

Consultative Visit to Egypt - a summary

A country visit was made to Egypt on 9-14 April 2000 as part of the consultative process in Africa. The visit included a review of documents, a meeting with the National Team and the National Focal Point, visits to institutions, interviews with key informants, and, finally, a visit to upgraded health facilities. It was agreed in advance that the following measures would be taken to prepare the visit, not all of which proved possible: a country situational analysis; a short historical perspective of health research development in Egypt; a listing of key partners in health and health research; institutional profiles; health research questionnaires by key stakeholders; arrangements for key informant interviews and focus group discussions; national publications and country case studies relevant to this exercise.

Egypt is one of the larger countries in Africa with a population of 65 million people, mainly of Arab origin. The capital, Cairo, has a population of 12 million. The country has a rich tradition of centres of higher learning and has made great strides since independence in 1956. Since that time, remarkable development of the infrastructure of health care facilities has been achieved. There are about 5,000 health care units in the country and a further 460 mobile clinics that serve isolated areas. Between 1981 and 1997 infant mortality rate was reduced from 70 to 25 per 1,000 live births, neonatal mortality was reduced from 12.2 to 8.1; maternal mortality from 77 to 40; life expectancy increased from 52 to 66 years; and immunization coverage is now more than 97% countrywide. These figures compare favourably with the rest of Africa.

Egypt has many universities, including 24 medical schools, and produces trained personnel in excess of its needs, which has given it a reputation for exporting skilled manpower. The current training budget for the Ministry of Health is just under US \$ 10 million per annum. At present the country is almost self-sufficient in health manpower, both for health care services and research. Three government ministries carry out research in the field of health, namely the Ministry of Higher Education and Research, the Ministry of Science and Technology and the Ministry of Health and Population. There are also many other independent bodies and organizations that do research related to health, foremost among them being the National Research Centre and the Centre for Field and Applied Research. Most of these centres collect research results in a vertical form, with little collaboration between the major stakeholders.

The report on the consultations describes in some detail the field visit to Menoufia Governorate, one of 24 provinces of the country, 150 kms from Cairo, comprising 10 districts with a population of some 2.7 million people. The centre typifies the health units upgraded within the programmes of the Ministry of Health. A key feature of the unit is the records office, which keeps a file on every family under its jurisdiction. The file has health and demographic records of all members of the family entered on the computer and forwarded to the district office at regular intervals. The data is processed and forwarded to the governorate office where again it is processed and transmitted to the national headquarters. In this fashion it is hoped that the system of data retrieval will soon become part of the national health statistics. Such health units are run by the community and charge for services rendered. An insurance scheme assists with the funding of the centre, particularly for vulnerable groups. A recent client survey showed very high levels of satisfaction with the scheme.

The consultations also included consideration of the role of ENHR in Egypt, based upon a paper prepared by the Egyptian authorities. ENHR, it claimed, was practiced on a large scale in the country, even if it did not always go under that name. The emphasis was mainly on systems research and enjoyed the support of the Centre for Field and Applied Research of the Ministry of Health. Most key informants, however, had never heard of ENHR, the Global Commission for Health Research or COHRED.

Current national activities in the health research for development focus on a number of the competencies, which comprise the ENHR strategy. These include the promotion of local health research; community participation; leadership development in health and health research; coordination of cooperation with donors and funding agencies; the development of effective databanks to provide computerized technical support for health care services and national health statistics used in research; the elaboration of a strategy for national health and health research, with the support of all major stake holders.

In discussing ENHR in Africa participants expressed strong support for sharing the national experience with the rest of Africa, and emphasis was placed on the dissemination of information on ENHR, the coordination and communication of ENHR throughout the continent, and cooperative agreements within and between countries in Africa. At the world level, talk focused on the global agenda and funding policies and on a regional forum for Africa.

The conclusions drawn at the end of the visit are of an overall impression that Egypt has more than just a critical mass of trained manpower, despite a few critical areas where there is a lack of expertise. Equity, it was said, had been the mainstay of the country's policy, and with that in view, it had been able to achieve a large measure of success in providing safe water to more than 85% of families, balanced nutrition to more than 90% of the homes, immunization approaching 100% coverage and demographic and health indices are equally impressive.

Most of the social programmes running on a national scale were said to be operated by highly skilled personnel and led by teams of experts from the universities, scientific institutes and technical colleges. They have in-built monitoring mechanisms that ensure effective implementation. Data in these programmes is readily available and resources spent are easily accountable. For this reason Egypt is not short of donors and the country is able to dictate the terms of cooperation.

Participants considered there was adequate manpower in areas of health development and research, but most of the key informants interviewed would like to see effective networking and communication, both within the country and with the rest of Africa, as well as with the developed world. One of the big problems in the country, was said to stem from an occasional lack of cooperation among its leaders and the heavy bureaucracy and reporting mechanisms in health and in research in general.