government has more flexibility to respond to changing needs, to monitor and enforce standards of care, to protect the rights and safety of all its constituents, to collaborate with the private health sector on public health priorities, and to continue quality improvements. Everyone involved in the health system, especially providers and clients, benefits.

Why separate social financing from delivery of public services?

طبيب أسرة (٣)

F. PHYSICIANS (2)



A NEW PRIMARY CARE STRATEGY AND APPROACH STRENGTHENS THE FOUNDATION OF EGYPT'S HEALTH SYSTEM

In accordance with the stated goals and guiding principles for health sector reform, Egypt aims to develop an efficient and high quality primary care service that is financially affordable to the nation, provides a significant level of benefits to the population, and distributes these benefits and associated costs fairly according to people's needs and ability to pay.

The new primary care system is founded on higher standards. Investments are made to renovate health clinics, to raise the technical and professional skills of staff with new types of training and education, and to upgrade information systems for better planning, coordination and management of resources and client records.

A key element for the success of any primary

care system is community involvement in the promotion of healthy behavior among individuals and families. Egypt's primary care reform calls for strengthening and expanding public health programs to not only promote maternal, child, reproductive health and communicable disease prevention but also to raise awareness of the serious risks from unhealthy lifestyles and diets, accident injury and neglect of traffic safety.

Resources for primary care are focused on a defined set of *priority* services called the "basic benefits package". Egypt's basic care package for primary care benefits those most in need, particularly women and children, produces the largest reductions in the burden of illness per pound spent on care, and closes gaps between urban and rural areas of the country.

What is a basic benefits package?

A basic benefits package is designed to prevent and treat the most prevalent and pressing health problems among individuals in a population. To select the health services included in a basic benefits package for Egypt these four criteria are used:

1. The most common health needs of the population to reduce suffering and improve well-being.
2. The severity of the illnesses and diseases afflicting the population.
3. The cost-effectiveness of interventions to treat or cure those illnesses and diseases and attain the most health value for money spent.
4. The availability of financial resources.

Who defines the basic benefits package and how?

In no country, can all services realistically be available at all levels of the system. Choices have to be made and some are difficult. The question facing the Government of Egypt is: What services must be available directly at the primary care facility or indirectly by referral from this facility?

The Ministry of Health and Population is working to answer this question. The definition of the Basic Benefits package proceeds according to these steps:

- Develop a list of the most essential preventive and curative services needed by the population of Egypt.
- Circulate this list to key health officials and providers in the system to determine the applicability of the proposed list to health needs in general, and the specific needs of different districts.
- Calculate the costs of the proposed services in the list.
- Define the Basic Benefits Package according to the four criteria for selecting services: burden of disease, severity, cost-effectiveness of interventions, available resources.

Currently, there is a large gap between the very comprehensive set of services that the actual primary care program intends to provide and the resources available to do it. The imbalance results in low salaries, lack of supplies, and substandard facilities. Dissatisfaction is widespread. Scarce resources are spread too thin to have an impact. The poor suffer to pay private doctors and buy medicine. Services are fragmented and referral mechanisms lose people through the cracks in the system. The existing primary care system cannot provide a family and community focus which is necessary to achieve primary health care goals.

Basic Benefits Packages can be adapted to the specific needs of different groups and regions in Egypt. Given existing resources, a preliminary, priority package of basic benefits outlined on the next page is available in the first phase of the primary care reform. This package is a first step toward the attainment of universal health coverage for all Egyptians. With increased efficiency in the system, government allocations to primary care, and beneficiary co-payments, the basic benefits package can expand to include more services and can be adapted to local needs by health authorities in diverse governorates.



