
Post-Coronavirus: The Health System Comprehensive Health Insurance Law

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Abstract: The purpose of this research is to identify the rules of the health insurance law and its role in providing health protection needs, by clarifying and evaluating legal texts and health policies. As well as indicating the extent of benefiting from the services of the social health insurance system; by setting unified standards for working and non-working patients. Also, identifying health services and the extent to which all patients benefit from social health insurance systems in light of the capabilities available to the state, especially during the Corona virus; As the weakness of medical facilities appeared - rightly - with the spread of the Corona pandemic, which clearly revealed the weakness of these facilities and the need to review health insurance laws. Health insurance institutions are sometimes unable to provide all medical services, even the basic ones, for example: serious surgeries and some expensive medicines and other services, and the reason for this may be the weak financial allocations that finance this sector. Therefore, this study came to address the conditions of health protection for all under one comprehensive law for all, which allows them to have health insurance, and the state to pay health insurance fees for those who are unable, and their entitlement to treatment and health care, and on the other hand to clarify the types of health services provided by health institutions in normal times or during Epidemics, and monitoring these institutions to ensure their efficiency and quality.

Keywords: Health Insurance Law, Coronavirus, Comprehensive Health Coverage, Health Institutions

1. Introduction

1.1. Introduce the Problem

No country has been able to stand alone - and with its health facilities - in the face of the Corona pandemic [4] as the efficiency of health insurance laws in reforming the health system is an essential issue to meet the requirements of this system and achieve the state's health and social policies, and the extent to which social protection is achieved [6].

The problem of the research lies in how to evaluate health systems and indicate their efficiency in meeting the requirements of the health system, which raises the question about:

Whether the legislative trend rises to the levels of health protection desired by international trends? Is it just providing the basics?

Is the authority of the legislature merely pretending to

keep pace with the comparative systems when it is not true?

All these and other questions make the study of health insurance laws and their role in universal health coverage a fertile and vital field for research and study.

1.2. Search Scope

This research deals with two issues, the first: a doctrinal rooting for social health insurance systems; In terms of the concept, the right to it and its regulations, as a necessary entry point for dealing with the requirements of social protection, and secondly: detailing how to achieve the requirements of social protection through social health insurance systems; In terms of the offered guarantee programs and the conditions for benefiting from the provisions of social insurance.

1.3. Originality/Value

This research traces out the objectives and reasons why the legislator, in Egypt, regulates health insurance legislation and

its importance in the provision of health care and medical services? How do all citizens benefit from it? And the nature of health services provided by government health facilities or private health facilities? This depends on the legislator's conviction that everyone has the right to appropriate health services, and his linking the health policy to the social and financial policies of the state.

1.4. Research Objective (Purpose)

1. Recognizing the efficiency of the health insurance law in meeting the needs of the health system.
2. Demonstrating and evaluating the efforts and policies of the Egyptian state - and other comparable countries - in the areas of the health system.
3. Proposing solutions to expand the comprehensiveness of the umbrella of benefiting from the services of the social health insurance system; by setting uniform standards for the various constituent groups of patients.

2. The Health Insurance System and the Objectives of Health Reform and Universal Health Coverage

2.1. The Health Insurance System and Its Role in Reducing the Effects of the Corona Pandemic

2.1.1. Corona Pandemic and Its Repercussions on the Health System

The Corona virus has raised fear and dread in the consciousness of the whole world, even the title of "pandemic" that swept the world of finance and business, and the state's health systems aim to provide health safety for all citizens, especially at the time of epidemics and pandemics [5].

1. Corona pandemic definition:

1) The concept of the Corona pandemic:

Corona virus is known as a virus of a disease that has swept the world and is associated with severe acute respiratory syndrome Severe Acute Respiratory Syndrome [15]. Corona - a virus or a pandemic - is a disease that infects and weakens a person's competitive system and is rapidly transmitted between people; It is a rapidly contagious and spreading disease.

