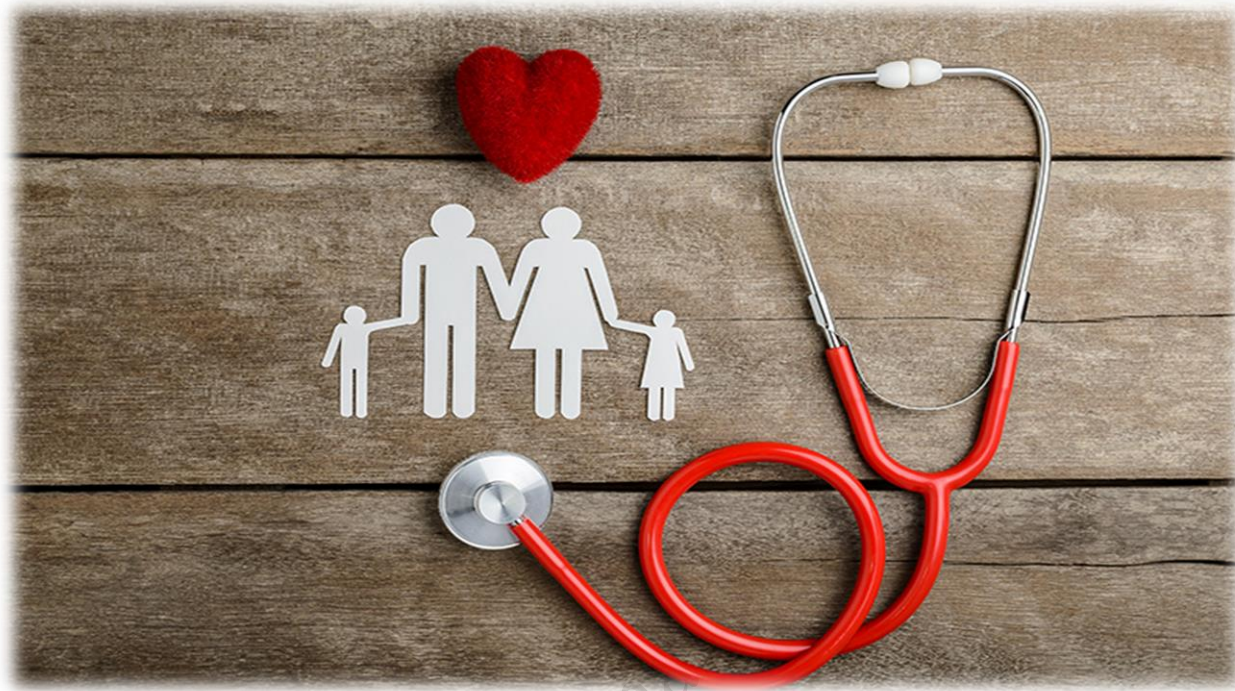


The Comprehensive Health Insurance System: Egypt's Path to development in the Health Sector



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It is an initiative launched by Forum for Development and Human Rights Dialogue Foundation, and consists of 500 development associations and organizations in 9 Governorates, in order to promote Human Rights conditions in Egypt, strengthen partnerships, and exchange experience.

The NGOs and institutions participating in the initiative were distributed in 9 governorates: Cairo, Gharbia, Beheira, Alexandria, Beni Suef, Sohag, Luxor, Qena and Aswan.

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➤ **Introduction:**

Health systems around the world face many challenges, which pushes towards the need to search for ways to meet these challenges in order to improve and develop the quality of health services, expand the range of beneficiaries, reduce personal spending on health services and reduce the gap in inequality in access to health care, especially since many advanced health systems have collapsed in light of the inability to face the repercussions of the Corona virus pandemic. In light of expectations of increasing pressures on health systems due to the expected increase in population as well as the development of diseases and epidemics that threaten humanity, there is an increasing need to search for ways to develop health care systems, which has become possible in light of technological development and the advanced applications provided by the Fourth Industrial Revolution that can be used and employed in the development of health care systems and ways to provide these services.

In light of the fragmentation of the health system in Egypt, the establishment of an effective supreme mechanism for planning, policy-making and implementation in the Egyptian health sector will require special specifications led by sustainability and the ability to completely restructure and govern the health system to achieve universal health coverage according to different standards and in light of international experiences in this regard, which has not yet achieved the desired success. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being as enshrined in the WHO and Egyptian Constitutions. The right to health includes access to acceptable, affordable and timely health care. That requires that Governments create conditions in which everyone can be as healthy as possible. The Egyptian Constitution obliges the State to guarantee this right and to provide appropriate protection mechanisms capable of ensuring its activation, foremost of which is the provision of a universal health coverage system.

Therefore, the new Comprehensive Health Insurance Law and its executive regulations came as a result of continuous work involving experts, government and civil society officials, and many hearings were held with the aim of designing a comprehensive insurance system that achieves availability, availability, accessibility, acceptability and quality in health services and protection provided without discrimination and regardless of income level, and with the aim of ensuring the development of a governing and comprehensive legal framework for the health system that represents a comprehensive plan that promotes this obsolete system fully and sustainably.

