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Transforming Egypt's Health Sector: A family-centered Approach

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On a Tuesday morning in Garagos, a small village nestled amongst the adobe houses that adorn the banks of the Upper Nile, in the Qous District of Quena, Nahed stood up, tucked a loose bit of hair behind her veil, and asked Dr. Follor a question.

"If my daughter is sick, should I stop breastfeeding?" she asked, referring to the fact that her daughter Reham was suffering from an upset stomach.

Actually, said the doctor of the community's Family Health Unit, she should not.

As Dr. Follor calmly explained, there wasn't a relation at all, meaning that the real culprit behind Reham's condition was most likely a viral or bacterial infection, a parasite, or a bad

course of antibiotics – but not her mother's milk.

For Nahed, who had considered a move to formula milk, the doctor's advice hit close to home. "I didn't breast feed my first daughter Ranya, and she suffered...was not in good health." Breastfeeding Reham then, was an attempt to do things differently – perhaps even, to make things better. However,

when Reham also came down ill, neighbors pointed to her breastfeeding, and Nahed considered abandoning the practice altogether.

It was in this context that Dr. Follor's revelation was an eye-opening moment, illustrating how misconceptions can often influence important decisions.

In fact, there was much information that neither Nahed, nor the more than two-dozen women gathered beside her – a great many moms for the second and third times – had not realized about breast feeding or their own milk. That it was perfectly balanced, already sterilized, and that breastfeeding even reduced the risk of breast cancer were novel



A young boy awaits his turn to see the doctor at the Shaniyah Family Health Unit (Quena Governorate)

pieces of information for many of the women who gathered to hear the doctor speak.

Perhaps nowhere else is the clarification of misconceptions as important as in the medical arena, where details make the difference between preventing an illness or fomenting it. Dr. Follor's weekly lectures on health and wellness – the kind that which have benefited Nahed and are available to Garagos' population of 30,000 – thus stand out for their ability to provide guidance on symptoms and treatment, precautions and prevention. Such conversations provide a space where villagers can raise questions and engage in frank discussion on the issues that matter to them, information they can later share with the greater community of which they are a part.

Health Sector Reform Program Project

- US\$ 16 million loan & \$1.5 million grant
- Objective: to create a defined cost-effective package of quality primary and public health services
- Implementation period: November 2001 to December 2008
- Covered activities in pilot Governorates of Quena (Qous and Nagga Hammady Districts) & Suez (El Ganaien District)

A New Approach to Healthcare



Omar Ebn El Khatab Family Health Unit (Suez Governorate)

A decade ago, such conversations, particularly within a community setting, were not the norm.

In Egypt, patients visiting public clinics used to pay for services and receive corresponding treatment. Record keeping, a standard practice in Western societies and an essential

feature in charting progress and servicing prevention, did not take place. Without such records, Nahed's coming one month for stomach pains and returning two months later with the same symptoms, would be relegated to the annals of a patient's memory and not the doctor's records.

Recognizing a need to revolutionize the provision of healthcare services, the government adopted a framework for comprehensive healthcare reform for the medium and long term. Reform has included accrediting healthcare facilities, known as Family Health Units, in order to standardize and improve the quality of care, and creating a basic package of primary healthcare services. A national system of insurance coverage, known as the Family Health Fund, was also developed. Piloting of this model was then launched in five Governorates from 1998 – 2003, two of which – those of Quena and Suez – were financed by the African Development Bank's Health Sector Reform Program Project.

Now, in stark contrast to the earlier epoch of individuals receiving service, healthcare is focusing on the family, with an ultimate goal of improving the health of the general population, including reducing infant and under-five mortality rates, the burden of infectious diseases, and controlling population growth.

Inside a Family Health Unit

According to Hanan, a 32 year old mother of two, the Shaniyah Family Health Unit has continually 'saved' her family. Before the clinic was accredited, she bore her children at home with the help of a local midwife, but now, thanks to the reform and Shaniyah's accreditation, she is privy to the range of services that the Unit must provide. A native of the rural district of Nagga Hammadi, where most families make their humble living through agriculture, the Unit is her first point of contact when her children fall ill. She has come when her five month old son suffered from fever and vomiting; to receive the immunizations that the Unit provides free of charge; and has benefited from the weekly discussions on health and wellness.