2) Features of the Corona pandemic:

The Corona pandemic is characterized by several features, the most important of which are the following [1, 10]:

- i. Corona is a pandemic - not just an epidemic - that swept the world and necessitated the application of the state of emergency, including taking the necessary measures and general directives to confront it, and it also required legislative amendments to some laws.
- ii. The Corona pandemic is a transnational pandemic; It was not limited to a specific country, but spread and crossed the geographical borders of all countries, infecting and harming them, with the extent of the damages varying from one country to another according to the precautionary measures they take.

- iii. The Corona pandemic has economic and social effects; as it negatively affects various economic activities and sectors with the exception of the medical sectors, it also has negative social effects such as increasing unemployment and poverty rates, lowering wages and others.
- iv. The Corona pandemic has negative effects on contracts; as it affected many contracts, whether by suspension, postponement, modification or termination, and in particular the work contract.
- v. Submit.

2. The Corona Pandemic Impact General Health:

The practical reality has proven that the Corona virus spread very quickly, not only in the local area, but also crossed the borders, and this has a negative effect on public health. Corona's disease had a clear impact on the attention of countries to the inability of their traditional health systems to confront the spread of this disease, which were satisfied, according to what is followed in their system, by trying to be steadfast and not to collapse their health system only [5], and then soon revealed to them its shortcomings and the necessity of finding ways to build A strong health system capable of confronting epidemics and viruses and providing comprehensive health coverage for all members of society. We find access to vaccines and the establishment and development of many medical devices, especially ventilators and hospitals such as field hospitals and others [10].

Perhaps the only positive impact of the Corona epidemic is the attention of countries and their efforts to achieve justice in providing medical services, reforming the health system, not commodifying medical services and ensuring them for all members of society, and striving on two levels, the first is preventive and the second is curative, on which several ministries are based, not only the Ministry of Health. This, and the outbreak of the Corona pandemic caused negative effects on public health, whether for workers or for other citizens [11].

With regard to the effects of the Corona pandemic on the public health of citizens; we find that it leaves significant negative effects in terms of the outbreak of the disease and the large number of patients, and it may lead to disability and death. It also has negative effects even after recovery from it; the person recovering from Corona remains in an unstable state during the recovery period and his condition can deteriorate again. In view of the negative effects of Corona on public health, several countries have taken precautionary measures to limit the spread of the Corona virus, whether by allocating hospitals for isolation, increasing the number of medical devices, especially ventilators, importing or manufacturing drugs, medical vaccines and others, and countries striving in this way in order to preserve health general citizens.

2.1.2. The Health Insurance System and the Philosophy on Which It Is Based

First: Defining the Health Insurance System:

The World Health Organization has defined the health

system as the sum of organizations, institutions and resources that aim to improve health, and depends on the presence of staff, money, information, supplies, and means of transportation, communication and directives for the proper treatment of individuals. It is the system that seeks to improve the lives of individuals, and the government is responsible for the overall performance of the National Health System [17].

While this organization defined health insurance as: "It is the means by which some or all of the health care costs due to the patient participating in the system are paid in the event of illness, it protects the insured from paying the high cost of treatment. The basis of health insurance is that the insured contributor pays a subscription Regular for an administrative institution, which is the General Authority for Health Insurance, which is responsible for managing these payments within the framework of a system that pays the costs of treatment for him when he falls ill to health service providers. [11].

We go with some [17] to define the health insurance system as the system that provides and finances medical services through the General Authority for Health Insurance. It is the system that covers the various aspects of insurance coverage through the provision and financing of medical services in hospitals and other health facilities affiliated with the General Authority for Health Insurance.

"Universal health coverage (UHC) is defined as all people receiving quality health services that meet their needs without being exposed to financial hardship in paying for the services". UHC to require a comprehensive range of key services that is well aligned with other social goals. Therefore, progress towards universal health coverage requires reforming the health financing system and a shift from out-of-pocket payment for services toward prepayment and pooling of funds [12].

