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РАЗВИТИЕ ДЕТСКОГО ЗДРАВООХРАНЕНИЯ В СОВРЕМЕННОМ
ЕГИПТЕ

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DEVELOPMENT OF CHILDREN'S HEALTHCARE IN MODERN EGYPT

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Аннотация. В данной статье рассматриваются тенденции развития детского здравоохранения в современном Египте. Изучается и систематизируется собранная авторами информация об основных направлениях деятельности органов государственной власти в сфере охраны здоровья детей Египта, а также проводится анализ статистических показателей уровня рождаемости детского населения в данной стране.

Annotation. This article examines trends in the development of child health care in modern Egypt. The study and systematization of information on the main directions of activities of public authorities in the field of child health protection in Egypt, as well as an analysis of statistical indicators of the birth rate of the child population in this country.

Ключевые слова: охрана здоровья детей, уровень рождаемости, государственные органы власти.

Key words: child health protection, birth rate, government agencies.

Introduction. The child health care system in Egypt consists of two sectors: public and private. In general, the state health care system is at a low level due to a lack of funding and staffing. Government investment in the state children's health care system is small—only 1.5 percent of the country's GDP. There are significant differences between the availability of health services in basic health care facilities in rural areas and in large cities such as Cairo, Alixandria, etc. Most of the specialized procedures are carried out in the capital. The main government agencies regulating the child health care system in Egypt are the Ministry of Health (MoH) and the Health Insurance Organization (HIO). Decades ago, HIO was established as an umbrella organization that provided all Egyptians with insurance and care. Today it only applies to government employees and school-age children.

Despite significant reductions in maternal and child mortality throughout the 2000's, regional disparities remain substantial in child survival in the most disadvantaged areas of the country (especially in rural areas), which determined the relevance of the chosen research topic.

The primary objective of this study was to identify factors both within health sector maternal and child mortality in Egypt – focusing on how improvements were made, and emphasizing policy and programme management best practices and how these were optimized and tailored to Egypt's unique context.

Methods used for the Factors maternal and child mortality study in Egypt included: a literature review based on peer-reviewed and grey literature, policy documents, programme evaluations and sector strategies and plans; a analysis of quantitative data from population-based surveys, routine data systems, international databases and other sources.

Research results and their discussion.

Egypt is one of 10 low-and middle-income countries. One of the most populous countries in North Africa, Egypt is a desert plateau divided by the Nile valley. The country is formed of two distinct regions: Upper Egypt in the south is predominantly rural and has had historically poor health outcomes; Lower Egypt in the north, including cities such as Cairo and Alexandria, is more urbanized and affluent. Around half of Egypt's population of 86 million (2019) is below 15 years of age and less than 4% is above 60 years of age. The majority of young people in Egypt live in poor regions, where health outcomes and access to jobs and education are lower. The Egyptian economy relies on four main sources of income: tourism, remittances from citizens working abroad, revenues from the Suez Canal, and oil. The share of the population living below the poverty line has steadily risen since 2000, particularly among rural inhabitants. Economic growth remains stagnant and unemployment and inflation high. These trends highlight long-term economic inequality between rural [1].

However, over the past 5 years, Egypt has recorded important achievements in improving child and maternal survival and health in to achieve Millennium Development Goals (MDGs): reduce child mortality (UMR) and to reduce maternal mortality (MMR).

In 2014, Egypt hosted the International Conference on Population and Development in Cairo. Reducing maternal mortality has also been a key goal of the national five-year plans of the Ministry of Health and Population (MoHP) and women's and children's right to health is enshrined in Egypt's new constitution.

Between 2014 and 2019, the under-5 mortality rate declined from 108 to 27 child deaths per 1,000 live births; slightly more than half of these deaths occurred in the first month of the child life [2].

