



The Egyptian Initiative
for Personal Rights



The Right to Health in North Sinai Challenges and Community Solutions

(Executive Summary)

November 2017

This document is the executive summary of the report issued by the Egyptian Initiative for Personal Rights titled: "الحق في الصحة في شمال سيناء: إخفاقات وحلول على لسان أهلها"

This report is the result of the collaborative work of researchers from the Criminal Justice and the Economic and Social Rights programs and with the support of the administrative and technical team of the Egyptian Initiative for Personal Rights.

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Executive Summary

As stated by the Egyptian Constitution, the Right to Health is a universal right for all citizens that should be realized without discrimination. Understanding the challenges facing the realizing of this right to the citizens of North Sinai and proposing community solutions that can promote are specially important in the light of the difficult situation citizens of these region face in the light of the omnipresent armed conflict and security situation and, additionally, following the recent announcement by the state authorities that this governorate would be

the site of the first phase in the implementation of the new National Social Health Insurance law.

This report presents a qualitative narrative description of the state of healthcare in North Sinai from a Rights to Health perspective. It generates its quantitative data from official data sources and its narratives from contributions and input from a sample of community members in the governorate of North Sinai.

Sinai has been announced as the site of the implementation of the first phase of the National Social Health Insurance Law



It presents in details how the different stakeholders perceive the healthcare service delivery in all of its aspects including primary healthcare, preventive services, hospitals, diagnostic services, emergency services, ambulances and medications. It then presents solutions as suggested by local community members with references to national and global evidence of the effectiveness of these solutions. Finally, it gives recommendations to authorities on what needs to be carried to remedy the signaled defects.

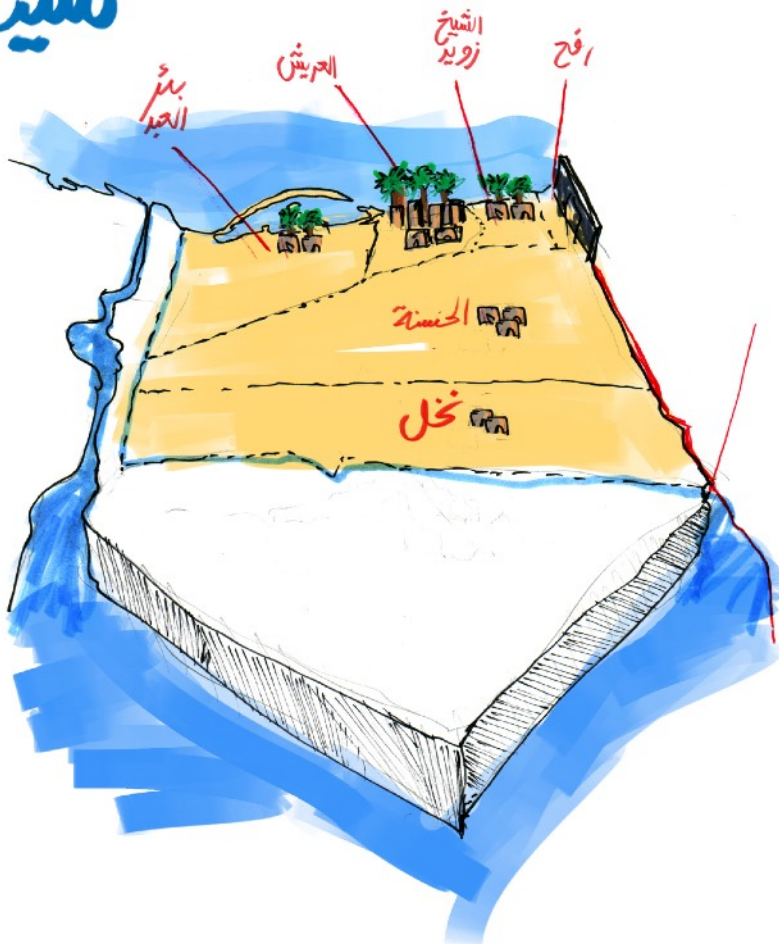
The data collection for this project has been carried out through assembly of inputs from interviews with local community members,

local doctors, nurses, health technicians, pharmacists, ambulance works and local civil society members. All quantitative data and references are from public information published by official state sources.

This executive summary presents some testimonies by different stakeholders from North Sinai including citizens, civil society actors, doctors and nurses as well as brief summaries of the evaluation of the key components in the health service provision using a Right to Health framework.