Therefore, the report addresses all topic related to Comprehensive Health Insurance System and its impacts on developing the health sector, especially at the Egyptian level, through some axes, which are:

1. Challenges facing the health sector in Egypt.
2. Definition of Comprehensive Health Insurance System.
3. Origin, philosophy and principles of the Comprehensive Health Insurance System.
4. Steps of the phased application of the system.
5. Advantages, objectives, and importance of the Comprehensive Health Insurance System.
6. Health services the Comprehensive Health Insurance System provides.
7. Levels of health care according to the Comprehensive Health Insurance System.
8. Digital services of the system.
9. Stages of implementing the Comprehensive Health Insurance System.
10. Interest of international conventions in the right to health.
11. Recommendations.

1) Challenges facing the health sector in Egypt:

Several challenges facing the development of the medical sector in Egypt, including:

a. Problems of developing health resources:

In any case, the health system suffers from fundamental human resources development problems, for example, a shortage of medical auxiliaries compared to actual needs, with many qualitative problems, including the various schools where medical personnel were trained and not according to the country's actual need. As well as the geographical distribution of health workers is not balanced with the migration of large cities and hospitals. This, in turn, has increased demand for specialized equipment and facilities while noting the weak relationships between competencies and responsibilities between planning, funding and the establishment and maintenance of facilities.

While noting that interest in health technology is increasing as it increases in cost, it is necessary to plan well for the acquisition of technology that is linked to its usefulness and need for the population, as well as to grant autonomy to health units, and that the pursuit of urgent technological necessity affects all the health system.

b. Problems of resource management:

Resource management is often ineffective, i.e., not maximizing workers and facilities, and the underlying determinants of resource allocation are often more market forces than objective assessment of social and human needs. If there is a private private sector, it often does not cooperate with the public sector, which has a negative impact on the health system.

c. **Health care delivery problems:**

As a result of ineffective resource regulation, health-care delivery patterns are poorly adapted to the requirements of medical science, which involves the use of technology that is inadequate to the needs, resulting in health-care delivery patterns not being adapted to society's needs.

d. **Problems of economic and financial support:**

Economic and financial support for health services is often well below what is required to provide for society's health needs, and poor planning and financing of health systems often exacerbate deficits. While the private sector grows and investments may lead to private sector health financing outpacing public sector counterparts, which in turn leads to unfair distribution and access to health services.

While noting that the increase in the number of workers in the sector and the increase in health facilities spread the demand for them, resulting in an increase in expenditure, which sometimes results in an increase in health care costs without an equivalent increase in health coverage or an improvement in the health situation of the community, which requires reliance on health calculations.

e. **Health calculations:**

- ✓ Accurate classification of the patterns and objectives of all expenses and all effectiveness in the health system.
- ✓ Complete calculations of all health expenses regardless of origin, purpose or subject matter.
- ✓ Accurate method of collection, indexing and estimation of all money flows related to health expenses.

When the National Health Accounts System is fully built, it complements records and reports systems to provide a picture of the health system's achievement. Health accounts can be used to demonstrate the relationship between health expenses and total economic product.

The System of Health Accounts also shows the linkages between financing and production in the area of health services and their requirements for tools and equipment. The main objective of health accounts is to support the health system.

As health systems have been found to collect, restore or preserve benefits for society, the health system's achievement must be assessed not only in terms

of the level of benefits it achieves but also in terms of their equitable and equal distribution to communities.

Health accounts can provide information on the design of better health system policies. Moreover, The Health Accounts System (HAS) helps to provide the basis for assessing all available financial resources of the health system, thereby helping to strategize in increasing available resources and knowledge of the financier of health care and the size of the financial burden. All this is considered a dimension of economic planning and analysis of economic sufficiency, which helps in making appropriate decisions.

One of the most important features of the system of health accounts is how funds for health care are allocated to the different aspects of the services, interventions and events carried out and produced by the health system, as well as the determination of the beneficiary of health care expenses. More well-managed funding and financial resources are often seen as a step in improving health systems, especially those that reach an equitable distribution of financial burdens and minimize their negative impacts on the unable. While noting that health accounts do not distinguish between effective and ineffective expenses, non-financial information from different sources such as population surveys, epidemiological studies and others must be obtained.

To assess health expenses, we should take into account a number of dimensions and analyses such as:

- ✓ Sources of funding
- ✓ Finance Agents
- ✓ Posts
- ✓ Resource costs
- ✓ Social and economic situation of beneficiaries
- ✓ Beneficiaries' state of health
- ✓ Regions and territories

f. Problems of health system management:

One of the problems of managing the health system is usually the centrality of decision-making with weak local administrations, a lack of specialized managers with expertise, a lack of information, a reliance on vertical management with a lack of necessary supervision, and weak horizontal relations between the health sector and other relevant sectors, if any, with society not contributing to health policy development. While noting the weak performance of regulatory mechanisms such as environmental sanitation monitoring, quality control of health care, licensing to practice, control of

medicines and facilities, cost and price control, some may even lack regulatory action.

