ROLE OF ACCESS-REACH INTEGRATION FRAMEWORK (ARIF) IN OPTIMIZING HEALTH GOVERNANCE IN EGYPT HEALTH POLICY CONCEPTUAL PAPER

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ABSTRACT

OBJECTIVES: Egypt is migrating from the old fragmented multi-payor healthcare system (HCS) to a unified payor with universal health national insurance coverage.
In-light of the migration process, the currently centralized healthcare system under the Egyptian ministry of health and population (MOHP) now has new entities; The Egyptian Drug Authority (EDA), The Egyptian Authority for Unified Procurement, Medical Supply and Management of Medical Technology (UPA), The General Authority for Healthcare Accreditation and Regulations (GAHAR), Universal Health Insurance Authority (UHIA), the General Authority for Healthcare (GAH). However, The old system will still operate till 2030 with more than 5 different entities.

METHODS: During systems migration in general, the entities stakeholders tend to focus on processes and without a robust framework, patient might be lost in the system and be out of focus when it is designed with delayed access to HT even if the objective is the reverse. The Access Reach Integration Framework (ARIF) aims to bridge between (Access-entities) that facilitate the existence of health technologies (HT), and (Reach-entities) that make sure HT is correctly, timely and conveniently utilized by patients.

RESULTS: ARIF designed to reach Integrated health governance for all entities, it's based on; 1-setting a unified timeline and turn-around time (TAT) from point of HT registration till Patient reach instead of having a separate timeline for each entity. 2-Unified digitization and coding system in the reach entities that can help the access entities take informed access decisions. 3- automation between entities and external stakeholders. 4- Hierarchal structure that enables a smooth workflow between access and reach entities. 5- unified patient driven key performance indicators (KPIs) for all access and reach entities to make sure patient is in the heart of process.

CONCLUSIONS: ARIF model is a detailed health policy and strategy framework to ensure smooth transition to 2030 vision.

INTRODUCTION

Egypt is a populous African country with a population of about 106 million people in 2022 [1].

The Egyptian healthcare system was burdened with multi-payor, multi health systems. 2030 vision was put aiming to provide comprehensive and integrated health care for all members of the Egyptian family.

20/30 VISION OF EGYPT

In pursuing this vision; Health governance was kicked off with several entities have been newly formed, each entity is responsible for fulfilling a certain responsibility in the new system. providing (ACCESS) of health technologies with sustainability of supply to health sectors, and entities working in (REACH) which is providing healthcare service to end users, The main entities are:

✓ The Egyptian Drug Authority (EDA), which regulates, implements and monitors the quality, efficacy and safety of medical preparations and supplies from registration, pricing, promotion, to pharmacovigilance.

✓ The Egyptian Authority for Unified Procurement, Medical Supply and Management of Medical Technology (UPA) responsible for health technology assessment (HTA), procurement, supply and warehousing.

✓ The universal health insurance were formed as three entities, the UHIA (universal Health Insurance Authority) as payor and budget holder. Egyptian Health Authority (EHA) as healthcare service provider and GAHAR (the General Authority for Healthcare Accreditation and Regulations) responsible for quality, accreditation and inspection as well as capacity building.
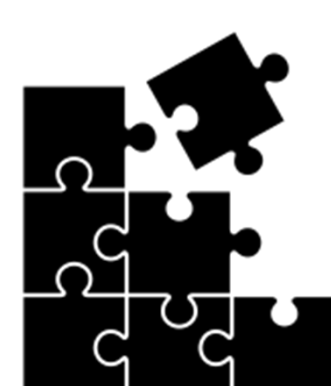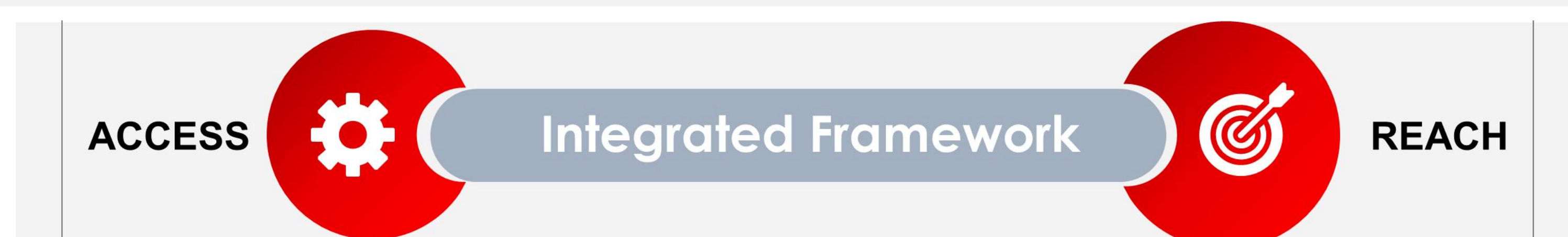
OBJECTIVES

Though the health governance in Egypt started with the formation of the new entities, the migration process from the old system with all its fragmented entities to the new multi-sectorial system, the migration process must ensure smooth transition, and in timely manner not to burden the health system with having all the old and new entities operating for long time, also the new entities must work under one framework to ensure integration between them for the ease of automating the health technologies files, and the rest of intra-ministerial processes.

MIGRATION TIME   **NEW ENTITIES INTEGRATION**

ACCESS   **Integrated Framework**   **REACH**

The failure of integrating the new entities together and smooth transition from the old system to the new system will unfortunately lead to more fragmentation that Egypt is traying to avoid and hence started the health governance initiative.
ARIF was build to aid the longer-term success of Egypt's healthcare transformation depends on having comprehensive framework that ensures having integration between entities and in timely manner working on the four pillars of governance, hierarchal structure, automation and finally digitalization.

