

Overview

- World Health Organization Ranking – 63 (Tandon et al., 2000)
- Currently in the process of implementing universal health insurance (Soliman & Hopayian, 2019)
- Government health expenditure has declined from 41% (2010) to 37% (2011) (Rashad & Sharaf, 2015)
- Gross Domestic Product (GDP) per capita US\$ (2011) - \$2,816.70 (Rashad & Sharaf, 2015)
- 62% of total healthcare costs were from out-of-pocket payments (ElMitainy & El-Haggar, 2019)
- 3% of Egypt's Gross National income is dedicated to health services (Kamel, 2020)
- Financed, managed, and provided by way of Government, parastatal, and private entities (Elshalakani & Mziray, 2019)

Provider Options

- The major public healthcare provider is the Ministry of Health
- The second major public healthcare provider is the Health Insurance Organization (HIO)
- The private sector is concentrated in large cities
- Healthcare premiums range from 2-5% of assessed salaries
- Employment healthcare only covers the worker and not their dependents
- Enrolled students can receive Student Medical Insurance, premiums are paid by a special cigarette tax of 10 piastres per packet of cigarettes (Rannan-Eliya et al., 2000)

Production

Governmental (37.4%)

- Public hospital
- -general population
- University Hospitals
- -general population
- Military Hospitals
- -military personnel
- Police Hospitals

Private (62.6%)

- Hospitals
- Clinics
- Dispensaries
- Health Services
- Contracting
- Physicians

(Hamdi, 2020; Kamel, 2020)

EGYPT

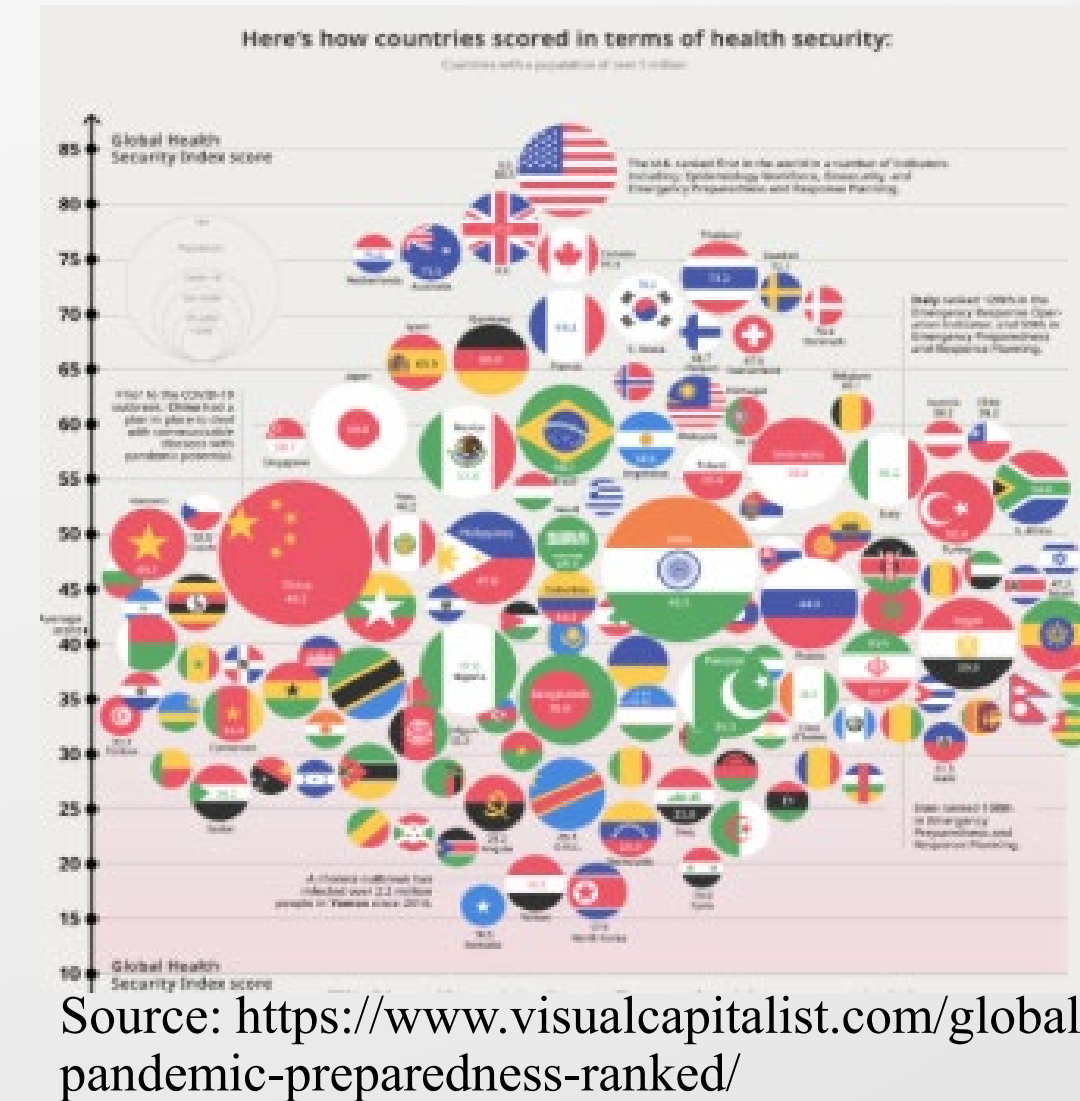
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World Ranking (WHO)