***Preliminary
basic
benefits
package***

CHILD HEALTH	Immunization Services Monitoring of Growth and Development Integrated Management of Childhood Illness Management of Young Infants Neonatal Care
WOMEN'S HEALTH	Family Planning Prenatal Care Delivery Services Essential Obstetric Care Post-natal & post-Abortive Care Health Education
YOUNG ADULT AND ADULT HEALTH	<i>Communicable Disease Treatment and Prevention</i> Treatment of Tuberculosis Treatment of Helminthes Management of Reproductive Tract Infections and Sexually Transmitted Diseases <i>Non-Communicable and Chronic Illness Treatment and Prevention</i> Management of uncomplicated Diabetes, Hypertension, and Ischemic Heart Disease Management of ARI and Ear, Nose, Throat and Eye Problems and Fever Emergency Service Management Minor Ambulatory Surgery

الفحص الشامل Physical Examination

الوزن : Weight
الجسم : Body Built
نبض : Pulse
الحرارة : Temp
NB put "N" for Normal findings / specify the abnormal findings

وزارة الصحة و السكان

مديرية الشؤون

إدارة :

مركز صحة العا

الرقم القومي :

الاسم :

تاريخ الميلاد :

الحالة الزوجية

أعزب

متزوج

أرمل

مطلق

الفحص الشامل Physical Examination

الطول : Length
الوزن : Weight
الجسم : Built
نبض : Pulse
الحرارة : Temp
B.P. : ضغط الدم
NB put "N" for Normal findings / specify the abnormal findings / put "ND" if the exam. is none.

HAIR & SCALP

Hair Distribution
Others

Eyes Lids
Conjunctiva
Sclera

Cornea
Pupil
Movements

EYES

وزارة الصحة و السكان

الشؤون الصحية بمحافظة

عائلة :

فصيلة الدم :

معامل ريسس :

عنوان السكن

رقم المنزل :

رقم الشارع :

العزبة / القرية :

عنوان السكن

رقم المنزل

اسم الشارع

العزبة / القرية :

عنوان السكن

رقم المنزل :

الشارع :

العزبة / القرية :



بطاقة
ملف العائلي

وزارة الصحة و السكان

Health & Population
Development
Project





**FAMILY
MEDICINE
CONCEPT
DRIVES
PRIMARY
CARE
REFORM**

The family is the cornerstone of Egyptian society. The cornerstone of Egypt's new health care model is *Family Medicine*. The holistic medical approach and integrated care system (pediatrics, reproductive and adult medicine) increases the likelihood that preventive and early intervention care, for example, for maternal and child health, reaches those who most need it. The Family Medicine team better serves clients with young children or with limited time and resources to travel to different places because several family members can obtain different types of care during one visit.



***What does
the new
Family
Medicine
specialization
provide ?***

Family Medicine is a new specialization that ensures:

Continuity and comprehensiveness in treatment and care of the individual which yields better results for patients than care that is fragmented among unrelated and uncoordinated specialists. The same Family Physician is always the primary contact for family members. The Family Physician treats all the members of a family which contributes more information on all the factors that influence an individual's health. An ongoing relationship between a family and the physician provides medical history important for younger generations.

Coordinated Referrals through Family Practitioners who consult with each client on their needs for more specialized care and who arrange where the client goes in the health system rather than leaving them to decide alone, make mistakes, and waste their time and money. Family physicians develop long-term relationships with patients and are sensitive to changes in the client's health that require special treatment.

Certified medical education and training and proper support for physicians, nurses, and other health personnel to respond to all the needs of the client, directly or indirectly through coordinated referral to other specialists and facilities. Physicians who are accredited in Family Medicine are more familiar with the early stages of illness and are thus more capable of assessing the importance of symptoms and signs at those stages.

The new Egyptian primary care model centered on the practice of Family Medicine is organized according to the following system levels to increase access to care, 24 hours a day.

1. **Family Health Units** provide basic preventive and curative outpatient services through Family Doctor/Nurse teams.
2. **Family Health Centers** provide specialized services in pediatrics, gynecology/obstetrics, minor surgery, basic emergency, diagnostic, and pharmacy services.
3. **District Hospitals** provide outpatient and inpatient curative services, surgery, and emergency services.

To enhance quality and patient satisfaction, families have the opportunity to change physicians. In turn, new payment incentives for providers reward quality performance and productivity and reduce the need for multiple employment. New information systems are designed to register and enroll families and providers, monitor payments, collect health statistics for planning and monitoring the health of the population, and to record the care of individuals.

