

THE RIGHT TO HEALTH

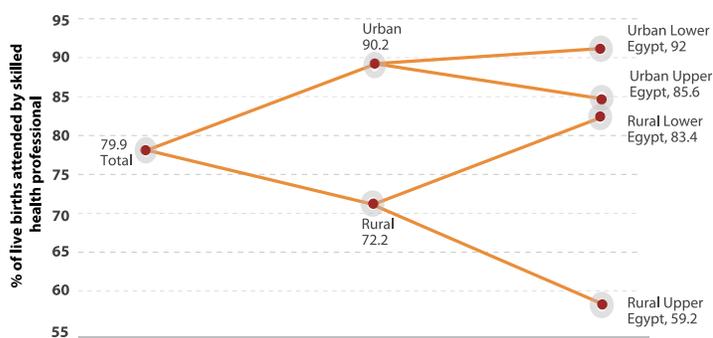
In its last Universal Periodic Review in 2010, Egypt accepted one recommendation on enhancing the quality of its health care system, and made a voluntary pledge to enact new legislation regarding health insurance. There are no clear signs that a 2013 proposal for a universal health insurance scheme will be enacted in the future, while the health care system overall remains complex, fragmented and of poor quality.

THERE HAS BEEN STAGNATION AND BACKSLIDING IN SOME KEY HEALTH INDICATORS. The country's maternal mortality ratio increased from 39 deaths per 100,000 live births in 2009 to 46 in 2011, for example (CAMPAS, 2013a). In addition, large discrepancies between regions remain. In 2008, women in the Bani Swaif governorate were almost three times more likely to die during child birth compared to women in Kafr El Sheikh (Ministry of Health, 2009).

Suggested Questions: Please provide up-to-date, disaggregated statistics on the scale and spread of Egypt's disease burden.

THERE ARE STARK DISCREPANCIES IN THE PROVISION OF HEALTHCARE SERVICES. Egypt has a complex, fragmented and increasingly privatized health care system, which involves many actors: public, parastatal (quasi-governmental) and private providers and financiers. The distribution of health care services is widely imbalanced across the country. Beds in rural areas account for only 7.03% of the total number of beds (CAPMAS, 2011). Only 19.6% of public sector physicians practice in rural areas (Ministry of Health, 2008). As shown in the graph below, this impacts on access to crucial healthcare services such as skilled birth attendance.

Skilled birth attendance, urban-rural divide, 2008

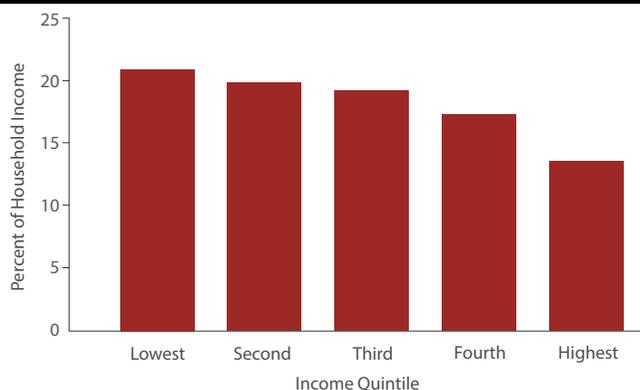


Source: Ministry of Health, 2009

Suggested Questions: How is Egypt addressing the rural/urban discrepancy in health services? What criteria does the government use for allocating resources for infrastructure, personnel, equipment and supplies?

HEALTHCARE SERVICES REMAIN UNAFFORDABLE TO MANY IN EGYPT. Healthcare costs continue to rise with inflation. Between 2011 and 2013, the healthcare price index increased 14.8% (CAPMAS, 2013b). The poorest 20% of households spend 21% of their income on health, significantly more than the richest 20%, who spend 13.5% (USAID, 2011a).

Percent household income going to health, by income quintile, 2009/10



Source: Ministry of Health, 2011a

The cost of care greatly affects the health of rural residents. For both acute and chronic illnesses, individuals living in rural regions were twice as likely to not seek health care as their urban counterparts due to costs (USAID, 2011a).

With increasing dependence on the private sector, Egyptians households are encountering costly out-of-pocket expenditures. Out of pocket expenditure accounted for 70% of total spending on health care services in 2008 (USAID, 2011b).

HIGH OUT-OF-POCKET COSTS ARE ASSOCIATED WITH LOW LEVELS OF HEALTH INSURANCE. Only half of the population has health insurance. Women, rural residents, those in the lowest income segment and those who work within the informal sector are more likely to be uninsured. In rural Upper Egypt and

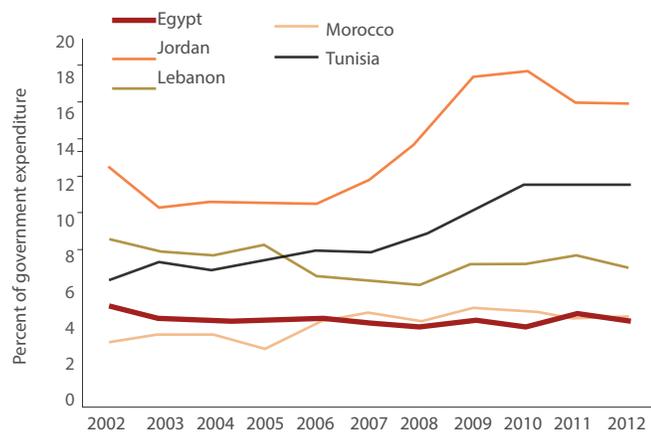


rural Lower Egypt, only 19.4 % and 24.2% of the population respectively is covered. (USAID, 2011b).

Suggested Questions: What steps has Egypt taken to decrease the individual costs of healthcare services? How will Egypt increase health insurance coverage?

NEGLECT OF THE PUBLIC HEALTH SECTOR IS VISIBLE IN LOW PUBLIC SPENDING. In 2008, public expenditure accounted for 24.8% of total health spending, decreasing from 30% in 2001/02, and 46% in 1994/95 (EIPR, 2009). As shown in the graph below, budget allocations to health have stagnated in the past decade and are a lower percent of the overall budget than comparable countries. Health made up 4.02% of the 2013/14 budget (MoF, 2013). This is far behind Egypt's commitment under the Abuja Declaration to allocate 15% of the national budget to health, and the commitment under the Egyptian Constitution to raise public health expenditures to account to at least 3% of GDP.

Health expenditure, public (% of government expenditure) 2002-2012



Source: World Bank, 2014

RECOMMENDATIONS

Honor the commitment under the Egyptian Constitution by increasing the amount of public spending on the healthcare sector to 3% of GDP.

Ensure equitable access to quality primary, secondary and tertiary healthcare services, particularly in low-income and rural areas, by more effectively mobilizing and targeting resources based on population needs and cost-effectiveness.

Work actively on reducing out of pocket expenditure; in particular, expand health insurance coverage, especially among those employed in the informal sector.

Prioritize the development of legislation that ensures patients can access legal pathways for remedies in cases of clinical malpractice and violations of patients' rights.

ABOUT THIS FACTSHEET SERIES

This Factsheet was prepared by the Egyptian Initiative for Personal Rights, with the support of the Egyptian Center for Economic and Social Rights (ECESR) and the Center for Economic and Social Rights (CESR) in light of Egypt's appearance before the Human Rights Council's Universal Periodic Review in 2014. The 11 factsheets in this series accompany the joint submission on economic, social, and cultural rights in Egypt endorsed by 130 non-governmental organizations and labor unions.

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