

- Encourage all physicians, whether they work in public facilities or in private practice, to promote family planning use among their clients.
- Improve obstetricians' and gynecologists' skills by expanding basic and refresher training for both public and private sector providers.
- Encourage pharmaceutical companies to train specialists in family planning according to the standards of practice set by MOHP.
- Work with pharmaceutical companies in Egypt to import newer contraceptive methods, for example, Implanon capsules, for distribution in clinics and doctors' offices and for sale in pharmacies.

Increase collaboration between the MOHP and health care providers. Ideally, both public and private sector health care systems should provide preventive as well as curative services. Preventive care and the promotion of good health practices is critical for maternal and child health. However, since counseling patients is time consuming and less profitable for

physicians, they may neglect this element of care. To achieve national reproductive health and family planning program targets and conform to standards of quality maternal and child care, the MOHP needs to work closely with medical and nursing syndicates in Egypt to improve counseling during . Specifically, the collaboration between medical/nursing associations and the MOHP should:

- Encourage physicians to counsel women during pregnancy and after delivery about exclusive breast feeding for birth spacing and child nutrition.
- Motivate physicians to provide postpartum services for mothers and babies during a month after birth.
- Encourage physicians to counsel women about family planning methods and correct use of the chosen contraceptive during every visit. Doctors in both public and private facilities must help women make the best contraceptive choice for their families, counsel women on proper use and side effects, and if possible, supply the method at the time of the visit.
- Promote discussions on ways to reduce the excessively high rate of CS in both public and private sectors.



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PARTNERSHIP BETWEEN THE GOVERNMENT AND PRIVATE SECTORS TO IMPROVE WOMEN'S HEALTH

Introduction

The Ministry of Health provides reproductive health services through a nationwide system of hospitals, maternal and child health centers, health units, and mobile clinics funded and operated by the government. Maternity care and other reproductive health services including family planning are also available through the private sector at for-profit facilities, providers, and pharmacies as well as facilities supported by non-governmental organizations (NGOs) and charity-based religious organizations.

As well as managing most public sector health facilities, the Ministry of Health and Population is responsible for setting policies and strategies for quality reproductive health services in both public and private facilities and for monitoring these services to ensure quality standards are met. A close, working partnership between governmental and private health sectors is essential for ensuring the continued access of Egyptian women to high quality maternal health and family planning services.

Key Findings

The private sector plays a major role in reproductive health services

Maternal health care. Antenatal care (ANC) is almost universal in Egypt with more than 90% of pregnant women receiving at least one ANC visit. Thus, practitioners have the opportunity to counsel most women before delivery about postpartum family planning and infant nutrition, especially exclusive breastfeeding. The majority of pregnant women (87%) give birth in health facilities, 26 percent in public health facilities and 61 percent in private facilities. Home deliveries are common, however, among women in the poorest households (25 %) and in rural areas in Upper Egypt (24 %).

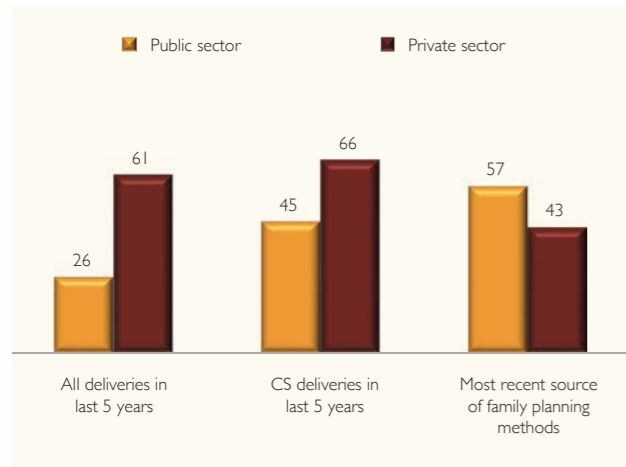
Just over half of all live births in Egypt in the 5 years before the 2014 EDHS were delivered by Caesarean section (CS), one of the highest rates in the world. CS is

This policy brief was prepared during a workshop to disseminate and utilize data of the 2014 Egypt Demographic and Health Survey (EDHS) and organized by the Ministry of Health and Population with El-Zanaty & Associates. The contributors are experts in health and population research and policies. The 2014 Egypt Demographic and Health Survey (EDHS) was conducted on behalf of the Ministry of Health and Population by El-Zanaty and Associates. The 2014 EDHS is part of The DHS Program, which is funded by the United States Agency for International Development (USAID). USAID/Egypt was the main contributor of funding for the survey. Support for the survey also was provided by The United Nations Children's Fund (UNICEF) and The United Nations Population Fund (UNFPA).

Additional information about the 2014 EDHS may be obtained from the Ministry of Health and Population, Magles El Shaab Street, Cairo, Egypt; Telephone: 20-2-27948555; Fax: 20-2-27924156



Figure 1. Women's Reproductive Health Services by Public and Private Sector



more risky for mothers and babies than vaginal delivery, and, according to the World Health Organization, is only medically necessary in 10%-15% of births. Nevertheless, CS deliveries have become the norm in Egypt, increasing from 28% in 2008 to 52% in 2014. The private sector has contributed to this trend¹. About two in three deliveries in private facilities were done by CS compared with less than half of births (45%) taking place in public facilities. Women from the wealthiest homes were much more likely to deliver by CS than women from the poorest homes, 67% and 38% respectively.

Family planning. Family planning use is widespread in Egypt, with almost three in five married women using a method. However, the use rate has remained essentially stable since 2005, and one in eight married women is considered to have an unmet need for family planning, either to space the next birth (5%) or limit childbearing (8%).

