

Health Policies for Vulnerable Groups

Case Study of Egypt

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ABSTRACT

Vulnerability is the degree to which a population, individual or organization is unable to anticipate, cope with, resist and recover from the impacts of disasters. Environmental health in emergencies and disasters: a practical guide. (WHO, 2002). According to this definition, *children, pregnant women, elderly people, disable people, and chronic ill people or immune-compromised*, are vulnerable when an emergency happens, and suffer the most of the disease burden associated with this emergency. *Poverty* and its consequences such as *malnutrition, homelessness*, etc is a major contributing factor to vulnerability.

This paper is intended to assess how the state is providing a social protection policies in order to protect vulnerable groups in healthcare service sector. Measuring healthcare coverage and protection against financial risks gives an answer to the paper question about the protection of vulnerable groups against health-related financial burden.

The interventions that are subject to the study are Health Insurance Organization (HIO) and Payment on The Expense of the State (PTES). The draft Social Health Insurance Law is also subject to the study. The researcher found that the draft Social Health Insurance Law provides good protection against financial risks associated with catastrophic health expenditures and Out-Of-Pocket (OOP) health expenditures. On the other hand, it doesn't offer the same added value in universal health coverage for both Millennium Development Goals (MDGs) related diseases and Critical Conditions and Injuries (CCIs) related illness comparing to other programs.

The paper divided into four sections; first is the discussion of the current state of vulnerable groups in Egypt. Second section will elaborate on the method used for analysis. The third section will show the results of the analysis and its significance. The last section will be a set of recommendations and policy advices based on the overall analysis.

Formulation of unified framework of those systems which integrate them together along with clearly separated functions of different systems are the main policy recommendations of this paper to best serve the vulnerable groups.

Keywords

Healthcare Systems, Health Insurance, Poverty, Health and Vulnerable Groups, Governance in Healthcare System, Egypt.

1 INTRODUCTION

Egypt is ranked 113 out of 187 countries on the UNDP human development index¹, with about 40% of population living below the international poverty line.

According to World Bank, vulnerable groups are those having some characteristics that make them at higher risk of falling into poverty. Vulnerable groups include the *elderly*, the *mentally* and physically disabled, *at-risk children and youth*, *ex-combatants*, *internally displaced people* and returning refugees, *HIV/AIDS- affected individuals* and households, *religious* and *ethnic minorities* and, in some societies, *women*.

From this definition, the main target needed to be focused on is fighting impoverishing related factors.

Guidelines for Including Vulnerable Groups in Social Policies (World Bank 2004);

- a. Identify groups;
- b. Design project elements to participate these groups;
- c. Determine approaches used to facilitate their participation;
- d. Raise and build the capacity of NGOs, local government and other intermediaries that can work with those communities and groups using participatory approaches;
- e. Study and develop policies of how local institutions could be more responsive and inclusive of these groups;
- f. Design monitoring and evaluation systems with specific performance indicators related to these groups.

2 METHOD USED

The chosen method for this study is developed from different indicators. It assesses two main aspects of equity and inclusion in healthcare systems which are; delivering basic universal healthcare services and financial risk protection.

So, in conclusion these aspects is measured using these indicators;

Healthcare Services Coverage: policies that support;

Achieving the Millennium Development Goals (MDGs)² in Health:

1 Human Development Report, UNDP, 2011.

2 MDGs: according to WHO report 2013 on MDGs, they are eight goals that UN Member States have agreed to try to achieve by the year 2015. MDG 1, 4, 5, 6, 7 and 8 are health related. For more information see <http://www.who.int/mediacentre/factsheets/fs290/en/>. They mainly aiming to improve public health indicators especially those related to mothers and children health, vaccination coverage, etc

- a. Aggregate/ Universal: MDG-related service that is an expansion of single intervention coverage measures provided to the whole population (vaccination)
- b. Equity/ Targeting: MDG-related service coverage provided for poorest 40%.

Coverage of Chronic Conditions and Injuries (CCIs)³:

Aggregate/ Universal: CCIs-related service coverage that is an expansion of single priority interventions that is provided to the whole population.

Equity/ Targeting: CCIs service coverage provided for the poorest 40% of population.

Healthcare Financial Risk Protection Coverage: policies that protect against;

Catastrophic Expenditure:

- a. Aggregate/ Universal: level of citizens protected from incurring catastrophic health expenditures and provided to the whole population.
- b. Equity/ Targeting: level of citizens among the poorest 40% of the population protected from incurring catastrophic health expenditures.

Impoverishing Expenditure:

- a. Aggregate/ Universal: level of citizens protected from impoverished due to (OOP) expenditures on health and provided to the whole population.
- b. Equity/ Targeting: level of citizens among the poorest 40% of the population protected from impoverishment due to (OOP) expenditures.