Whatever resources are available in the health system, their maximum use can be hampered by a lack of capacity and management skills at different levels. Since national health systems have a lot of resemblance in their structures and a lot of difference such as the beneficiaries of services, especially in the pattern of culture, history, economic system and social dynamism. However, the basic parts of health systems are quite similar to all countries of the world, so international classification tables should be used in health calculations (ICHA), created and developed by the Organization for Economic Cooperation and Development (OECD).

In terms of computational procedures that assist health accountants in conducting their work in a scientific manner, which requires the need to focus on assigning health management and health system management professionals and to continue to raise efficiency and acquire skills for those elements with continuous training while strengthening horizontal relationships between the health system and other sectors.

Taking into account the rationalization of expenditure and ensuring the provision of quality health services that achieve satisfaction for both beneficiaries and service providers, the need to implement quality systems in the health sector and health institutions, adopting health service standards that are local, regional or international, and the need to establish a national body to accredit health institutions that conform to the approved standards, which achieve the basic determinants of effective, robust, coherent and flexible health systems capable of responding with comprehensive coverage that achieve equality, justice and desired health security.

In view of the climate and environmental changes and the increasing epidemiological risks posing a threat to health systems that require the multiplication of trained medical, medical and technical assistants in accredited medical and nursing universities and academies and attention to health and medical research and studies.

2) Definition of Comprehensive Health Insurance System:

During the past few years, the concept of the Comprehensive Health Insurance System has emerged, which is a symbiotic system that aims to cover all citizens from birth to death, and is gradually applied in specific geographical areas according to the stages of application of the system. As well as its services are provided in the event of illness and work injuries at all levels of health care on a family basis among the insured, with a mechanism that allows the beneficiary to choose between health service providers in order to obtain the best health service available. However, the system does not include public

health services, preventive services, family planning services, emergency services, natural disasters and epidemics, as these services are the competence of other State agencies.

The system adopts to provide its services by contracting with health service providers in accordance with the comprehensive quality standards determined by the General Authority for Accreditation and Control, with the state's commitment to raise the quality and efficiency of its health facilities in order to obtain accreditation in terms of infrastructure, manpower, training and equipment, taking into account that the insured person's right to benefit from the health insurance services prescribed in accordance with the laws in force at the time of the enactment of the Comprehensive Health Insurance Law shall continue; until the beginning of their application, all laws and decisions relating to the health insurance system shall be discontinued.

At the date of the actual implementation of the Comprehensive Health Insurance Law, which came with the aim of overcoming the challenges facing the health insurance system in force before 2017. Its main objectives are to move towards comprehensive health coverage for all members of society, based on the idea that every citizen has the right to health and comprehensive health care with good standards. This is stipulated in Article 18 of the current Egyptian Constitution.

In order to achieve the objectives of the Comprehensive Health Insurance System, Entities have been formed to separate the provision of health care services from the collection, procurement and quality supervision of the system's management, which depends mainly on the integrated information technology (IT) system, through:

- ✓ The General Authority for Comprehensive Health Insurance, which represents the buyer.
- ✓ The General Health Care Authority, which represents the service provider.
- ✓ The General Authority for Health Accreditation and Control, which is responsible for quality assurance and accreditation. The Egyptian Unified Procurement Authority, which was added by a subsequent law.

3) Origin, philosophy and principles of the Comprehensive Health Insurance System:

a. Origin:

The current health insurance system in force since 1964, which covers different sectors of the Egyptian people, is based on the provision and financing of medical services through the General Authority for Health Insurance. This old system is governed by a wide range of republican and ministerial decisions and laws covering various aspects of the insurance process from the provision and financing of medical service and in view of many factors, developments and structural challenges. While old system could not cover all members of society and did not ensure the elements of financial sustainability well.

Several attempts and projects have been undertaken to reform the old system, develop the health system and ensure social justice by the Ministry of Health, Population and International Partners as a necessary priority. In this context, the Ministry of Health and Population, in 2011–2012, formed a committee of representatives of government and community that worked on the preparation of a new draft law for health insurance in response to the requirements of society for comprehensive health coverage, taking into account the benefit of previous experiences in the reform of the health insurance system in particular, and the health sector in general.

The committee that completed this law worked to ensure that the new Comprehensive Health Insurance Law achieved the goals and principles of Egypt's Vision for Sustainable Development 2030 in the health axis.

There are three strategic objectives of the health axis, which are as follows:

- ✓ Promoting the health of citizens within a framework of justice, fairness, and paying attention to everything that affects the health of Egyptians in terms of social determinants, infrastructure, public awareness, stimulating a healthy lifestyle, and achieving universal health coverage for all Egyptians.
- ✓ Ensuring the quality of services provided and paying attention to providing services High-quality curative and preventive and accessible to all Egyptians who are able and unable and health sector governance.
- ✓ Providing accurate data that leads to timely sound decision-making, while improving the efficiency of the health sector's resource management in a framework of transparency and accountability.