In 2019, around 90 percent of mothers underwent antenatal care checks during pregnancy, 83 percent of them having had antenatal care on a regular basis. Among all births, 92 percent were attended by a skilled birth attendant and 87 per cent took place in a health facility. As for the immunization rate, 92 per cent of children aged 18-29 months were fully immunized in 2019; the children had received complete vaccination

against tuberculosis, measles, diphtheria, pertussis, tetanus and polio. Key accomplishments include a dramatic reduction in rates of chronic malnutrition, the elimination of polio in 2016, and the establishment of a national community health worker program. Impressive declines in MMR and UMR in Egypt may also be due in part to rapid improvements in sectors outside of health such as better access to running water and sanitation[3].

Although Egypt has a sufficient number of health providers, the health workforce is distributed unequally, with a particularly low level of providers in rural Upper Egypt. Overall coverage of births attended by skilled health workers is around 80%, compared to just over 40% between 2014 and 2019. However, the poorest rural residents still have just over 60% of births attended by skilled staff, compared to over 90% in wealthy urban parts of the country. Poor quality obstetric care has also been a major bottleneck to reducing the number of maternal deaths. For example, maternal hemorrhage remains a leading cause of death among women in Egypt, despite significant achievements over the past 20 years. Management of maternal hemorrhage requires appropriately equipped facilities with the correct blood type, supplies and equipment as well as a skilled birth attendant. Although institutional deliveries in Egypt increased by more than 80% between 2014 and 2019, blood shortages in 2019 were still among the most frequent avoidable health facility factors, contributing to 16% of maternal deaths and playing an especially important role in deaths from hemorrhage[4].

This resulted in a number of efforts to improve the quality of delivery care, including the National Child Survival Project (2002-2006), the Mother Care project (2006-2008), the Healthy Mother/Healthy Child Project (2014-2019) and the UNICEF project (2019 to present). These have successfully reduced maternal mortality, particularly in poorer Upper Egypt. The UNICEF project is establishing perinatal care centres in Upper Egypt, targeting two million children under 5 and their mothers. The project supports the national integrated management of neonatal and childhood illnesses and includes training for nurses, paediatricians and obstetricians on clean delivery and neonatal resuscitation. The MoHP implemented an integrated set of interventions as a part of the Healthy Mother/Healthy Child Project (2014–2019) to improve the quality of obstetric and emergency care; for instance, competency-based training was conducted to improve skills of health personnel and to train nurses in midwifery skills[5].

Political and economic crises may also have an impact on the relative costs and access to essential care, thus the current period of political transition in Egypt may create further challenges to reducing mortality among women in children in the near future. However, compared with other middle-income countries in the Middle East and North Africa, Egypt had the highest financial share of health expenses borne by households and the lowest share borne by government.

As a result of an increase in the total population, those between 0 to 19 years have increased further from 13.5 million in 1960 to 38.2 million in 2019, which is expected to increase to 50.9 million in 2050, the accumulative effect creates demand for healthcare facilities and services relating to mother and childcare (obstetrics,

gynaecology, paediatrics, etc.), alongside the common prevailing communicable and some non-communicable diseases. Consequently by 2050, around 85 million will be born in Egypt, increasing demand for mother and childcare related services and facilities[5].

Results:

Despite demonstrable success to date, Egypt faces a number of constraints and ongoing challenges that if addressed, could help to of that have contributed to reductions in maternal and child mortality in Egypt. These include: reducing socioeconomic disparities, particularly between Upper and Lower Egypt; strengthening gender equality; improving the nutritional status of children; increasing financing for the health sector to reduce out of pocket expenditure and expand health insurance.

Effective governance improves health outcomes and, conversely, poor governance contributes to poor health outcomes. Some improvements in Egypt's governance indicators were noted between 1996 and 2014, however, recent dramatic changes in the political landscape have led to deterioration across all three indicators of governance between 2014 and 2019 – control of corruption, rule of law and political stability, and absence of violence. However the new constitution commits the state to guaranteeing a sufficient allocation of public spending to health, and the provision of improved health care and education services to be free for those who are unable to pay. New institutions and accountability mechanisms for health will be needed.

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