So, the researcher uses these indicators for the assessment. The measurements used are ranked from 0 – 4 while “0” indicates that there is no policy related to such indicator, “1” indicates that there is a minor level policy related to such indicator, “2” indicates that there is a fair level policy related to such indicator, “3” indicates that there is a high level policy related to such indicator and , “4” indicates that there is a strong level policy related to such indicator.

3 RESULTS

Health Insurance Organization

According to the researcher desk search, the current main working laws and decrees that govern HIO are eight; law 32 for the year 1975, law 73 for the year 1975, law 79 for the year 1975 (modification to law 63 for the year 1964), prime-ministerial decree 1 for the year 1981, law 99 for the year 1992, ministerial decree 380 for the year 1997, law 23 for the year 2012 and finally, law 86 for the year 2012.

–The law 32 for the year 1975, is mainly targeting governmental employees.

³ CCIs: physical injury, illness, or disease that develops slowly and is persistent and long-lasting, or constantly recurring over time e.g. Hypertension and Diabetes.

- The law 73 for the year 1975, is targeting insurance of employees to the work-related injuries.
- The law 79 for the year 1975 (modification to law 63 for the year 1964), is targeting public and private sectors employees.
- The prime-ministerial decree 1 for the year 1981, is mainly targeting widows.
- The law 99 for the year 1992, is mainly targeting school children.
- The ministerial decree 380 for the year 1997, is mainly targeting pre-school-aged children.
- The law 23 for the year 2012, is mainly targeting breadwinner women.
- The law 86 for the year 2012, is mainly targeting pre-school-aged children.

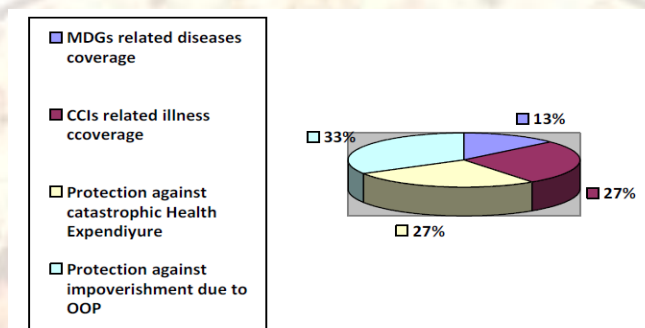


Figure 1: Findings of the Data Analysis of the Health Insurance Organization Legal Framework

Payment on The Expense of the State

There are twelve Prime-Ministerial decrees issued since 1975 till 2008. These decrees are related to delegation of the decision of issuing a decree of Payment on the Expense of the State to different ministers including the minister of health and population at 6 decrees. The current decision is number 187 to the year 2008 which delegates the decision of Payment on the Expense of the State to minister of health and population.

There are eight Ministerial decrees since 1975 till 2011 that govern the procedures and policies of Payment on the Expense of the State system. Three Ministerial decrees are dealing with administrative and regulatory affairs of the PTES. Three Ministerial decrees (Decree 290 for the year 2010, Decree 342 for the year 2010 and Decree 530 for the year 2011) are dealing with the healthcare service package provided by PTES. One decree (Decree 691 for the year 1975) is dealing with the beneficiaries by PTES system. The last decree (Decree 58 for the year 2010) is dealing with the pricing of the healthcare services provided by PTES system.

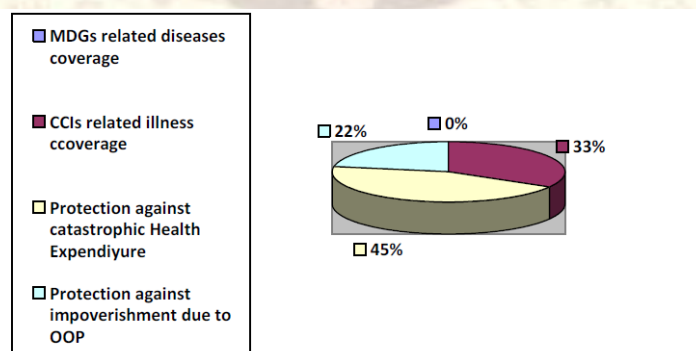


Figure 2: Findings of the Data Analysis of the Payment on the Expense of the State Legal Framework

The Draft Social Health Insurance Law

The researcher assessed the draft Social Health Insurance Law which is supposed to be issued this year. As it is a draft law and not officially issued, the researcher was acquainted by the draft law main principles through participation in different technical meetings of the committee for drafting New Social Health Insurance Law. Also, the researcher verified the assessment with health experts in that field. This makes the assessment more concise and also provides policy recommendations to the committee responsible for drafting the law based on its findings. The draft version the researcher used is January 2014 version.