The objectives of the sustainable development plan related to the health axis came in activation of Article 18 of the Egyptian Constitution 2014, which stipulates that every citizen have the right to health and integrated health care in accordance with quality standards. The state shall guarantee the preservation and support of public health services that provide services to the people and shall promote their efficiency and equitable geographical spread. Moreover, the state is committed to allocating a percentage of government spending for health of not less than 3% of the gross national product (GNP), which gradually escalates until it conforms to global rates.

The State is committed to establishing a Comprehensive Health Insurance System for all Egyptians that covers all diseases. The law regulates citizens' contribution to or exemption from contributions according to their incomes, and criminalizes refraining from providing treatment in its various forms to every person in cases of emergency or danger to life.

The State is committed to improving the situation of doctors, nurses and health personnel, all health facilities, products, materials and publicity related to health are subject to State control and encourages the participation of the private and community sectors in health-care services.

Hence, The Comprehensive Health Insurance Act was the realization of a constitutional obligation and a solution to current structural problems such as: the weakness of the financial sustainability of the current health system, the inability of the health system to cover all segments of society, especially informal employment, the dissatisfaction of beneficiaries with the quality of service provided, and the threat to the financial stability of many Egyptian families. The total out-of-pocket expenditure on health is about 60%, so the new law is an attempt to reduce the percentage of out-of-pocket spending.

b. Philosophy and principles:

The new Comprehensive Health Insurance System aims to cover all citizens at all stages of their lives, while the state ensures financial protection for the unable. This system provides protection from the financial burdens of families and citizens, and the basic principle of the law is solidarity and partnership between the different segments of society and the state.

The law represents an integrated framework for reforming the health system in a comprehensive manner and not only a law to provide health service to citizens, and addresses the disadvantages of the current health system, as well as being a huge qualitative leap and ambition to reform the health system as a legislative tool, **through the following principles:**

- Separation of the service provider, the funding body, the control, accreditation and quality body, through the establishment of three main bodies to manage the new system, the adoption of many mechanisms to measure the level of performance of the medical service and the citizen's satisfaction with it, and ensuring its quality, and **the three new bodies established by the law are:**
 - General Authority for Comprehensive Health Insurance: A financing and purchasing authority for health services on behalf of citizens participating in the system.
 - General Health Care Authority: The governing body provides health care and services and supervises service providers.
 - General Authority for Health Accreditation and Control for monitoring and accrediting quality assurance of the services provided.

This trend (separation between the service provider and the funding body and the control, accreditation, and quality body) is a completely new one in the history of the Egyptian health system that, despite its difficulty, seeks to achieve a rational governance system in which the various functions are separated, accountability, quality, and comprehensiveness are guaranteed, and the optimal use, management, and sustainability of resources are supported.

- The mandatory application of the new comprehensive health insurance law, because it will apply to all Egyptians of all categories within the Arab Republic of Egypt, in addition to that the mandatory will prevent the exit of the richest groups, thereby ensuring the financial sustainability of the system.
- Adopting the family as a unit of coverage in the system.
- Ensure access to high quality health services.
- The new system relies on primary health care and family medicine as the main input to the system.
- Health care and treatment services are provided at all three levels of service:
 - ✓ The first and second levels of health care, which have the stage of diagnosis and treatment of the disease, and are provided at hospitals.
 - ✓ The third level of health care, which deals with special and advanced cases of the disease.
- The law was completed in late 2017 and then approved by the House of Representatives, ratified by the President of the Republic in January 2018, and is ready for implementation, provided that the Comprehensive Health Insurance Law gradually replaces the laws currently in force through

gradual stages (six stages), within a period of time ranging from ten to fifteen years.

4) Steps of the phased application of the system:

There are six phases for the implementation of the Comprehensive Health Insurance System in all the governorates of the Arab Republic of Egypt, so that it is the last stage for the implementation of the system in the governorates of Cairo, Giza and Qalyobia. The first phase was started in Port Said governorate, as a pilot operation in July 2019.

According to the Law's Executive Regulation, it applies at 6 stages in 15 years:

- ✓ **The initial phase includes** the governorates of: Port Said, Suez, North and South Sinai, and Ismailia.
- ✓ **The second stage:** Aswan, Luxor, Qena, Matrouh, Red Sea.
- ✓ The third stage: Alexandria, Behera, Damietta, Sohag and Kafr al-Sheikh.
- ✓ The fourth phase: Assiut, New Valley, and Fayoum. Minya, Beni Suef.
- ✓ The fifth stage: Dakahlia, Sharqya, Garbyia, Monovia.
- ✓ The sixth stage: Cairo, Giza, Qalibiya.

Despite the huge challenge of the pandemic, citizen registration and experimental operation took place in Port Said, Luxor, Ismailia, South Sinai, Suez and Aswan governorates. For example, during the past period, according to official data, 486,873 citizens were registered and 120,210 family files were opened, both in Ismailia (207,267 citizens), Suez (48,344) citizens, Luxor (12,7088) citizens, Aswan (92,277) citizens, South Sinai (11,897) citizens, through more than 117 units and family health centers in the five governorates.