***Under the
practice of
Family
Medicine,
every
Egyptian
family
has a
“medical
home”.***

PILOT PROJECT DEVELOPS PRIMARY CARE REFORMS SPECIFIC TO EGYPT

The comprehensive proposed primary care system reforms are tested and refined in pilot projects or test sites in three governorates that typify health conditions and population groups around the country: Alexandria, Menoufia, and Souhag. Over the course of 1999-2000, the Ministry of Health and Population prepares a new Egyptian model for delivering and insuring health care services and upgrading facilities in one district of Alexandria. In following years, the model expands to urban and rural districts of the Governorate, and then to the other pilot governorates.

In keeping with Egypt's rational and incremental approach to health sector reform, the staging of the pilot project provides an opportunity to realistically "try out" the proposed primary care system and

refine the new care model based on the feedback and success of the providers and communities who participate in the experiment. Test results are used to guide the smooth and successful national replication of the model primary care system over the course of the next five years.

Certified physicians and nurses trained in Family Medicine, from both the public and private sectors, participate in the tests centered on the quality delivery and social financing of integrated primary care — a new *Family Health Fund* covers the basic benefits package at accredited public and private clinics participating in the pilot. Ultimately, public and private primary care health services are uniform and conform to the same well-defined standards and prices for Egyptians anywhere in the country.



ROLES OF THE MINISTRY OF HEALTH AND POPULATION IN THE REFORM

A new system of health care requires a new system of management and financing and new skills to operate those systems. Egypt's health reform strategy begins the required institutional reorganization with Egypt's two largest health system entities, the Ministry of Health and Population and the Health Insurance Organization. The transformation of each institution, and others to follow, evolves under a new framework for operations, human resource development, and management systems. Health reform provides opportunities to learn new skills, for providers, financiers, and managers.

The Ministry of Health and Population has responsibility for the health status of the population

and plays a critical role in regulating the system to ensure the safety and well-being of health system beneficiaries. Under the Health Sector Reform Program, the Ministry assumes primary responsibility for the regulation and coordination of the entire health sector, health sector analysis and policy planning, public health programs and health promotion.

Gradually, the governorates and districts take on increased authority over the management of care and have flexibility to make adjustments according to local needs. The Health Insurance Organization becomes a new national health insurance fund and has primary responsibility for health financing.

Who will carry out the reform program ?

The success of Egypt's health reform program involves many actors in the health system and requires consultation, monitoring and evaluation to ensure that the reforms have the desired impact. The Ministry of Health and Population convenes three groups to assist with the planning, implementation, and monitoring of the health reform:

□ **The Health Policy Forum** promotes policy dialogue and participation of representatives of public and private institutions, interest groups and citizens, from across the health sector and concerned government ministries. The Forum serves as an advisory committee to the Ministry on the reform program and provides valuable feedback to the Ministry on the health reform process.

□ **The Program Planning and Monitoring Committee**, operating within the Ministry, assists in the strategic planning of the reform program, formulation of policies, and monitoring of the reform outcomes. The Minister appoints a chairperson for the committee which is composed of the Ministry's Undersecretaries, the Director of the Technical Support Office, and senior representatives of the Health Insurance Organization, the Curative Care Organization and the Medical Syndicate. This Committee facilitates internal coordination and cooperation of all parts of the Ministry on the reform program.

□ **The Governorate Program Coordination Committees** in the pilot Governorates cooperate with the Technical Support Teams and assist in the preparation of the annual workplans to ensure that local health needs and priorities are properly reflected in the pilot reform activities. The Directors of the Health *Mudiriyya* in each pilot governorate head the coordination committees and participate in the Program Planning and Monitoring Committee to contribute to all major strategy and policy decisions. The Coordination Committees include representatives of all the main institutions and groups carrying out the reform program in the pilot governorates. The Technical Support Teams facilitate the organization and operation of the Coordination Committees.