Commenting on the evaluation of the health system, the HRADO Center for Supporting Digital Expression mentioned in one of its reports that the current situation of the Egyptian health insurance system needs many reforms and negatively affects the performance of the health system. It is also a reflection of the very idea of "privatization", which reflects an exaggerated penetration of the private sector, almost non-existent health and insurance protection, as well as a poor quality of medical services, which led to an increase in expenses for medical care and services; For example, the total expenditure of Egyptians of their current income on health care is no less than (72%) of the total expenditure on health [2, 8].

From our point of view, what this report mentioned enjoys credibility in some aspects, such as the weakness of public health services provided to segments of irregular employment and other poor patients and the weak funding provided to the health sector, which prompted the Egyptian state to adopt a comprehensive health coverage project through a comprehensive health insurance law, and this new system guarantees Access to universal health coverage by population, geography and service.

Second: The Advantages and Disadvantages of the Health Insurance System:

1) Benefits of the health insurance system:

The health insurance system has many advantages, and if it is applied according to disciplined mechanisms and strict control, it will achieve its desired goals. It has several advantages, including [2]:

1- The health insurance system is a system that provides and finances medical services for insured patients or others in accordance with what is determined by the law of the state.

2- The health insurance system is a system of the state entrusted to one of its facilities, the General Authority for Health Insurance, which represents a public facility whose purpose is to serve patients and provide health services to them, far from exploiting them or burdening them with exorbitant expenses.

3- Any country aims, through the health insurance system, to provide insurance coverage through which the health of citizens is promoted within a framework of justice and guarantee for the existence of curative and preventive services necessary for the health of citizens, with this differing from one country to another according to its financial situation.

2) Disadvantages of the health insurance system:

However, the right to treatment is one of the basic human rights, and therefore any state undertakes to provide health services that guarantee health care, especially after the health crises worsened after the Corona pandemic. There is no doubt that the health system in many countries suffers from many problems. Given the lack of adequate attention to health infrastructure and the lack of adequate spending on health service institutions. For example, the health services sector in Egypt suffers from many problems, the most important of which are neglect, poor funding, poor health services provided to patients, and others. Therefore, among the most prominent shortcomings directed to the health insurance system are the following [2]:

1. Double funding; It is common knowledge regarding the ways of financing the health system that it can be financed from contributions to the beneficiaries only, or what is known as the out-of-pocket payment system (THE OUT-OF-POCKET MODEL), or from it in addition to direct funding from the state treasury in order to provide health services to patients in need.
2. Lack of trained human resources in the health sector; The health system, including Egypt, which suffers from a shortage of trained human resources, such as doctors, general assistants and nurses, cannot provide good health services.
3. The low wages that doctors and nurses get - and others who work in the health field - make them prefer to emigrate abroad in search of better income, and some of them do not make enough effort in their work; where he works in more than one hospital at the same time.
4. The problem of the availability of quality infrastructure for government health institutions; Despite the availability of many government health institutions;

Such as university hospitals, armed forces hospitals, health hospitals, health insurance hospitals and mental health secretariat hospitals....

Third: The philosophy of the comprehensive health insurance system:

The comprehensive health insurance system is based on providing health insurance coverage to all citizens of all ages. The Comprehensive Health Insurance Law represents an integrated system for health system reform and a building block for legislative reforms in the field of health, through its consolidation of the following principles [2]:

The first principle: is the separation between the entities in charge of providing and financing the service and the supervision thereof.

The second principle: It is mandatory to implement the new comprehensive health insurance law. It is a comprehensive law that applies to all citizens regardless of their medical needs or not.

The third principle: adopting the family as a unit of health insurance coverage in the comprehensive health insurance system, and relying on primary health care and family medicine as an entry point for this system.

Fourth principle: The comprehensive health insurance system is based on providing health care services through three levels; The first is the provision of the first level of health care, the second is the provision of health care that is concerned with the diagnosis and treatment of disease and the provision of those services in hospitals, and the third is the level of care that deals with special cases of diseases.

