



**Dr. Ziad Bahaa-Eldin**

**(Transcript of recorded speech)**

Thank you for the introduction and for having me here. It is a pleasure and honor to be here with you today. This privilege goes beyond the opening statement in any speech because I genuinely have three real reasons for making such an assertion. The first is that it is a pleasure to be back in the ERF premises and the ERF world. I had the pleasure of working with the ERF and Dr. Ahmed Galal many years ago, and it has always been a rewarding and stimulating exercise. The second is to see and be part of an activity by the Middle East and North Africa Health Policy Forum. I was not frankly aware of its existence, but I'm more becoming to realize its importance and the big role that it can and I'm sure will play in developing health policy reform in the region, something that is absolutely needed. My third reason is that any activity that involves Dr. Maha El-Rabbat and Dr. Ahmed Galal—I feel this is worthwhile for me. I had the pleasure of being with them both in the same cabinet and the three of us were, I think, quite close in thinking and close in making important decisions for Egypt during that critical time. It's a real honor to be with them in anything at all that they do together.

As the non-specialist, let me say that the importance of the subject cannot be overemphasized worldwide. However, I would like to focus in my few words here on Egypt on the political economy of what is going on here and how it may affect the work you are doing, because the timing for Egypt is very critical. We approach the fourth anniversary of the Arab Spring in Egypt, and there is undoubtedly a sense of expectations, but also a sense of disappointment. This is something that we all have to face throughout the Arab region, not just Egypt. Expectations are there because people will continue to expect and want things that have not been achieved. Disappointments are there because we have actually achieved very little politically, economically, but more importantly in the social field. I'm very happy to see in Egypt that the Ministry of Social Solidarity this week actually is starting to implement a program that has been in the making for many years as a matter of fact. It's a program to boost the conditional cash transfer program and to introduce new pensions that will protect the poorest families in Egypt and make up for some of the fuel subsidy reduction that has been implemented so far. So this is a very important program, and I, like many Egyptians, look forward to seeing its results and their application on the ground. However, it disappoints me a little bit that these programs and the very valuable work done by the Ministry of Social Solidarity has been taken out of its modal context and that it has not been sufficiently embedded in a social scheme that has deeper connections and deeper roots with the rest of the government agencies and government policies. In particular I'm referring to education, housing, employment, and above all health services. This, I think, is a growing trend and one that we need to have an input in through trying to ensure that social





policies that are being implemented are tied up together within a broader framework and not looked upon again as separate programs that are not tied up together under one protection umbrella.

I don't have more access to information than the layperson with respect to health services in Egypt, but like any other Egyptian, I observe and I experience what people see. This happens especially when I go to my constituency in the south of Egypt, in Assiut, where I go often. I see the impact of the long years of the setbacks in education, health, recruitment, the state of hospitals, the state of nursing, the state of doctors, the medication and pharmaceutical systems, the pricing, and public health awareness. We are part of this even if we are privileged in our own little world. All these points lead to the incompleteness and weakness of the health coverage system so that even those who are covered end up paying a significant portion to private providers. I do believe very strongly that the solution is universal health coverage not only because it covers everyone, obviously, and not because it saves poor people from falling into the poverty trap, and not only because it is to me the single and strongest expression of full citizenship to be actually covered, but because I do believe that we cannot solve our problems within the health sector without a universal and free or affordable system.

The challenges are enormous as you all are aware, in Egypt and in other countries that you all represent. It is easy to look at the budget constraints and think of it as the only or main challenge. Sure, there are budget constraints. Dr. Ahmed, Dr. Maha, and I were there, and we saw how difficult it is to get money and resources under certain circumstances. I do believe that the whole point of this workshop and this effort is to precisely point out that the real solution to budgetary constraints is not borrowing, is not receiving grants, is not charity, but is actually governance. This is to me the only possible solution to budgetary constraints, which we have to live with under a long time to come. Why is that? Because if governance is applied properly, it will do three things. It will eliminate, or at least reduce, the amount of corruption that goes into the health system. It will also eliminate or reduce redundancy by ensuring that resources go where they are most needed. Thirdly, it will provide credibility to the system and a sense of ownership by the people, and that alone will translate into remarkable budgetary savings.

If the issue is governance, what are the challenges then not to health services, but to governance itself? You know them, but let me go through some of the issues that come to my mind. There are legal and regulatory issues that are very serious and related to how to regulate the health sector: what is the role of the state, what is the legal nature of the regulatory entities that are supposed to regulate this sector, how independent are they, how are they funded, how are they staffed, and how are they perceived by public opinion. Are they perceived as independent regulators or as mere departments of the Ministry of Health? There are big vested interests that lie in health services and health provision and these have to be tackled in a way that is not destructive to the system, but that culminates into some sort of snowball effect in gradually eliminating the conflict of interest. There is anyway a weakness in the culture of governance in general and the lack of understanding of its importance, and I speak here about every single sector that we come across. There are issues of understanding the relationship and the need to separate ownership from





management, again the role of the state, how to ensure the independence of regulatory bodies, and how to eliminate the conflict of interest. So, in any sector that you look at, there is a weakness in understanding governance in general. I go back to the point that there is an urgent need to reintegrate the whole issue of universal health into a broader social protection umbrella. This is to me one of the biggest challenges—that of this separation. There was at a certain time a genuine attempt to integrate all social protection systems into one umbrella, at least to make them consistent and to make them benefit from obvious synergies that would exist. I think this is something that we all have to advocate for very strongly. There's a challenge of corruption that is endemic in this country, and that is endemic in our region unfortunately. It is easy to turn one's attention to the big corruption cases that have all the media publicity, but what we need to tackle as much is the endemic, low-level, systemic, continuous corruption that goes around. There's a lack of information, again in general, and a lack of appreciation of the need of a flow of information as a way to empower citizens and civil society in playing their roles in promoting the right policies. There's a lack of quality measurement culture and of course there is a lack of funding. I say this because I started by saying that funding may not be the only or the most important problem, but there is ultimately a lack of funding. Here there has to be state commitment, not only to funding, but to funding the right things. Our constitution has for the first time included a provision on minimum funding for health services, but it is our role, and yours frankly as experts, to ensure that that funding goes to where it is most needed and not necessarily to building new hospitals or new towers or new big projects that people like to inaugurate from time to time.

Since we talked about the challenges, let me also say that the opportunity is there. It is there because I go here to reflecting on the four years that we have all gone through. In spite of the fact that little has been achieved, there is in Egypt today undoubtedly some common elements. There is by large a sense of the need to preserve the stability and functionality of the system because we cannot afford another major shakeup of the system. There's also a need here in Egypt to promote a sense that Egypt is trying to find its way to the future. There's a sense of trying and a willingness to test new ideas, to try new approaches and to promote new policies, which may give us a way out that did not exist in the past. There is undoubtedly a refusal to go back to the old ways of focusing on economic growth alone and ignoring social protection and thinking that economic growth alone will drive the rest of the economy and will trickle down to the wider sections of society. There is an anticipation of the key social challenges to be tackled in a more comprehensive way and in a way that we have not seen in the past. There is anticipation, there is expectation, and this I think alone can be a strong tool for change. This is why this workshop and this program may have an opportunity to provide the answers, the solutions, or at least the options that will allow policymakers to have a menu of choices and to have different approaches offered to them, which again we do need. We do need this space to be created; we do need new approaches to be offered to policymakers in case they want to introduce this new type of social change. So, good luck in your work and thank you again for having me in this occasion.