الحوكمة Governance   الهيكلة Structuring   الميكنة Automation Mechanization   الرقمنة Digitization
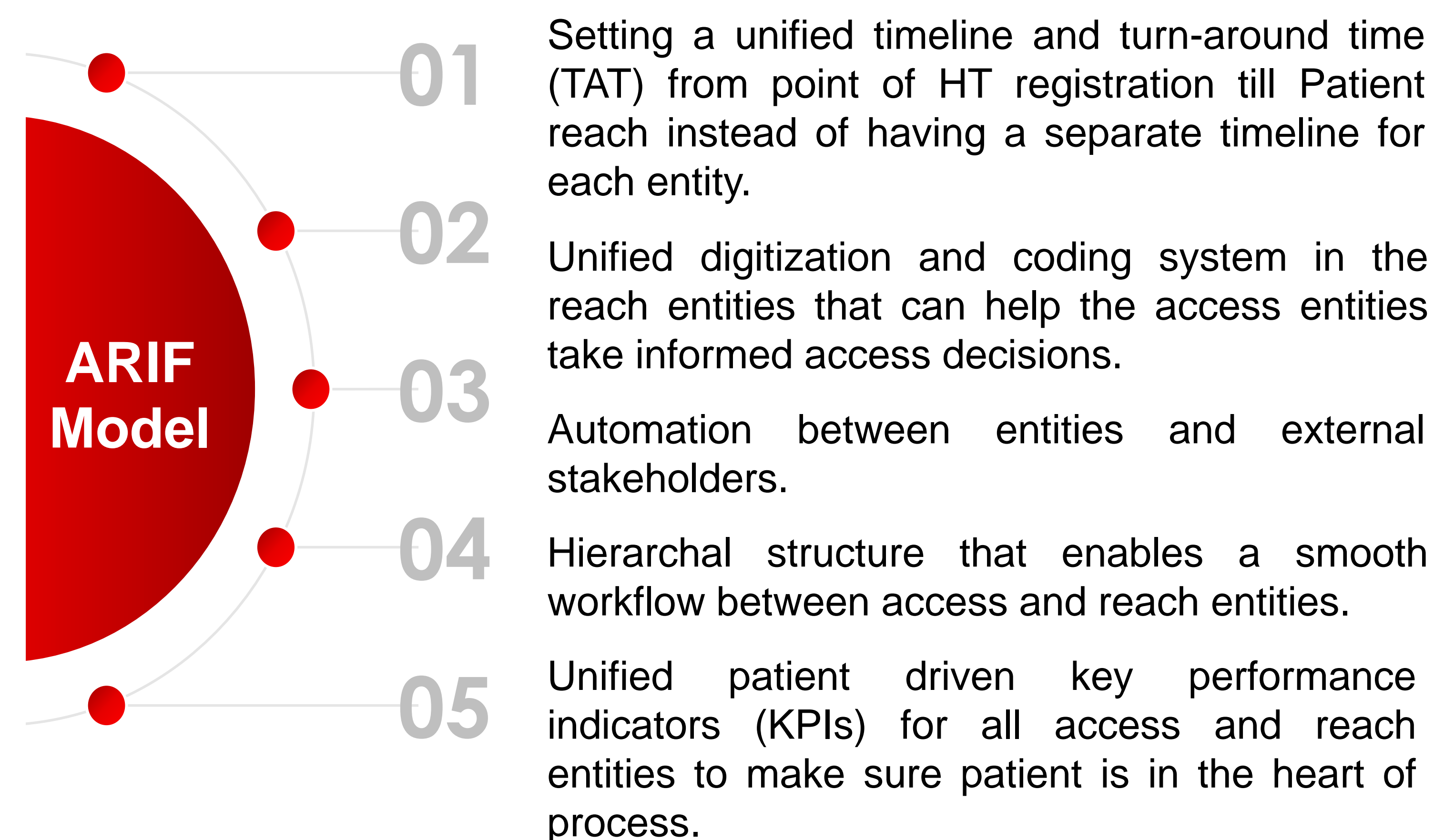
ARIF Pillars

Integration framework has been translated into fundamental actions to ensure having the patient at the heart of responsibilities identification and reassigning. These actions are part of governance process that considers timeline, nature of process, workflow and KPIs.
ARIF model is designed and based on the below:

ARIF Model

01 Setting a unified timeline and turn-around time (TAT) from point of HT registration till Patient reach instead of having a separate timeline for each entity.

02 Unified digitization and coding system in the reach entities that can help the access entities take informed access decisions.

03 Automation between entities and external stakeholders.

04 Hierarchal structure that enables a smooth workflow between access and reach entities.

05 Unified patient driven key performance indicators (KPIs) for all access and reach entities to make sure patient is in the heart of process.

CONCLUSION

Integration is a fundamental base for the new reform in order to fill the gap between access and reach. ARIF model is designed to provide a guidance for this integration for smooth transition.

Footnotes:
References: 1-Berntorp E, Shapiro AD. Modern haemophilia care. Lancet. 2012 Apr 14;379(9824):1447-56. 2-Tonbary YA, Elashry R, Zaki Mel S. Descriptive epidemiology of hemophilia and other coagulation disorders in mansoura, egypt: retrospective analysis. Mediterr J Hematol Infect Dis. 2010 Aug 13;2(3):e2010025. 3-Young G. New challenges in hemophilia: long-term outcomes and complications. Hematol Am Soc Hematol Educ Progr. 2012;2012(1):362–8 Available from: http://www.ncbi.nlm.nih.gov/pubmed/23233605. [cited 2019 Apr 24] 4-Café, A., Carvalho, M., Crato, M. et al. Haemophilia A: health and economic burden of a rare disease in Portugal. Orphanet J Rare Dis 14, 211 (2019). https://doi.org/10.1186/s13023-019-1175-5
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