2.2. The Legislative Organization and Management of the Comprehensive Health Insurance System

Efforts of the World Health Organization to guide countries to enact comprehensive health insurance legislation:

The World Health Organization issued the World Health Report in 2010, in which it provided practical guidance on how countries can reform their health insurance systems, and in order to achieve universal health coverage. Indeed, since then more than seventy countries have requested policy support and technical advice for such reform from the World Health Organization. In 2011, the World Health Assembly, at the invitation of the World Health Organization, developed a plan of action to provide this support and advice to countries wishing to legislate for universal health insurance, and then the WHO Advisory Group on Equity and Universal Health Coverage was established to develop guidance on how best to do so. in which countries can address the central issues of equity and equity that arise on the road to universal health coverage.

2.2.1. The Gradual Implementation of the Comprehensive Health Insurance Law in the Egyptian System

The comprehensive health insurance law did not apply to all parts of the Arab Republic of Egypt once, but was applied in several stages. That is, the application of the comprehensive health insurance system will continue in (28) governorates during (15) years starting from the middle of the year 2020

AD in the first five governorates: (Port Said, Ismailia, Suez, North and South Sinai) in the first phase, then the second phase begins from (2021 to 2023 AD) in the second five governorates: (Luxor, Marsa Matrouh, Qena, the Red Sea and Aswan), followed by the third phase of the period (2024 to 2026 AD) in the third five governorates: (Alexandria, Beheira, Damietta, Sohag and Kafr El Sheikh), then the fourth phase of the period (2027 to 2028 AD) in the fourth five governorates: (Bani Suef, Assiut, Minya, Fayoum and New Valley), and the fifth phase of the period (2029 to 2030 AD) in four governorates: (Dakahlia, Sharkia, Gharbia and Menoufia), and finally the sixth and final phase of the period (2031 to 2032 AD) begins in three governorates: (Cairo, Giza and Qalyubia) Perhaps these last governorates are the most crowded in population, and they really need strong preparation in the health infrastructure [1].

There is no doubt that the Corona pandemic has demonstrated the paramount importance of the state providing comprehensive health coverage - for all its citizens and even supposedly for all residents on its land - and the establishment of a strong public health system, preparedness and preparedness for the availability of human and material resources in emergency situations, and other matters that are considered essential and the obligation of any state by providing it; It was not clear that it was optional for her, but rather obligatory to preserve public health. Indeed, many countries have begun to amend their health insurance legislation to adopt or reform a law regulating universal health coverage for all.

The Egyptian system had not actually begun to implement the comprehensive health system only in its early stages. Hospitals and treatment centers were not ready to deal with patients in large numbers, and medical devices were not adequately available at that time; the challenge of the pandemic was not taken into account at the time of starting the implementation of the comprehensive health insurance law, which called for the completion of the stages of implementing this health system.

2.2.2. Managing the Health Insurance System in the Egyptian System

The Comprehensive Health Insurance Law regulates its work, functions and management, which is carried out through three bodies: the General Authority for Comprehensive Health Insurance, the General Authority for Health Care, and the General Authority for Health Accreditation and Control, as follows:

(1) The General Authority for Comprehensive Health Insurance:

The Comprehensive Health Insurance Law established an economic public authority called the "General Authority for Comprehensive Health Insurance, which has a legal personality and an independent budget, and is subject to the general supervision of the Prime Minister, and its headquarters will be in Cairo, and it may establish branches in all governorates, and its work system is issued and its competencies are determined by a decision The Authority

shall manage and finance the system, and the participants' funds shall be private funds, and they shall enjoy all aspects and forms of protection prescribed for public funds, and their returns are the right of the beneficiaries thereof, and these funds shall be invested in a safe investment in accordance with an investment strategy whose rules shall be determined by the executive regulations of this law [16].