| Total Population (2016) (World Health Organization, n.d.-b) | 95,689,000 |
|---|------------|
| Life expectancy at birth m/f (2019) (World Health Organization, n.d.-b) | 69/74 |
| Total expenditure on health as % of GDP (2014) (World Health Organization, n.d.-b) | 5.64 |
| Neonatal mortality rate per 1000 live births (2019) (World Health Organization, n.d.-a) | 35.46% |
| Under 5 years of age mortality rate (2019) (World Health Organization, n.d.-a) | 64.54% |
| Population with household expenditure on health greater than 10% of total income (World Health Organization, n.d.-a.) | 26.20% |
| Population using safely managed sanitation services (World Health Organization, n.d.-a) | 60.74% |



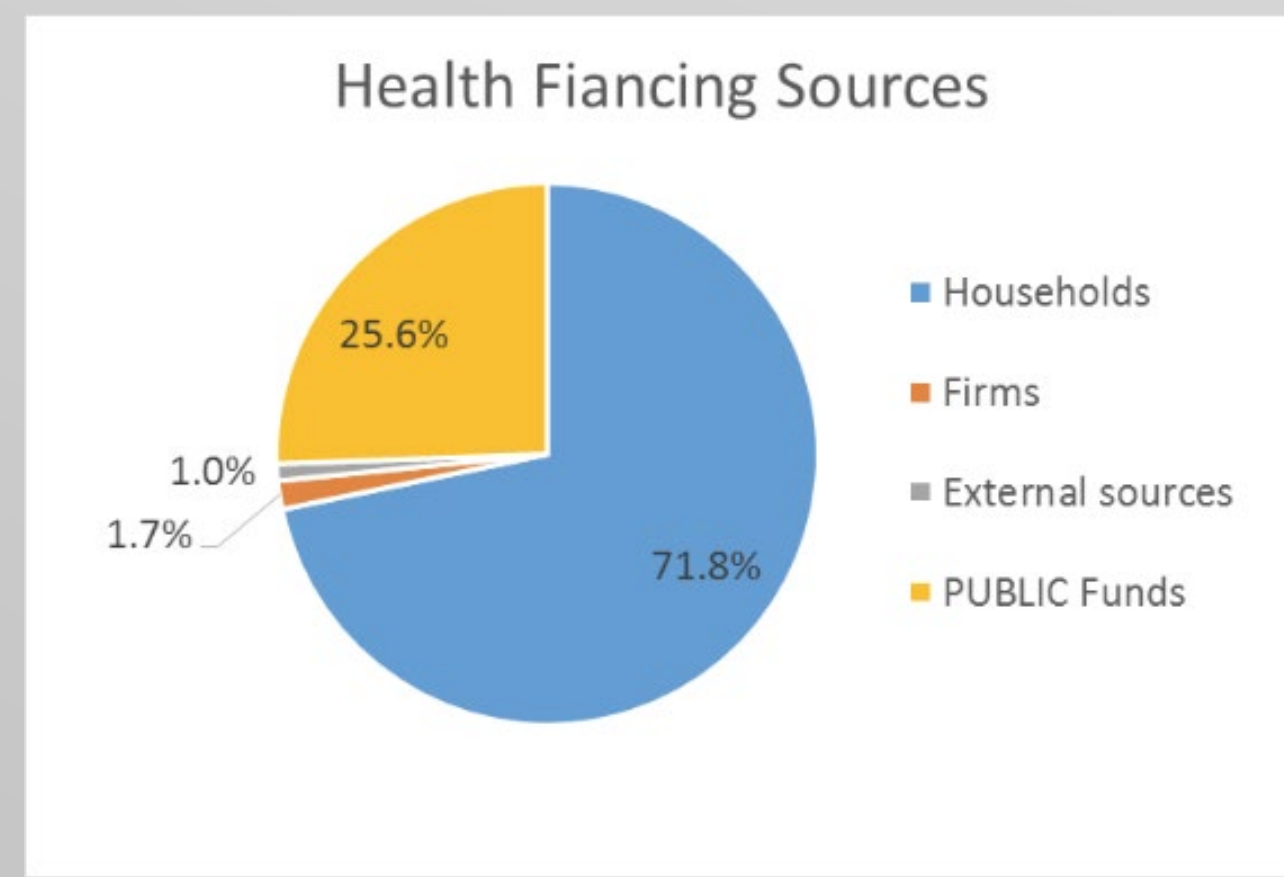
Payer System and Reimbursement

- Reform Act passed in 2018 which will result in universal health insurance
 - Family medicine will be the foundation
- Current major coverage is provided by Ministry of Healthcare and Population per family medicine via primary healthcare
- Most receive primary care via outpatient clinics of public hospitals sector accounts for 60% of all services
- Due to the reforms, coverage will be increased to cover the 50% of Egyptians that do not have insurance and the 30% that cannot afford insurance premiums
- Reforms will take approximately 14 years to be implemented (Soliman & Hopayian, 2019)