5) Advantages, objectives, and importance of the Comprehensive Health Insurance System:

a. Advantages

- The Comprehensive Health Insurance System provides primary health services, therapeutic and diagnostic services, reproductive health services and emergency first aid.
- The State shall pay for the treatment and contributions of the unable and exempt them from contributions to the treatment.
- The citizen's contribution to the cost of operations shall not exceed 5% up to a maximum of 400 pounds, regardless of the cost of the surgery.
- The citizen's contribution to the price of radiology and analysis shall not exceed 10% up to a maximum of 750 EGP at a time.

- The percentage of the citizen's contribution to the price of medicines does not exceed 10% up to a maximum of 1,000 pounds per time.
- A citizen has the right to recover the costs of his treatment outside the contractors with the Authority in emergency cases only.
- Oncologists and chronic diseases are exempt from the percentage contributing to treatment.
- Citizens benefit from the health insurance systems available in the country until the Comprehensive Health Insurance System is implemented in their governorates.

b. Objectives

- Social reassurance among beneficiaries of the system's health services.
- Equal access to health services and some form of relative justice.
- The provision of quality health services to all members of society.
- Providing health care services and trying to remove the cost barrier between the patient and the medical service.
- Contributing to the creation of new jobs in health insurance companies and institutions.
- Provide financial resources to finance medical care expenditures, especially in view of the apparent increase in their cost.
- Improving the quality of health services, including providers.
- Direction for optimal use of resources and artworks that contribute to the provision of health services.
- Focus on the main health priorities of communicable diseases, reproductive health and children.
- Provide integrated medical service at the lowest possible cost.

c. Importance

➤ **For the beneficiary:**

The relative importance of an individual's need for health insurance services increases, especially in the current years, when the cost of treatment or financial burdens of the risk of sickness in general have risen markedly (the cost of drug diagnosis, surgical procedures, hospital stay).

The need to live “a healthy dignified life” is an innate requirement and the right does not need to be justified, especially in light of the diversity of diseases in the current years. Access to health services through a comprehensive insurance system for him and his family members achieves a kind of social reassurance, as he is born with a sense of belonging and giving to his work and society.

This is particularly important in the current years for a number of reasons, including:

- The diversity and increase of contemporary diseases, with the apparent increase in the cost of medical services.
- The individual's inability to predict the disease or its cost and hence the difficulty in coping with its financial burden.

➤ **For the employer:**

It is logical and customary that a health worker who does not suffer from the disease and who is reassured that he does not incur his treatment expenses and a dependent, who is born, has a sense of stability and affiliation with his employer, which has a positive impact on his productivity as well as reducing the losses caused by the work interruption due to the disease.

His feeling that his employer provided him with health insurance services contributed to his job satisfaction, enhanced his attachment to his employer and increased his productivity, with the desired positive effect of reducing the damages or losses resulting from increased employment turnover and partial disruption due to illness.

➤ **For Society:**

The effective Comprehensive Health Insurance System contributes to increasing the productivity of individuals and decreasing the dropout rates due to illness, thereby contributing to increased national output and economic growth, in addition to which it contributes to the promotion of health investments that have a positive impact on the economic and social development of society in general.

6) **Health services the Comprehensive Health Insurance System provides:**

- Primary health care services, treatment and accommodation at the hospital or specialized center.
- Other services are special services for employees and pensioners, special services for students.
- Drug service: medicines, pharmaceutical, chemical and other treatment are dispensed inside and outside hospitals. The beneficiary can be treated outside the state in cases that are impossible to treat from the system's services.

7) **Levels of health care according to the Comprehensive Health Insurance System:**

- **Level 1:** It is the first line of defense against the disease. It is concerned with the preventive aspect, referral, health promotion and the fight against the spread of the disease at the pre-infection stage.

It includes:

- ✓ Basic health-care services from approved family health units and centers.

- ✓ Services of family doctor, general practitioner, specialist doctors and dentists.
- ✓ Diagnostic services, determined by the General Authority for Comprehensive Health Insurance.
 - **Level 2:** includes the stage of diagnosis and treatment of the disease.
 - **Level 3:** Includes the rehabilitation phase of special cases.

8) **Digital services of the system:**

The General Authority for Comprehensive Health Insurance was launched in 2021 in cooperation with E-Finance for Financial and Digital Investments, E-Health, which specializes in the development, management and operation of technological and digital solutions for health services, within the framework of Egypt's health sector development plans and within the framework of E-Finance's expansion strategy to provide digital transformation solutions in all important sectors of the Egyptian market.

E-Health, E-Finance's sister company, managed and operated the technology services of the Comprehensive Health Insurance System, as well as specialized digital services for the health insurance sector and the health sector in general across the Republic. "E" Health provides comprehensive and integrated services to the health sector from the management and operation of day-to-day operations of insurance and health technology systems, to technical support services, and consulting.