It is clear that the Comprehensive Health Insurance Authority has many powers, the most important of which we seek, is that it monopolizes the adoption of a strategy for investing the funds of the health insurance system and proposes financing and investment means through a committee it forms. It also has the authority to determine the prices of medical services provided by the health system, which contracts with public and private hospitals and other medical facilities in accordance with the quality standards set by the Accreditation and Monitoring Authority and in accordance with the prices, controls and procedures approved by the Board of Directors. The authority enjoys financial and administrative independence; it is considered an economic authority concerned with managing the funds of the comprehensive insurance system [1].

(2) Public Authority for Health Care:

The Comprehensive Health Insurance Law established a public service authority, stipulating that "a public service authority called (the Public Authority for Health Care) shall be established, with a legal personality and an independent budget, and subject to the general supervision of the minister concerned with health, and its headquarters shall be in Cairo, and it may establish branches in all governorates. A decree of the Prime Minister shall be issued in its work system and its functions shall be determined, and it shall be the state's main tool in controlling and regulating the provision of health insurance services.

The Public Authority for Health Care provides primary health services, curative and diagnostic services, reproductive health services, first aid for emergencies, and referral to higher levels, through basic care and family health units, public or private, provided that they have obtained a certificate from the accreditation and control authority that they are fulfilled. to quality terms and standards. This body also has the right to "provide curative, diagnostic, emergency and referral services to a higher level through basic health care centers and public and private family health... [16].

(3) The General Authority for Health Accreditation and Control:

In order to achieve its objectives, the Accreditation and Monitoring Authority may take all necessary measures and decisions for this, and in particular, it has the following [16]:

- 1) Setting quality standards for health services and approving their application to medical care facilities.
- 2) Accreditation and registration of medical facilities that meet the quality standards referred to in Clause (1) to operate in the system, and the period of accreditation and registration is four years.
- 3) Supervising and controlling all medical facilities, and members of the medical professions working in the

sector of providing medical and health services, in accordance with the provisions of this law.

- 4) Conducting periodic administrative inspections of establishments approved and registered to work in the system.
- 5) Suspension of accreditation or registration if the medical facility violates any of the requirements for granting accreditation.
- 6) Accreditation and registration of members of the medical professions according to the different specializations and levels of work in the system, and periodic inspection of them by the approved and registered bodies to work in this system...

Financing the comprehensive health insurance system in the Egyptian system:

The General Authority for Comprehensive Health Insurance is financed by several components: 1- The share of the insured and their dependents, 2- The share of business owners, 3- Contributions, 4- The return on investment of the Commission's funds, 5- The obligations of the public treasury on behalf of those who are unable, 6- In return for other services provided by the Commission as determined by the Council Administration, 7- External and internal grants and loans, 8- Gifts, subsidies, donations, bequests, and other sources [16].

3. Features of the Comprehensiveness of the Health Insurance System in the Egyptian System

The social health insurance system is the main entry point for comprehensive health coverage, which requires the availability of a strong and organized health system, in order to provide medical care, especially for those who do not have the costs of treatment for themselves and their family against the diseases they are exposed to. Comprehensive health insurance systems play their legally intended role regardless of the person receiving the service; That is, whether it is a factor or no. [16].

3.1. The Scope of Health Insurance Coverage According to the Comprehensive Health Insurance System

3.1.1. Health Coverage According to the Comprehensive Health Insurance Law

First: The scope of health insurance services:

The legislator has decided a fundamental guarantee for all workers; He unified the treatment authority with regard to insurance for work injuries and sickness insurance, and established a joint fund to be managed by the General Authority for Health Insurance, which is affiliated with the Minister of Health. The basic principle is that health insurance bodies provide all health services, medical care services, treatment, radiology, examinations, operations and surgeries of all kinds. The employer may participate for his workers with some private medical institutions that provide services and medical care distinct from those provided by health

insurance bodies, which reflects the legislator's serious desire to provide medical and health care for injured or sick workers.