The full version of this report can be found in Arabic at www.eipr.org

شمال
سيناء



Trust me sir,
we are
currently
reaping the
fruits of over
35 years of
completely
disregard to
Sinai and its
people.

1. Regarding Primary Healthcare and Family Health Units



Most primary healthcare units in North Sinai are completely destroyed and non-functional, although they were very well built and equipped a few years ago.

”

I am completely alone there. I'm supposed to treat complicated cases without any training or following-up or supervision. I try my luck and either it works or it doesn't.

I wasn't sufficiently trained in medical school or in my internship to handle this and now, I'm standing alone in the middle of no where trying treatment on people!

“

Local doctor commissioned in North Sinai

”

Primary healthcare units in Sinai are even better equipped compared to those in the Nile Delta for example, but they are completely abandoned. No doctors passed by for years.

These units used to provide an average service to the inhabitants. Although doctors were not regularly present and those who were commissioned to work there were poorly trained, yet, the units were well build and equipped and sometimes, they used to provide good services that made us not bound to travel to hospitals except in rare cases.

Now, there are no services in these units at all.

“

Inhabitant of a village in Sheikh Zowayed

Community-based evaluation of Primary Healthcare Services provision in North Sinai

Availability



Primary healthcare services that are available are not sufficient to meet the population needs

Geographical Accessibility



Very limited as most primary healthcare services are only in cities

Economic accessibility



The cost of the available primary healthcare services do not seem to constitute a barrier to the population

Accessibility of information



Limited, specially when it comes to health promotion, education and awareness

Lack of discrimination



No cases of discrimination were documented

Acceptability



Services are generally socially acceptable with the exception of maternity services

Quality



Weak. Inhabitants find it difficult to trust in the capacity of local doctors to attend to their healthcare needs

2. Regarding secondary and tertiary care services (hospitals) in North Sinai

”

It's not a matter of negligence. The general way the system is built does not allow the provision of basic services. I'm a recently graduate female doctor in a remote location. When I receive a case I never dealt with before and I'm alone, with no-one to turn to larger hospital to refer to, what am I supposed to do?

“

A doctor in El Arish

”

”

Rafah Hospital was equipped with a CT scan machine I didn't see anywhere else, but, with no one to operate it or read its findings. It becomes useless. The whole hospital becomes useless

The hospital in Beer El Abd is not clean. Bed are falling apart, mattresses are old, but in the end, a patient that leaves the hospital treated is a satisfied patient. What matters is the people and the service they are providing, not the infrastructure.

“

A visiting doctor in North Sinai

“

Inhabitant of Beer El Abd

Sheikh Zoweid hospital has not received one single patient in its inpatient department for at least 2 years. This is because of the security situation and the poor state of the hospital itself.

Inhabitant of Sheikh Zoweid



Community-based evaluation of Secondary and Tertiary Healthcare Services (hospitals) in North Sinai

Availability



Looking at official figures, the planned number of hospitals makes the services available. But in practice, the number of hospitals actually functioning and providing services differs.

Geographical Accessibility



The geographical distribution of hospitals does not seem to constitute problems in accessibility

Economic accessibility



The cost of healthcare services provided through hospitals does not seem to constitute an accessibility barrier

Accessibility of information



No problems were reported in this regards

Lack of discrimination



Inhabitants perceive there is a discriminatory treatment between civilians and military personal regarding referrals to hospitals. This may be expected seeing the security situation.

Acceptability



Services provided in hospitals are very limited. Diagnostic and curative services are of limited acceptability and are not trusted by the inhabitants.

Quality



Poor quality, inhabitants do not trust in the capacity of hospitals to deliver quality services

3. Emergency and ambulatory care services in North Sinai

Ambulance services are seriously the best healthcare service available to us. They do their job to the best of their capacities. The problem is that roads are not safe and for an ambulance to go from Sheikh Zoweid to Rafah or from El Arish to Sheikh Zoweid during curfew it is extremely difficult. Those men are heroes.

“ Inhabitant of Sheikh Zoweid





There are large hospitals in North Sinai. In Rafah, Nekhel and Beer El Abd, they all refer very simple cases like diabetic comas or basic fractures to El Arish.



If they told me you have an appendicitis and will die if not operated, I still won't do it in El Arish. I'll wait till I'm transferred to Cairo. Services here are extremely not safe.



Doctor from El Arish



Doctor from El Arish



Community-based evaluation of Emergency and Ambulatory care in North Sinai

Availability



Inhabitants perceive these service as largely available expect in unsafe areas. Hospital emergency services are not sufficient

Geographical Accessibility



The geographical distribution is accepted but the capacity of ambulances to move at night is limited.

