Healthcare Quality in Egypt; A Step towards Excellence: Review Article

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ABSTRACT

Background: Egypt's healthcare system has undergone transformative reforms to advance quality and universal health coverage (UHC) despite resource constraints.

Objective: This article aimed to trace and analyze the historical development and key milestones of Egypt's healthcare quality and accreditation systems, from its inception in 1965 till the establishment of the General Authority for Healthcare Accreditation and Regulation (GAHAR). It seeks to document Egypt's journey as a lower-middle-income country in aligning with global benchmarks.

Methods: This study were conducted by reviewing the documents from several national and international organizations as The World Health Organization (WHO), The Egyptian Ministry of Health and Population (MOHP), United States Agency for International Development (USAID), The International Society for Quality in Health Care (ISQua) and The General Authority for Healthcare Accreditation and Regulation (GAHAR). Documents written in languages other than English have been ignored. Papers that were not regarded as significant scientific research included dissertations, oral presentations, conference abstracts and unpublished manuscripts were excluded.

Conclusion: Egypt became the first Middle Eastern country to achieve ISQua accreditation for its healthcare standards (2007), with subsequent expansions to hospitals, primary care, and specialized services through the establishment of GAHAR, which is one of the largest national accrediting organizations in the Middle East. Lessons from Egypt's journey offer insights for health systems navigating similar UHC and accreditation pathways, showing a country's commitment aligning with global quality benchmarks, though challenges persist in equity and implementation.

Keywords: GAHAR, Healthcare quality in Egypt, Egyptian quality standards, The General Authority for Healthcare Accreditation and Regulations, ISQua in Egypt.

INTRODUCTION

Egyptian steps in healthcare quality are the relevant case study for this context, offering insights as a lower-middle-income country [1] that is moving toward building a UHC that provides optimum healthcare quality for its population, while facing significant hurdles. According to the WHO, quality in healthcare is achieved when services for individuals and populations reliably lead to desired health outcomes and adhere to current professional knowledge [2].

HISTORICAL DEVELOPMENT OF HEALTHCARE QUALITY IN EGYPT

It started when the MOHP in 1965 established a department for monitoring, follow-up and evaluation. This department had to analyze the shortcomings and gaps and suggest solutions for detected problems, where a number of quality assurance projects in cooperation with international partners were implemented. Approved as a central-level general directorate in 1993, the department subsequently established parallel structures as separate departments at the governorate level [3].

Since healthcare accreditation is the complementary pillar to the healthcare quality system, ISQua defined accreditation as a structured process, combining internal self-assessment with external peer review, which allows health and social care facilities to evaluate their performance in relation to defined standards [4].

The first step in accreditation was during 1999-2000 by the General Directorate of Quality Improvement and Centers of Excellence (QI/CE), Health Reform Project (HR) and the Technical Support Office (TSO) of MOHP. They all developed the first accreditation system for primary healthcare facilities that was implemented in three health centers in Alexandria [3].

In 2003, the MOHP launched the national accreditation program by a Ministerial Decree (no. 271). The decree called for the establishment of both a National Accreditation Board (NAB) and an executive committee whose main roles were the development of healthcare accreditation standards and building capacity for qualified trained surveyors along with the help of USAID Partners from Health Reform Plus (PHR plus) [5].

ACCREDITATION IN EGYPT

Accreditation continues to gain acceptance nationally and internationally as a healthcare quality assurance tool that ensures and supports best practices for the quality outcomes of healthcare delivered [6], since the successful implementation of quality-enhancing mechanisms, such as accreditation, is essential for achieving UHC in low-middle-income country settings [7]. In July 2007, the Egyptian accreditation standards for hospitals, ambulatory clinics, and primary healthcare were successfully accredited by the ISQua, or, as stated by some organizations, the "accreditor of the accreditors"

[8]. Egypt was by this time the first Middle Eastern country to achieve it, as this was the cornerstone for the evolution of a new UHC system that was launched in Suez governorate in the year 2009 [9].

The national accreditation board then developed the standards for hospitals (second edition), 2013 and then the standards for hospitals (third edition) that achieved accreditation by the ISQua in December 2017 [10].

The United Nations General Assembly passed a resolution on Global Health and Foreign Policy on 12 December 2012, urging countries to fast-track progress in attaining UHC, where everyone, everywhere, can access affordable, high-quality medical care, as a key priority [11]. In relation to this, Egypt had clearly stated in its constitution of 2014 (article 18) that every citizen has the right to comprehensive health care that complies with quality standards, as the MOHP shall maintain and support public health facilities to provide health services for the citizens and enhance their efficiency [12].

To advance its universal health coverage, Egypt's 2018 UHC Law established three national authorities [13]. Among them is the GAHAR, which is primarily responsible for setting national healthcare quality standards and regulating the field by inspecting and controlling healthcare facilities [14]. GAHAR had developed healthcare quality standards for the hospitals, primary healthcare, clinical laboratories, physical therapy, ambulatory healthcare, diagnostic and therapeutic radiology, mental healthcare, convalescent/long-term healthcare (Table 1) [15] and had achieved ISQua accreditation for them [14, 15], making it one of the largest national healthcare quality authorities in the Middle East region. GAHAR is also seeking internal development for its operating systems; it had passed the International Society for Quality in Health Care External Evaluation Association (ISQuaEEA) for both the external evaluation organization by 2022 and the Surveyor Training Program by 2024 [15].

Table (1): GAHAR Accreditation Standards

GAHAR handbook for hospital standards
GAHAR handbook for primary healthcare standards
GAHAR handbook for clinical laboratories accreditation standards
GAHAR handbook for physical therapy accreditation standards
GAHAR handbook for ambulatory healthcare accreditation standards
GAHAR handbook for diagnostic and therapeutic radiology accreditation standards
GAHAR handbook for mental healthcare accreditation standards
GAHAR handbook for the accreditation standards of convalescent/long-term healthcare and medical wellness services

CONCLUSION

Egypt, as an Arabic country in the Middle East region with a lower middle income index, had faced many constraints, like financial constraints, huge number of service providers, large population with different cultures and limited number of experts in healthcare quality. Despite this, Egypt is still trying to deliver the best for its population.

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