The **Ministry of Health and Population** has responsibility for the implementation and monitoring of the Health Sector Reform Program and coordinates the roles of public and private institutions involved in the health reform. To this end, the Ministry creates new mechanisms to facilitate technical support and management of the required reorganization of the Ministry's health care delivery system and upgrading of information support systems. For example, the Ministry has already established the *Quality Improvement Directorate* and a new management information system and resource center for practitioners and the public under the *National Health and Population Information Center*.



The *Technical Support Office (TSO)* provides technical supervision and guidance, program coordination, handles procurement and logistics, prepares annual workplans, and oversees financial management of the reform program. At the governorate and district level, *Technical Support Teams (TST)* assist with the implementation of the reform program and coordinate with the central Technical Support Office.

A combination of government funding, international donor support and technical assistance from USAID and the European Union, and a World Bank loan for the health reform program, finances the development and pilot testing of the initial reforms. In addition, the gains in efficiency as government reorganizes the health care and insurance systems make more effective use of existing resources. Modest beneficiary co-payments, according to their ability pay, not only encourage individuals and families to make efficient and effective use of health services but also support the aims of cost recovery for improved quality, self-sufficiency and long-term sustainability. Finally, the Government of Egypt will prepare a plan to increase investments in the sector to accomplish the health reform goals at all levels of the system over the next two decades.

***How will
government
finance and
sustain the
reforms ?***

Plans into action

The MOHP executes many programs throughout the health sector whose accomplishments are too long to list here. Following are highlights of accomplishments from 1997-1999 that pave the way for the health system reforms described specifically in this brief.

- ❑ Elaboration of a comprehensive national health sector reform agenda by officials and experts from every sector of the national health system.
- ❑ Launch of the family health pilot test units and centers in Montazah district, Alexandria and fielding preparatory reform teams in the other pilot governorates, Sohag and Menoufia.
- ❑ Inauguration of the National Information Center for Health and Population and a state-of-the-art information system for effective management of the health sector and monitoring of health outcomes.
- ❑ Adoption of a comprehensive Primary and Preventive Care Strategy to address priority health needs and ensure sustainable financing of quality services.
- ❑ Training of 1,000 Doctors and Nurses in Family Medicine and Women's Health to provide integrated care.
- ❑ Definition of a Basic Benefits Package of health care for every Egyptian.
- ❑ Introduction of Family Doctors and patient rosters, so every family has an assigned doctor, and the Family Health Folder system, so every individual has a medical record, to ensure continuity of care.
- ❑ Establishment of the Quality Improvement Directorate to coordinate the development, dissemination and monitoring of standards of healthcare and health facilities.
- ❑ Development of the first Master Plan to renovate or construct family health units, centers and district hospitals in the pilot project.



- ❑ MOHP and HIO cooperation to design a Family Health Fund to finance the basic benefits package and contract with public and private providers who treat beneficiaries according to agreed quality standards and fees.
- ❑ The use of strategic resource planning to forecast infrastructure, budget and personnel requirements according to the needs of each Health District and the most cost-effective investments of public funds.
- ❑ Organization of Women's Health Units including educational clubs and mobile clinics in every

governorate to strengthen family planning, maternal and reproductive health and prevent maternal deaths and illness.

- ❑ The use of national health accounts to monitor health expenditures and resource allocation across the health system and a new budget tracking system for a clear picture of spending and resource use in the public sector.
- ❑ Expansion of public health promotion and disease prevention through new television programming and launching of the Healthy Egyptians 2010 Initiative.

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To obtain more copies of this brief, please contact:



PHR Resource Center
Abt Associates Inc., Suite 600
4800 Montgomery Lane
Bethesda, MD 20184
E-mail: PHR-InfoCenter@abtassoc.com
Tel: 301-913-0500
Fax: 301-652-3916
<http://www.PHRproject.com>

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A NEW EGYPTIAN HEALTH CARE MODEL FOR THE 21ST CENTURY

This brief provides answers to frequently asked questions about the Government of Egypt's program for health reform. The brief highlights the current challenges, the vision for the future, and the implementation strategy.

The first implementation phase focuses on the development and pilot testing of a comprehensive and integrated primary care system to deliver and sustain accessible, quality priority services.

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