With its keenness to provide its services according to the latest technology, E-Health has provided insurance and health systems with digital solutions to develop their technology systems, as well as artificial intelligence services, data monitoring and analysis solutions, smart information systems, and decision support solutions. In particular, the company managed and operated the technology system for the new Comprehensive Health Insurance System. With regard to the Comprehensive Health Insurance System's services, E-Health took over.

Managing operations, managing and configuring the technological components of the medical system, medical operating services, quality operations operation, change management services, and digital payment services, which include multi-application unified citizen card operating services in integration with the government electronic payment and collection center, digital payment channels, banking institutions and various government support systems, and technical support services for the system and its medical entities.

For the health sector in general and its operating institutions, whether public or private, eHealth has provided management services and solutions, operation of operations and technical support through call centers and

telephone and field technical support, as well as technical consulting services and technological solutions, and integration services with hospitals, pharmacies and private clinics.

E-Health has also enabled health sector enterprises to benefit from their advanced solutions in energy management systems, management services of agreement services, systems and infrastructure monitoring services, business continuity and expansion planning services, insurance and performance testing services, and modernization and release process management services.

9) Stages of implementing the Comprehensive Health Insurance System:

The Comprehensive Health Insurance System has passed several stations since the drafting of the bill, through the approval of the House of Representatives, and then began its implementation in 3 governorates.

In late October 2017, the Government transmitted the Comprehensive Health Insurance Bill to the State Council for approval by Parliament. The bill did not take long to be debated in the House of Representatives, where it was approved in mid-December 2017. In May 2018, the Cabinet issued Act No. 2 of 2018, The role of the Ministry of Health was then to equip Port Said Governorate as the first governorate where comprehensive health insurance is applied. Whether raising the efficiency of family medicine units and health centers, as well as hospitals, the rehabilitation of human resources.

Former Minister Hala Zayed then carried out numerous mobiles on the ground and field visits to follow up on the ongoing equipment in the new health insurance facilities; The Ministry then invited citizens of Port Said governorate, quickly to head to the nearest health center, To make a comprehensive medical examination free of charge, register and open the family file and get to know your family doctor, The system allows the family to present to the doctor for examination or follow-up at any time or telephone customer service and book an appointment to receive medical service with ease and high quality.

In October 2018, the Ministry of Health announced the first preparations for the launch of the health insurance system in the rest of the first phase of the system, including Ismailia, Suez, South Sinai, Luxor and Aswan. The Government's presidential mandate was to complete the implementation of the Comprehensive Health Insurance System in the governorates despite global economic challenges; to contribute to the realization of the dream of all Egyptians to provide comprehensive and integrated health care to all members of the Egyptian family within 10 years instead of 15 years. After the full implementation of the system in Port Said and Luxor governorates,

preparations are currently under way for its official launch in Ismailia governorate and then the extension of its umbrella to the rest of the governorates of the first phase: South Sinai, Aswan and Suez, then second phase governorates: Qena, Red Sea, Marsa Matrouh, etc.

3 years after President Abdel Fattah el-Sisi launched the new comprehensive health insurance system from Port Said Governorate in July 2019, announcing the official operation of the system in November of that year.

Dr. Ahmed Al-Sobki, Chairman of the Board of Directors of the Health Care General Authority, Assistant Minister of Health and Population and General Supervisor of the new Comprehensive Health Insurance Project announced the achievements of the authority, as the main arm of the State in regulating the delivery of the new comprehensive health insurance system services, which included the registration of more than 5 million citizens in the six governorates for the first phase of the new comprehensive health insurance system in the governorates (Port Said, Luxor, Ismailia, Aswan, Suez, South Sinai).

Within 3 years, the first phase of implementation of the new Comprehensive Health Insurance System was completed, which included 6 governorates (Port Said, Luxor, Ismailia, South Sinai, Aswan, Suez). With regard to the provision of medical and therapeutic services, the outbreak indicated that 19 million medical and therapeutic services were provided at the facilities of the General Health Care Authority in the three governorates of the Comprehensive Health Insurance System: (Port Said, Luxor, Ismailia). As for primary care and family medicine services, which are the nucleus of the new Comprehensive Health Insurance System, 9 million primary care services were provided, at family medicine facilities of the Health Care Authority in the governorates (Port Said, Luxor, Ismailia).

About 270 thousand operations were conducted under the umbrella of Comprehensive Health Insurance since its introduction in the governorates "Port Said, Luxor and Ismailia", in accordance with the highest international practices and standards, and using the latest medical technologies. Many medical techniques and packages of therapeutic services such as TAVI and Cerab & ever techniques have been developed and many of the techniques that have been developed to perform microscopic surgeries, gastrointestinal endoscopies and pulse cardiac surgeries, whatever the cost of the operation or surgical intervention, the beneficiary of the new comprehensive health insurance scheme has not borne more than only 400 per contribution. The cost

of the operation outside universal health coverage may exceed half a million pounds.

