

Egypt: Approaches to covering poor, vulnerable, and informal populations to achieve universal health coverage

Background on Scheme and Reforms

History: Egypt's Social health insurance scheme was introduced in 1964. The scheme currently covers about half of the population, particularly civil servants, government retirees, students, and pre-school children. Their new constitution, introduced after the January 2011 revolution, has enshrined the universal right to health for citizens. As a result, Egypt developed a new universal health insurance law, currently under review by Parliament, with the aim of creating a mandatory new social health insurance (SHI) scheme. Egypt's new social health insurance scheme will be rolled out over an 18-month period. The first phase of the roll out will focus on covering poor and very poor individuals identified through the Egyptian Social Pension Health Care Program (SPHCP), the equivalent of 20-25% of the population, or 23.6 million individuals. Phase 1 will be followed by enrollment of the informal sector with the ultimate vision of scaling SHI nationally to achieve universal health coverage (UHC).

Governance: The Ministry of Health and Population (MoHP) is responsible for overall health and population policy, as well as the provision of public health services. The Health Insurance Organization is housed within the MOHP and is responsible for the enrollment and administration for the SHI. The Health Insurance Organization serves as insurer/financer and provider of care to employees, students, widows, pensioners and newborns.

Financing: The new social health insurance scheme will be financed from direct tax revenue, as well as employer contributions, an earmarked tobacco tax, and donor assistance. Coverage for the poor and very poor will be fully subsidized via general tax revenue, channeled through the Ministry of Finance.

Background Country Data	
Total Population (millions)	85
Life Expectancy at birth (years, both sexes)	71
Infant Mortality (per 1,000 births)	19
Maternal Mortality (per 100,000 births)	45
Hospital beds (per 1,000 people)	0.5
Public health expenditure (% of total health expenditure)	39.0
Total health expenditure (% GDP)	5.0
OOP health expenditure (% of total expenditure)	59.6
Poverty headcount ratio at \$1.25 a day (% of population)	N/A
GDP per capita (current USD)	3,314.5
<i>Source: World Development Indicators, accessed March 2015</i>	

Program Overview : Social Pension Health Care Program (first stage of Social Health Insurance scheme)	
Year launched	2015
Stage	Roll-out
Place of Operation	Initial 18-month scheme roll-out in 27 Governorates (7 Administrative Regions)
Eligible Members	Enrollment in social health insurance is mandatory for all populations. The initial 18-month scheme implementation efforts are aimed at covering the very poor and poor; other population groups will be eligible to join the scheme at a later date.
Financing	General tax revenue
Unit of Enrollment	The enrollment unit is by family and includes the member, the spouse, and dependents
Implementing Partners and Roles	Ministry of Health and Population (MoHP): Policy oversight Health Insurance Organization (HIO) – Government-owned entity under the MoHP. Both an insurer/financier and provider of care for social health insurance for employees, students, widows, pensioners and newborns (covering about 45% of the Egypt's population) Ministry of Social Solidarity (MoSS) – Oversight to social protection programs, including the Social Pension Health Care Program

Social Pension Health Care Program: Overview of Membership Categories

Membership Category	Eligibility Criteria	Contribution	Benefits	Providers	Identification Mechanism	Enrollment Mechanism
Poor and Very Poor Members (Mandatory)	Poor and very poor populations registered through social welfare programs, particularly social pension program	100% subsidized	In/ Out-Patient	Public	Means test and proxy means test carried out by social welfare programs	In-person at scheme office, online registration
Members from the Informal Work Sector and their Families* (Mandatory)	<i>To be defined.</i>	<i>To be defined.</i>	<i>To be defined.</i>	<i>To be defined.</i>	<i>To be defined.</i>	<i>To be defined.</i>

*Membership for informal sector workers and their families is not described below because this has not yet been developed. No other membership categories are listed because the scheme is in initial implementation stage.

Social Pension Health Care Program: Eligibility, Identification, Enrollment, and Monitoring

Eligibility

- The MoH and MoSS use the poverty thresholds for “poor” and “very poor” developed based on a national census conducted every 7 years, and they receive additional information on national poverty rates and demographics annually from the Central Agency for Public Mobilization and Statistics (CAPMAS). Based on the latest census conducted in 2013, households with a monthly income of 300 Egyptian Pounds (equivalent to USD 38) are considered poor.
- Eligibility criteria for members of the informal sector and their families, and other target populations, will be determined at a later date.

Identification

- Egypt’s social insurance scheme leverages the Ministry of Social Solidarity’s (MoSS) database of poor individuals. Egypt’s social protection programs, particularly the Social Pension Program, which has 1.5 million families, or 7.2 million beneficiaries, relies on a combination of means testing and proxy means test to identify the very poor or disadvantaged.
- Egypt aims to provide health coverage to all 7.2 million members of the social pension program by June 2016. It is estimated that there are an additional 3.5 million poor and very poor individuals in Egypt; these individuals will be identified via geographic targeting methods and concerted outreach efforts in the 1,153 poorest villages.

Enrollment

- Beneficiaries of the Social Pension Program in Egypt are provided with membership to the social health insurance via the Social Pension Health Care Program. Beneficiary records are electronically updated within the Ministry of Social Solidarity to accord health insurance benefits to eligible families. Members can access their benefits via a “Smart Card” that works across multiple social welfare programs, including the Social Pension Health Care Program.
- Smart Cards are assigned to each family unit and contain data on each family member.
- Upon receiving social health insurance coverage, beneficiaries are required to have a primary health care check-up and preventative care screening. Their Smart Cards are updated to reflect their health insurance benefits when scanned by a health provider. Individuals who are poor or very poor may also enroll in the scheme at the office of the Ministry of Health and Social Solidarity.

Monitoring & Evaluation

- Not yet available.

Social Pension Health Care Program: Successes, Challenges, and Strategies

Successes

- Developed plan and strategy for rolling out social insurance scheme.
- Leveraged existing Social Pension Program to identify and enroll poor populations.
- Developed geographic targeting approach to identify and reach poor populations outside of Social Pension Program.

Challenges

- Insufficient financing for health insurance.
- Fraud and errors in identification of populations.
- Challenges with regular maintenance and interoperability across program databases.
- Low levels of public awareness on insurance and the benefits package.

Strategies

- Mobilization of tax revenue to finance social health insurance.
- Leveraging existing social pension program to enroll the poorest populations.
- Strong coordination among national identification databases, social welfare programs and health insurance to synchronize data on poverty status. These programs also use data from utility services to assess poverty levels and assess changes in poverty status.
- Mandatory primary health care check-up for new beneficiaries to provide preventative services and to activate their Smart Card with health insurance benefits data.
- Capacity building for medical personnel and scheme staff included in strategy for social health insurance implementation.
- Use of technology and data to monitor scheme rollout and performance.

Sources

- Interview with Dr. Hala A. Massekh, Undersecretary for Technical Support & Project Manager for SPHCP. February 25, 2015.
- "Targeting Mechanism of Social Safety Net Programs in Egypt" Presentation by Dr. Ibtissam El-Gaafarawi, National Center for Social and Criminological Research and Ministry of Social Solidarity, Egypt, December 2013.
- ILO Considerations on the Social Health Insurance Reform Project in Egypt. International Labor Office, Social Security Department, Geneva, June 2009.