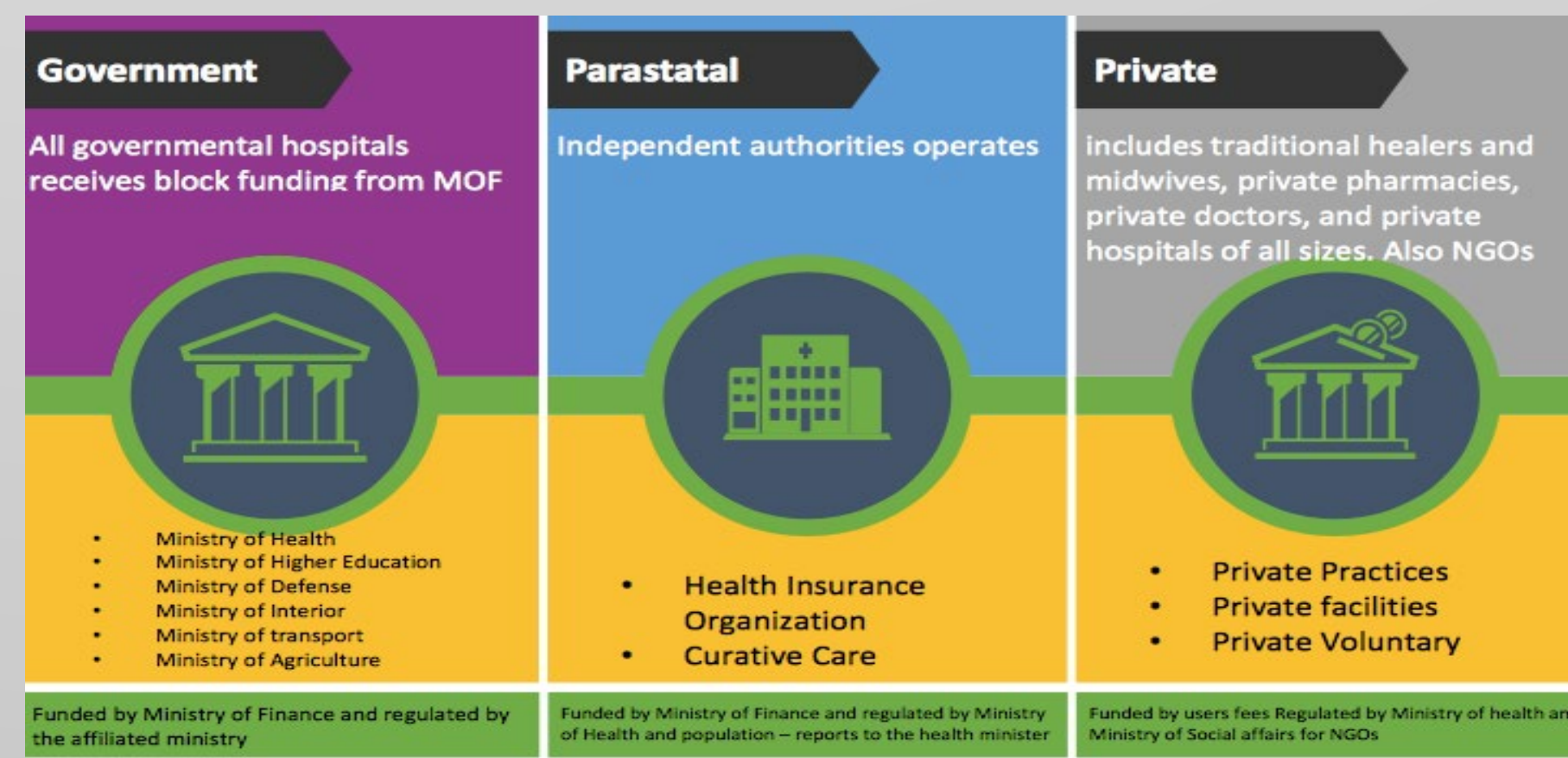
Financing and Supply

- Out-of-pocket payments (OOP)
- Health Insurance Organization (HIO)
- Curative Care Organization (CCO)
- Private Insurance Organizations
- Employer/Employee Contribution

(Ismail, 2018)



(Abdelaleem, 2017)



(Abdelaleem, 2017)

Challenges

- 33% of the Egyptian population live in extreme poverty (Rashad & Sharaf, 2015)
- 60% of the population rely on out-of-pocket (OOP) payments (Rashad & Sharaf, 2015)
- 1/5th of the population experience catastrophic healthcare payments that cause an increase in poverty (Rashad & Sharaf, 2015)
- Weak workforce and lack of distribution of healthcare workers
 - Low quality of healthcare due to lack of performance incentive and no requirements for continued education for healthcare workers (Elshalakani & Mziray, 2019)
- There is a large gap in healthcare services between the rural areas of Egypt and the capital city (Rashad & Sharaf, 2015)
- National shortages of medical supplies and personnel (Abdelaleem, 2017)
- Increased rate of chronic diseases furthering the burden on healthcare (Elshalakani & Mziray, 2019)

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