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Time to decentralise specialised medical services, care

Hager Saeed

AM Hussien, a 63-year-old from the Upper Egyptian, governorate of Luxor, one day had such a severe pain that he had to go to a hospital. There, a doctor recommended that he take a painkiller. But the pain increased. It became so acute that he could hardly move and he noticed a swelling in his slim body.

A retired employee with three sons, Am Hussien, then had surgery to remove a tumor in his stomach at Cairo's Dar Al Shefa hospital. That was a year ago and he didn't know that the pains would return.

When they did, his sons decided to take their father to Cairo to receive proper treatment.

Their hometown had only one young, inexperienced doctor. Unfortunately, however, their father died on the train taking them to Cairo.

Am Hussien case is just one in thousands involving residents of remote villages in Upper Egypt and other rural areas who have to travel to Cairo and other major cities to receive medical treatment. Deteriorating medical services in

rural areas are to blame. According to Ministry of Health statistics, Cairo has 72 hospitals, while Luxor has only 14. They also revealed that around 11,670 doctors work in rural Egypt, while some 47,969 others work in urban areas.

A report by The United Nations Population Fund (UNFPA) found that the mortality rate among newly-born babies, mothers and children is increasing in rural areas and Upper Egyptian governorates as a result of the poor healthcare provided in these areas. It showed that many of the residents customarily travel to Cairo and other major cities to get better quality health services.

Greater incentives are needed to encourage doctors to work in remote underdeveloped areas, experts say.

In an attempt to remedy the deficit in qualified doctors working in remote areas, Prime Minister Sherif Ismail issued a decision last week requiring the Ministry of Health to contract consultant doctors to work in distant areas in return for a LE1,400 daily stipend.

Dr Amr el-Shoura, a member of the Doctors' Syndicate, said that bad



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planning over the years had created the problem. Specialised hospitals had become centralised in Cairo, Alexandria and other major cities. Rural areas then became deprived of many medical specialisations – like neurology, and heart surgery. In order to compensate for the shortage of medical services, medical trucks used to visit distant areas to provide preventive treatment for common diseases. This allowed the residents of the southern governorates in particular to receive care for, amongst other health problems, eye infections. But then the convoys stopped, and blindness increased in Upper Egypt It has become one of the worst affected

regions in the world in terms of eye diseases," he told a local newspaper.

El-Shoura praised the Prime Minister's decision to provide incentives for doctors working in remote areas considering it a step towards ensuring good quality health care for everyone.

Alaa Ghanam, director of the Right to Health Initiative, a non-profit group campaigning for better healthcare in Egypt, said: "Since they are poorly paid by the government, many doctors resort to set up their own private clinics or medical labs which make big profits for them."

He said that around 30 per cent of the qualified working doctors are

working in their own private practices in major cities like Cairo, Alexandria and Mansoura. "Young doctors can only get training in major cities. So, they have to move to these cities to improve their careers, and, having found better opportunities there, they decide not to return to their home villages again," he explained.

Ghanam believes that solving this problem will take many years since it is not solely related to the lack of doctors, but also to poorly equipped hospitals in remote rural areas. "The government should build better equipped hospitals there so that the doctors there will find the equipment they need."



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