If the Egyptian legislator had established a special fund for workers and guaranteed their treatment through the Health Insurance Authority as a rule, and then added to them the pensioners, he did not limit the scope of enjoying health care services to them, but rather added to them all the sick and the needy. It allowed them to benefit from health insurance services for free, that is, for a small fee that does not compare at all to the cost of the service.

From another angle, we can define health insurance services - as defined by the Comprehensive Health Insurance Law - as a group of health services provided to insured patients in accordance with the law, which vary between diagnostic, curative or rehabilitative services, examinations, operations, and others. Thus, it is "a group of health insurance services for all diseases that are provided to the insured, whether they are diagnostic, curative, rehabilitative services or medical or laboratory examinations. The Authority may, based on the presentation of the relevant committees, add other services, taking into account the preservation of the financial and actuarial balance of the system. Services through:

- a) The family doctor or general practitioner in the specified treatment facilities.
- b) Specialized doctors, including those related to oral and dental medicine and surgery.
- c) Home medical care when required.
- d) Treatment and stay in the hospital or specialized center, surgical operations and other types of treatment.
- e) Examination by medical imaging, laboratory tests and other medical examinations and the like.
- f) Rehabilitation services, physiotherapy and prosthetic devices according to the basic lists issued by the specialized committees of the authority.
- g) Editing medical prescriptions and dispensing medicines and supplies needed for treatment, according to the basic and supplementary lists issued by the specialized committees of the authority, as well as making the necessary medical reports.
- h) Primary and periodic medical examination for each candidate for work to verify his health and psychological fitness [16].

Second: Effectiveness of health insurance services:

The Egyptian legislator was not satisfied with deciding to ensure health care and treatment for workers as an essential guarantee of their right to health, but extended its umbrella to include non-workers from other patients in need. The institutions affiliated with the Health Insurance Authority must open their doors to all patients who need examination, treatment, examinations, radiology, operations and other health services that these institutions can provide for a small fee that is absolutely not comparable to the cost of the service.

However, the circumstances of the reality indicate that what the legislator wanted was not fully achieved or even to an acceptable level; As health insurance institutions may sometimes not be able to provide all other, even basic, medical

services; This includes, for example, serious surgeries and some high-cost medicines and other services, and this is probably due to the weak financial allocations that finance this sector.

3.1.2. Holders of the Right to Protection Against the Risk of Disease

In the Egyptian system, and since the working class is the most vulnerable stratum of society, the legislator assigned them a positive advantage in treatment and medical care; He created for them a fund of their own. In line with the rules of social protection, the legislator decided for pensioners or alternative income holders the right to benefit from treatment and medical care at the Health Insurance Authority; It allowed the pensioners the right to express their desire to benefit from the provisions of treatment and medical care, provided that they requested to benefit from these provisions before the date of termination of service. Thus, the legislator has granted them more insurance protection, as they are social groups that need this protection, especially with their advanced age. Thus, the legislator has included them in the category of groups benefiting from insurance services for medical care and treatment.

Health measures taken by states for all citizens during epidemics with the knowledge of health insurance hospitals and public hospitals:

Perhaps many countries have looted preventive medicine and its necessity, especially after what was revealed by the Corona pandemic, especially in its early stages. Some governments have sought to constantly monitor the epidemiological situation, periodically review precautionary measures, publish preventive recommendations to prevent the risk of infection, and conduct supervisory visits on a continuous basis to various places.

Countries, with different health systems, take many measures to preserve the health of citizens and public health, such as: quarantine, surveillance of infectious diseases, combating infectious diseases, developing central laboratories and increasing their numbers, as well as vaccination against the emerging corona virus for all citizens and other measures and procedures provided by insurance hospitals. Health and public hospitals are different for all citizens without relying on their financial situation or payment of treatment expenses [2, 3].