Fortunately, she is not the only one who has had such access.

Indeed, the very first step of the country's healthcare reform was to assess the medical needs within given districts so that all villagers could receive superior treatment under the new program. This meant counting the very families that inhabited the villages; the number of health facilities that needed to be rehabilitated or constructed; and the number of doctors and nurses that would be required to treat such a population. It also meant training, or even retraining them, and ensuring that even the most remote village units were adequately supplied with a standardized list of medicines so that families could get the treatment they need.

Of course, if the physical infrastructure and human capital requirements have been key to reform, so too has been the recording of information, a feat

accomplished through the creation of Family Health Folders, part of a larger effort towards universal coverage. Through these folders, a family's information is retained and recorded, from initial general and physical examinations, to relevant past history and neurological and skin exams. Even educational attainment and income are considered, clues that will help doctors and nurses understand the

anatomy of a family, and the patterns of inherited illness. Thereafter, visits cost only 3 EGP for those who are insured or not, and both can access preventative treatment for free. Those with family health folders, however, can take advantage of medicine at 1/3 of the market price, all of which can be purchased within the very Family Health Unit, making it a one-stop-shop for medical care.



A laboratory technician examines a sample at the Al Mashruah Family Health Unit (Suez Governorate)

Taking Care of People



Social workers now make home visits. Hanan (above) is often visited by her raeda from the Hiysha Family Health Unit (Quena Governorate)

Because Family Health Units undergo rigorous accreditation, families like Hanan's can now receive basic outpatient, preventive, and curative services, and undergo minor surgeries and basic laboratory tests. These Units also offer a cadre of family

planning lectures, as well as dental and vaccination services. And they send out raedas, social workers that make home visits, to consult with families on primary health care issues. For treatment beyond what the Units can provide, doctors can

refer patients to larger hospitals, ensuring that treatment is commensurate to need.

It is no wonder that for many, like Amel of Hiysha, Family Health Units mean "...healthcare for women and children. [they're] about taking care of people." Amel's raeda, often visits her home, where they have discussed everything from family planning and avian flu, to the greater wellness campaigns that reflect Egypt's overarching healthcare needs. In the end, for every Family Health Unit, there is a story: Dr. Moheb Nakheel who is delivering babies and following up with pregnancies in an area once inundated with midwives; Nurse Hebah Ali whose vaccination treatments are helping decrease the incidence of polio in El Makhzan; or Dr. El Latif, who was surprised at that her Family Health Unit has "...all the facilities and equipment I could ever dream of."

The Road Ahead

The road ahead is far from perfect – and yet it is extremely promising.

In Nagga Hammady, one of the two districts financed by the Bank,

records indicate a substantial increase in the utilization of Family Health Units, from 50 to 100%. Data also suggests that the number of maternal, infant, and child deaths –

areas targeted through the reform – have decreased by 54%, 48%, and 31%, respectively, over the period from 2003 and 2008. And, more than 10,000 medical practitioners have been trained, representing a significant boost in the provision of quality care.

With the second phase of healthcare reform around the corner, universal coverage thus remains a steady target. For the African Development Bank, which seeks to decrease poverty and improve the living conditions for Africans across the continent, it continues in its goal of fomenting healthier, happier lives.



A family in Garagos, like those throughout Egypt, can now benefit from improved access to healthcare

Challenges

Overall, Health Sector Reform, even when focused on 'primary' healthcare, is enormously complex, particularly if the ultimate goal is achieving universal coverage. Going forward, there are issues which need to be addressed, like retaining doctors within rural areas and training enough medical personnel to cover populations which exhibit veritable need. In this regard, the area of nursing requires particular attention.

The sustainability of lower prices for quality service – much of which has been subsidized by the Egyptian government in collaboration with the ADB, among other multilateral development institutions, is also an important issue.



A specialized nurse uses an ultrasound scanner at the Shaniyah Family Health Unit (Quena Governorate)

For more information about the African Development Bank
and its program in Egypt, please see
<http://www.afdb.org/en/countries/north-africa/egypt/>



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