The majority of women using family planning (57%) obtained their method in the public sector. This has markedly increased since 1995 when only about one-third of ever-married women using contraception relied on the public sector for family planning.

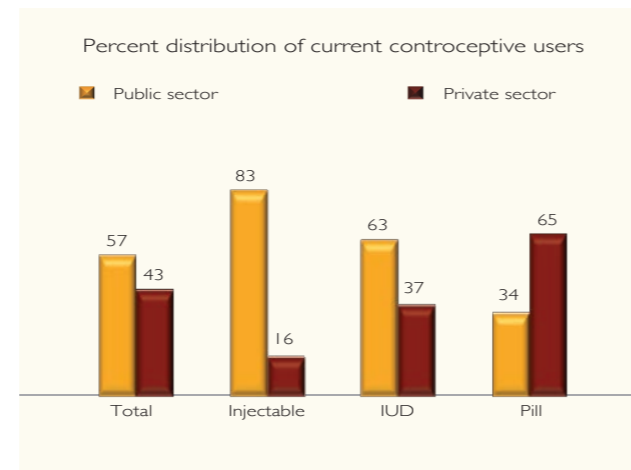
Contraceptive users in rural areas are considerably more likely to rely on the public sector than the private sector for their contraceptives. More than three in five rural women using family planning obtain their methods from the public sector; less than 40% went to private facilities. The difference is much less pronounced in urban areas.

Over 60% of IUD users and 83% of injectable users obtained their method in the public sector (Figure 2). By contrast only about one-third of Pill users and about 20% of condom and female sterilization users relied on the private sector. Since contraceptive use has declined slightly and fertility has increased in Egypt since 2008, ensuring that quality family planning services are widely available in both public and private facilities is critical for Egypt's public welfare and development.

Obstacles to women's access to health care.

About two-thirds of women surveyed in the 2014 EDHS report facing at least one barrier to obtaining health care, most often concerns about a lack of drugs (54%) or a provider at health facilities (48%). Almost three in ten

Figure 2. Source of Modern Contraception



women worried about the lack of a female provider. Women with the least education and in the poorest households have the greatest problems in accessing care.

Policy Recommendations

Like most countries, Egypt cannot meet the maternal reproductive health care needs of the population with public resources alone. Collaborative public-private partnerships hold the most promise for providing services to the population. Experience in other developing countries shows that close working partnerships between public and private sectors improve women's access to care. In Thailand, for example, family planning

contraceptive use increased tenfold after the government started partnering with nongovernmental organizations (NGOs)². In Afghanistan, births assisted by trained medical personnel increased fivefold after initiation of partnership with the private sector³.

Among the many challenges facing Egypt's health care system is the need for each sector to provide services of comparable quality and in accord with national and international standards. The recommendations listed below focus on ways to ensure quality maternal and reproductive health care nationwide.

Expand facility deliveries. Egypt has experienced steady growth in the rate of births taking place in health facilities. However, a substantial minority of women, especially the poor and those living in Upper Egypt, still deliver at home without the assistance of a skilled provider. Efforts should be directed to reducing the rate of home deliveries in these groups. These efforts should include:

- Working to ensure universal coverage of ANC services since women having regular antenatal care are more likely to deliver in a health facility.
- Ensuring that delivery planning is a component of ANC visits and barriers to facility deliveries are identified and addressed during the planning process.
- Making sure women are aware of all delivery care resources, both public and private, in their communities.

Reduce Caesarean sections. The high rate of Caesarean section (CS) in Egypt increases maternal and newborn health risks as well as financial burdens on the health care system. Reducing CS deliveries that are not medically necessary will require a mix of interventions targeted toward both women and physicians. Efforts must begin now to focus on doctors in training and doctors in practice to reverse the trend of unnecessary CS. These efforts should include:

- Faculties of medicine must prepare to teach and promote normal labor and delivery as the preferred method of childbirth.
- Continuing medical education for practicing obstetricians should focus on updated fetal monitoring technology during labor to reduce unnecessary CS procedures and



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ensure that private and public providers offer the same level of service.

- The Ministry of Health and Population (MOHP) Private Care Department needs to ensure that all health service delivery points have the necessary equipment for fetal monitoring during normal labor and delivery and the capacity to supervise use of this equipment.
- The MOHP should address physicians' fees for CS and review ways to reduce financial incentives for unnecessary surgical deliveries.

Make family planning more widely available.

Family planning services should offer a cafeteria of contraceptive methods so couples can find the product that best suits their needs. Currently, the source of contraceptive methods varies by sector, with private facilities less likely to provide the IUD and injectables, the first and third most commonly used family planning methods in Egypt. To support wider distribution of contraceptives through both the public and private sectors, the Ministry of Health and Population should work to increase the variety of contraceptive methods available and to ensure that both public and private sector physicians are trained to provide these methods to women. Specifically MOHP should:

- Change policies to make imported contraceptive commodities more accessible and affordable. For example, the government should remove restrictive regulations preventing private sector companies from importing contraceptive methods such as Implanon and Depo-Provera.

¹ "WHO Statement on Caesarean Section Rates," http://www.who.int/reproductivehealth/publications/maternal_perinatal_health/cs-statement/en/ (Accessed July 2016).

² http://www.pda.or.th/e_index.asp Family Planning Positive Partnership Project (Accessed June 2016).

³ <http://www.healthpolicyproject.com/index.cfm?ID=Afghanistan+PPPHealth+Building+Public-Private+Partnerships+to+Improve+Health+Services+in+Afghanistan> (Accessed June 2016).