Economic accessibility



Most emergency and ambulance services are provided free of charge

Accessibility of information



No defects were mentioned in this regard

Lack of discrimination



No defects were mentioned in this regard

Acceptability



Ambulance services are generally acceptable. Hospital emergency service is poorly acceptable

Quality



Quality of ambulance service is good. Emergency hospital service is of poor quality.

4. Outpatient services, labs and diagnostic services in North Sinai

— ”

In Beer El Abd hospital, the outpatient clinics provide vaccinations for children, dental services, internal medicine and obstetric clinics. They also have labs and radiology but their results are not reliable because the technical staff are not trained and don't know how to operate the technology.

— “

A nurse from Beer El Abd

— ”

There are no radiology centers in Sheikh Zoweid. Only in the governmental hospital, there is a CT machine that arrived 4 months ago but it is very old and hasn't functioned since it arrived. They didn't even find someone to assemble it. It doesn't make much of a difference anyways since the power cuts that happen frequently and the instability in the electric current are enough to destroy any machinery.

— “

Civil society actor from Sheikh Zoweid

Community-based evaluation of outpatient and diagnostic services in North Sinai

Availability



Variable from city to the other

Geographical Accessibility



Variable from city to the other

Economic accessibility



In public hospitals, cost of services did not present a barrier to accessibility

Accessibility of information



No defects were mentioned in this regard

Lack of discrimination



No defects were mentioned in this regard

Acceptability



The available diagnostic services are of limited acceptability and does not have the trust of the community

Quality



Poor. Patients do not perceive the results of the investigative and diagnostic services as reliable.

5. Medications and medical supplies in North Sinai

There are no vaccines in the villages. These days, there is only one place we can get vaccines which the central health district office in El Sheikh Zowayed city.

“
Inhabitant of a village in Sheikh Zowayed

Most of the drugs we receive are antibiotics. In some rare cases a doctor may prescribe the appropriate medication but in this case the patients has to find it and buy it from outside at very high prices that is, of course, IF they managed to find it.

“
A nurse in a public hospital in Beer Le Abdel

There are no gloves in hospitals. We suffer from a great shortage in basic IV solutions and in glucose measurement strips. If I receive a patient with a coma, I have to wait till I receive results from the lab before I can treat him!

“
Doctor in Areesh public hospital

Community-based evaluation of medications and medical supplies in North Sinai

Availability



There is a continuous shortage in medications and in medical supplies include essential medicine

Geographical Accessibility



Varies from a region to the other depending on the security situation

Economic accessibility



Constitutes a barrier to accessibility larger than in other areas in Egypt

Accessibility of information



Limited, specially regarding health education and the prevention of unnecessary use of antibiotics

Lack of discrimination



No cases of discrimination in access to medication were reported

Acceptability



Services provided are acceptable to the local community

Quality



No complaints were documented about the quality of medical products and supplies available

Highlights of the solutions suggested by the local community

- 1) Give priority to functional and reliable primary healthcare services as the gateway to healthcare services in the governorate rather than relying on hospitals.
- 2) Promote transparency, accountability and real community participation in decision-making and in monitoring of public services performance.
- 3) Implement a set of interventions to fix the large defect in trained medical professionals. These include for example:
 - 1) Ensure staff training and continuous medical education for the medical staff and a steady and consistent follow-up and senior monitoring of their performance.
 - 2) Resort to new technologies and distant tele-medicine tools to ensure an environment that promotes and encourages continuous learning of the medical staff.
 - 3) Resort to de-centralization of medical education and expansion of community-based medical education.
 - 4) Improve the living conditions of commissioned doctors and medical staff, ensuring their safety and the most comfortable living conditions that can be reached.
- 5) Efficiently resort to the private sector facilities to bridge in the gaps in service provision while ensuring they abide to preset standards of medical services and through pre-approved pricing schemes.
- 6) Benefit from community-based models in education and training of nursing staff and relieving the bureaucratic and technical obstacles that prevents access of the locally trained nurses to the workplace.
- 4) Address the immediate needs and areas of defects of the key hospitals in the governorate as detailed in the report.
- 5) Guarantee a coordinated and systematic emergency referral system for all without discrimination.
- 6) Ensure the needed coordination to secure adequate and prompt entry of medication in particular essential medicine to the governorate in addition to devising applying the needed strategies to attend to the national drug crisis.
- 7) Enable access to information and an active role for the local civil society to guarantee ownership and participatory engagement in solving barriers to the realization of the community's right to health.