During the three years of implementation of the new system, more than 2.5 million comprehensive medical examinations have been carried out for the beneficiaries of comprehensive health insurance in the governorates, which are conducted annually for each beneficiary of the new system, since the beginning of its utilization of the medical services of the new system, in order to periodically and continuously follow up and detect diseases or their causes, and to ensure the health and safety of citizens. With regard to meeting global quality standards within the Health Care Authority's facilities, the Infuser explained the registration and accreditation of 108 medical facilities of the General Health Care Authority, including 54 health facilities accredited to the internationally recognized GAHAR2021 standards of ESCWA, with 4 governorates within the first phase of comprehensive health insurance.

With regard to the digital transformation and mechanization of the Health Care Authority's facilities, 4.6 million electronic medical files have been completed for beneficiaries of the Comprehensive Health Insurance System in the three governorates (Port Said, Luxor, Ismailia). As well as the activation of mechanization and digital transformation mechanisms with 138 units and family health centers in the governorates of Port Said, Ismailia, Luxor and South Sinai. The completion of the activation of the LIS plant system within 140 medical facilities in the governorates of comprehensive health insurance, and the activation of the PACS radiology system within 35 medical facilities in the governorates. "Port Said, Luxor, Ismailia, South Sinai", in addition to limiting 235 thousand medical and non-medical assets within the smart system of managing and maintaining medical and non-medical assets of the Authority.

The Health Care Authority has launched 40 health awareness initiatives since the launch of the system in July 2019 to provide more health care services to citizens in the governorates. As for the beneficiary satisfaction index developed by the Authority to measure customer satisfaction with its medical services under the umbrella of the comprehensive health insurance system, the various user satisfaction mechanisms are the link between UN-Women and the beneficiary of the new system's services. The average satisfaction rate for the level and quality of the medical service at the Authority's facilities exceeded 90%, the response rate and resolution of the complaints of the beneficiaries of comprehensive health insurance in the electronic complaints

system of the Council of Ministers was 97%. According to the bulldozer, 23 crisis and emergency management rooms have been launched electronically linked to the Unified National Emergency and Public Safety Network to ensure immediate handling of crises and emergencies, within 3 years since the launch of the new governorate system.

The Health Care Authority continues to provide medical, therapeutic and awareness-raising services in all governorates. The Authority is the main authority of the State to regulate and regulate the provision of services to citizens of the Comprehensive Health Insurance System, in accordance with the interim application of the new Comprehensive Health Insurance System in the governorates, until universal health coverage is extended to all governorates of the Republic by 2030.

10) Interest of international treaties conventions in the right to health:

International treaties and conventions, as well as national constitutions, are concerned with recognizing the human right to health care, as it is one of those fundamental rights to life, as **stipulated in the Universal Declaration of Human Rights in 1948, in article 25, which states:**

- Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, in particular food, clothing, housing, medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other circumstances beyond his control and which lose his means of subsistence.
- Motherhood and childhood have the right to special care and assistance. All children are entitled to the same social protection, whether born in or out of wedlock.

This was affirmed in the International Covenant on Economic, Social and Cultural Rights in 1966, article 12 of which stipulates that signatory States must:

- Recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health,
- Take the necessary measures to reduce the birth rate and infant deaths and ensure the healthy development of children; Medical services and medical care for everyone in case of illness.

In order to clarify and operationalize the above provisions, **the United Nations Committee on Economic, Social and Cultural Rights, which monitors** compliance with the International Covenant on Economic, Social and Cultural Rights, adopted a general comment on the right to health in 2000, which states that the right to health involves not only the timely provision of

health-care services, but also underlying determinants of health, such as the provision of clean and safe drinking water, adequate supply of safe food and nutritious food, safe housing, healthy occupational and environmental conditions and the provision of appropriate health education and information, including in the area of sexual and reproductive health.

Since then, other international human rights treaties have recognized the right to health or some of its elements, such as the right to medical care. In the framework of gender equality, **article 12 of the Convention against Violence against Women (CEDAW) in 1979 affirmed** this right and the right of both sexes to integrated medical care, stipulating:

- States parties take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health-care services, including those related to family planning.
- Notwithstanding paragraph 1 of this article, States Parties shall ensure to women appropriate services in connection with pregnancy, childbirth and the post-natal period, providing them with free services where necessary, as well as adequate nutrition during pregnancy and lactation.

Article 3 of the Convention on the Rights of the Child stressed the need for institutions responsible for the care or protection of children to comply with the standards set by the competent authorities, particularly in the areas of health and safety. **Article 24 stipulates** that signatories to the Convention must recognize the right of the child to the enjoyment of the highest attainable standard of health and his right to facilities for the treatment of diseases and health rehabilitation. States Parties shall endeavor to ensure that no child is deprived of his or her right to health-care services and medical assistance, as well as to provide sectors of society, in particular parents and children, with the necessary information on child health and nutrition, and to take all measures to abolish practices harmful to children's health.

At the domestic level, the Egyptian Constitution preserves that right and affirms it in several articles, including article 18, which is explicit and clear on the right to health care and the right of citizens to provide them with health care.

International Development:

International organizations seek to strengthen efforts to improve the quality of health care and combat diseases prevalent in countries of the world in general in addition, among children in particular.

