

“How to Improve Hypertensive Patients’ Access to Medicine in Egypt?
Is Health-Insurance-for-All the Right Answer?”

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The Government of Egypt (GoE) has long been trying to reform healthcare reimbursement mechanisms. Currently, healthcare out-of-pocket expenditure in Egypt is about 72%, 40% of which is for medications. At the same time, hypertension is becoming one of the main killers of Egyptian adults, and with the current healthcare coverage schemes, anti-hypertensive medications are becoming a burden for the Egyptian household budget.

It is well established that out-of-pocket payment, for seeking healthcare, hinders access to care. This is particularly relevant for patients with chronic illnesses, who forgo their prescribed medicines due to the financial barrier. However, the knowledge about determinants of access to prescription medicine in Egypt, especially for patients with chronic illnesses, is lacking. Moreover, it is uncertain whether a public health service or a social health insurance model, would improve access to prescription medicines for patients with hypertension in Egypt.

The purpose of this study is to explore the gap in access to prescribed medicine between insured and non-insured individuals with hypertension, and examine factors that impact access to prescribed medicine among adults with hypertension in Egypt, focusing mainly on enabling factors such as healthcare coverage model, i.e. social health insurance vs. public health service, as well as, socioeconomic characteristics of the population at focus, and the interaction of the previously mentioned factors. Furthermore, it will seek to empirically detect and measure the change in access to prescribed medicine for adults with hypertension, as a result of the expansion of the public health services, serving as an alternative bridge to improve access to care among the uninsured during mid-2000s in Egypt. Finally, it will also explore factors within the two main health coverage models, that impact access to prescribed medicine for adults with hypertension, and the resulting patient outcomes of these two systems.

This study will deploy propensity score matching, together with several empirical econometric models, e.g. Two Part regression model and Difference-in-Difference