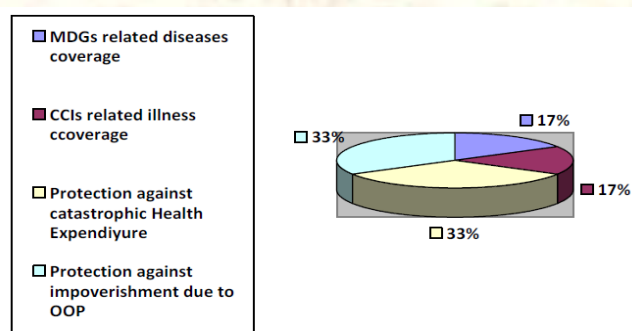


Figure 3: Findings of the Data Analysis of the Draft Social Health Insurance Law Legal Framework

From these findings, the proposed law will have great impact on improving the social safety net for vulnerable groups in Egypt. In-terms of both universal health coverage and financial protection, it provides better protection.

From the perspective of targeted beneficiaries, HIO targets mainly public sector employees. PTES targets those who are not covered by any type of health insurance whether public or private insurance. The proposed Social Health Insurance Law is applied to the whole population except for those working in armed forces.

Also, the researcher during the desk search observed that the number of laws and decrees issued after 2007 significantly decreased. This is may be due to the political will, at that time, to formulate and issue a unified one health insurance law instead of making amendments to the current fragmented laws and decrees.

Answer for the Research Question

The answer the researcher found for the main research question, is that Egypt is not yet protecting the poor against health related financial burden according to the legal-institutional assessment of health programs run by government. In the meanwhile, Egypt is moving toward achieving this goal through the draft law which gives better overall results compared to other programs subject to the study.

4 RECOMMENDATIONS AND POLICY ADVICES

Formularization of unified framework

The overall recommendation of the study is to integrate and complement all these programs within unified framework aims to utilize the best in each system and provides best outcomes. As seen in the conclusion section, each program has points of strengths and also has weaknesses. These different strengths points if

compiled together in one system, will maximize the value provided to disadvantage citizens. By the same token, weaknesses could be limited when these systems work together under one governing system.

Separation of Functions

Defining the roles and complete separation between Regulator, Provider and Payer entities at the Egyptian healthcare system is crucial to better integrate and complement the services. Ministry of Health and Population should play Regulator role. HIO could play the Payer. Provider should be a mix of all key players including public, private and NGOs service providers with regulation of prices and medical practice by Ministry of Health and Population.

Ministry of Health and Population's role should be the regulator of all the healthcare network within the country. It should also coordinate effectively with all stakeholders to ensure the effectiveness of its role i.e. Ministry of Health and Population should coordinate with universities in the process of education and training of medical schools students who will form the future medical staff at all health facilities. It should also develop a sound monitoring and evaluation system at all levels.

Further Research

What is the real value and quality provided to Egyptians by the current healthcare programs/ interventions adopted? What are the tools used in identification of the poor by authorized stakeholders? What are the findings? How much is the budget allocated to Ministry of Health and Population under 2014 constitution? What is its breakdown? How to reach that percentage? What is the financial sustainability for all these programs and to the proposed system in particular? Which one is the more sustainable system? How the proposed Social Health Insurance system will be applied? What is the vision for the transitional period? How will the emergency cases be covered under the draft Law for Social Health Insurance? What is the copayment mechanism, if any, in cases of expensive treatments/ interventions (e.g. radiotherapy)? How NGOs, Civil Society⁴, private sector and international entities can contribute to developing better system that protect the poor?

⁴ As an important recommendation regarding the role of civil society to enforce the role of the state to protect the poor, is the case of Egyptian Initiative for Personal Rights (EIPR).

The Egyptian Initiative for Personal Rights or EIPR is an independent Egyptian human rights organization, established in 2002 to adopt the rights and freedoms of human-being. EIPR works in four main areas: Right to Health, Freedom of Religion and Belief, Right to Privacy and Violence and Bodily Integrity. Right to Health program defends people's right to access to health services, treatment and essential medicines.

On September 4th 2008, the Court of Administrative Justice decided to suspend the establishment of the Health Care Holding Company. This decision was in favor of a lawsuit filed by the EIPR, jointly with the Hisham Mubarak Law Center, demanding the suspension of Prime Ministerial decree 637 for the year 2007 to establish a Health Care Holding Company. According to the decree, the company would have control over the assets of the HIO hospitals and clinics. It would procure healthcare services from HIO health facilities as well as non-HIO health facilities. According to the same decree, it would be a for-profit company and could offer healthcare services at a for-profit margin. It would also have the legal right to sell HIO health facilities to private investors. HIO was covering about 52% of Egyptians at that time. This rule by the court adds a significant protective rule to the Egyptian legal framework.

The court rule included the full scope obligation of Government of Egypt towards the citizen in protecting the right to health. It argued that it is the State's constitutional obligation no matter how strong is the justification for issuing such decree. It also highlighted that the right to implement new administrative procedures must consider the rules organizing public ownership and the right of citizens to receive an affordable health services. More important, the court rejected the government's argument that the defendant (group of civil society organizations) has no legal right to file the lawsuit and the court added that they are citizens and state is obliged to offer them their health rights. In conclusion, The court assured that the HIO would remain intact.

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