World Health Organization works closely with the United Nations system to support its Member States to achieve their national priorities and ensure better health outcomes. As well as it collaborates with the United Nations system to place health in discussions and decisions of United Nations intergovernmental bodies; provide leadership on health-related humanitarian efforts as the leader of the health cluster; and strengthen inter-agency alliances and approaches to health issues.

As part of the ongoing reform process, the organization has launched a new approach that promotes and facilitates the mainstreaming of equality and human rights, building on the progress made in these areas at all three levels of the organization, which continues to strengthen its role in providing technical, intellectual and political leadership with regard to the enjoyment of the right to health, which involves:

- Strengthen the capacity of WHO and its Member States to integrate a human rights-based approach to health.
- Promote the right to health in international law and in international development actions.
- Advocate for the enjoyment of health-related human rights, including the right to health.

In this context, it should be noted that the work of the United Nations system in support of global health is not solely the responsibility of WHO, as many members of the United Nations family are involved in this crucial task. Many health-related issues are addressed directly by the General Assembly and the Economic and Social Council, as well as through the efforts of the Joint United Nations Program on HIV/AIDS (UNAIDS), and UNFPA works to support reproductive, adolescent and maternal health.

The United Nations Educational, Scientific and Cultural Organization (UNESCO) prioritizes those most affected by HIV/AIDS and plays a leading role in the Global Initiative on AIDS and Education and in the Inter-Agency Task Force on Education of the United Nations Program on HIV/AIDS (UNAIDS), They are two key mechanisms for strengthening UNAIDS efforts on HIV/AIDS for universal access to prevention, treatment, care and support program.

UNICEF is taking measures to ensure the treatment and prevention of acute malnutrition in children, to link nutrition support with HIV/AIDS treatment, and to integrate nutrition into the work of its partners in other areas, such as health, water and sanitation.

Annual health-related celebrations proclaimed by the General Assembly include:

- World Water Day on 22 March
- World Autism Awareness Day on 2 April
- World Health Day on 7 April
- World Handwashing Day on 4 May
- World No Tobacco Day on 31 May
- International Day against Drug Abuse and Illicit Trafficking on 26 June
- World Mental Health Day on 10 October
- World Diabetes Day on 14 November
- World AIDS Day on 1 December.

➤ **Conclusion:**

The right to health is a major pillar of fundamental human rights that has been affirmed in international and regional human rights treaties, and in national constitutions around the world. As health is closely linked to the human being, because it enables him to live a healthy and dignified life, and its importance has increased in the modern era, specifically within the framework of the international community.

The right to health means that Governments must create conditions in which everyone can access appropriate, affordable and timely health care, which is a universal right that also includes basic health determinants such as access to safe drinking water, adequate supply of safe food, nutrition and housing, healthy-working conditions and the environment, and access to health-related education and information.

From the repeated experiences of health reform in Egypt, and other countries, it is clear that the health reform process is a difficult process. However, an evaluation system must be built within the reform experiences, so that learning from mistakes is made, as service providers and insurance need incentives to write accurate data reports by collecting, analyzing and publishing data. Moreover, It is necessary to realize that the new system will

show its results in the medium and long term, with the condition of parliamentary oversight and community participation on performance. Because of the importance and difficulty of establishing a new system with new bodies from the heart of an old system, the new bodies need time to settle down and perform their work fully.

The law has set the rules and procedures of the organization of the process of gradual application of its provisions, so that the transitional phase of the old system of the new system is managed in a balanced manner and the law will be applied gradually in several stages up to ten years to ensure the quality of implementation.

➤ **Recommendations:**

1. Establishing an administrative unit or assigning a committee to follow up the hospital's adoption of the dimensions of the quality of health services and determine the extent of response to them continuously in order to identify and address weaknesses to improve the quality of health services provided to beneficiaries, and to provide all basic examinations in all health units.
2. Directing research at the postgraduate and promotion levels in universities and various research centers to health awareness, with an interest in contributing to conducting research in remote environments and areas that lack basic services.
3. Civil society organizations to achieve health awareness, through activating community participation, which includes the government, civil society and the private sector.
4. Setting high-quality standards for the accreditation of insurance companies and hospitals involved in providing Comprehensive Health Insurance System services to ensure the provision of high-quality health care services.
5. Activating the role of the media in achieving health awareness, intensifying health programs, and conducting an enlightenment course on the benefits of health insurance.
6. Complete the shortage of equipment and continuous maintenance to avoid breakdowns, and increase the number of doctors and staff to avoid congestion.
7. Benefiting from the contributions of the Comprehensive Health Insurance System, which will reflect positively on the level of services provided.
8. Introducing measures that show the extent to which the performance of the Comprehensive Health Insurance System meets the needs of community members.

9. The need to develop uniform standards for the practice and management of health services to achieve justice among beneficiaries.
10. Attention to securing hospitals, and constantly improving waiting areas.
11. Computerization of procedures carried out in all health insurance operations.
12. Providing all medicines in the pharmacy and developing an organized policy for that.
13. The need for optimal use of the patient's card.

Egyptian Coalition for Human Rights and Development