Third: The Oversight Role of the Accreditation and Oversight Authority and its Efficiency:

"The Accreditation and Monitoring Commission shall have a Board of Directors, consisting of a Chairman and Vice-Chairman of the Accreditation and Monitoring Commission, and seven members who are specialists in the field of health service quality and with expertise in medical and legal fields. The Chairman of the Board represents the Accreditation and Oversight Commission before the judiciary, and in its relations with others. The Vice-Chairman of the Accreditation Commission shall be dissolved Oversight replaces the Chairman of the Board of Directors in exercising his powers in the event of his absence or impediment. The

appointment of the Board of Directors is issued by a decision from the President of the Republic based on the nomination of the Prime Minister, and the decision includes determining the financial treatment of the Chairman and his deputy, and the remunerations and allowances of the remaining members of the Board. The term of the Board is four Years, renewable for one time. Whoever is selected for membership in the Board is required to be a full-time member and his interests do not conflict with the interests and objectives of the Accreditation and Oversight Commission. The executive regulations of this law specify the ways and dates of the Board of Directors of the Accreditation and Oversight Commission and the quorum necessary to take decisions in it [16].

Perhaps the powers granted by law to the Accreditation and Oversight Commission demonstrate the vital role played by this body, as well as the efficiency of the comprehensive health insurance system's performance of its tasks as the legislator desired. The most prominent powers of the Accreditation and Monitoring Authority are to set the accreditation and oversight strategy, determine the controls and standard criteria and indicators for their measurement, measure the elements of the quality of health services, and the rules of control and inspection of the entities subject to the authority's control.

3.2. The Role of the Health Insurance System in Achieving Health System Reform

3.2.1. The Role of the Health Insurance System in Achieving Social Justice

First: The social health protection policy is a mixture of the two economic and social policies of the state:

The comprehensive social health insurance system depends, in one way or another, on the economic situation of the state in terms of application and scope, especially the preparation of the health infrastructure. The latter is financed mostly by the state budget, in addition to the latter's contribution to bearing the burden of social insurance, which is funded mainly from subscriptions and depending on the state.

However, the vast majority of workers and the poor who are not covered by health insurance coverage - especially in developing countries that do not apply the universal health insurance law - may not achieve effective social protection for them by laws; they work in the informal economy sector, which includes many activities. Therefore, the exclusion from this contribution-financed coverage of workers outside the formal economy places them outside the social protection umbrella; Where they are unable to bear insurance contributions with a relatively high percentage of their income to finance social health insurance, which limits protection frameworks to social health services provided by the state to the poor and needy, which often do not meet their priority needs due to the weak economic situation of the state [13].

Therefore, the state's economic situation affects the level of health insurance provision; In poor countries, the financing of social health insurance is linked to the idea of contributions, and therefore its scope is limited to only some groups that have a precedent of work, which makes the enjoyment of

social protection within its scope limited to those groups who are able to pay the value of contributions (workforce only), while other groups that do not You can pay contributions and enjoy any kind of social protection other than that provided through public health services that are funded primarily by the state through taxes, and that provide only minimal health care and treatment [5].

While the situation is completely different in rich countries with strong economies that implement universal health care systems; The provision of universal health coverage is considered a right for all as a basic human right, regardless of its ability to contribute financially to it, so the state bears a large part of the funding of the activities of the body that runs this system, as is the case in America and France. The comprehensive health insurance system is an application of social protection in its most prominent sense. The state contributes to its financing and strengthening the comprehensive health infrastructure, and this funding burden is shared by civil society organizations and bodies in order to provide comprehensive health coverage, and the beneficiaries contribute with a small percentage in bearing its burden [14].

Examples in practice of countries that have achieved remarkable progress in the field of comprehensive health care and ensuring it for all are Britain, Australia, Sweden, Canada, France and others. Although the high-performance, affordable health care system in the United States serves all Americans, it has not risen to the ranks of these countries until recently (2017). There is no doubt that most of these countries have strong economies and fall within the ranks of high-income countries; The provision of comprehensive health care services became linked to the strong economic situation of the state and the high incomes of individuals in it [6].

In Egypt, the state has taken the comprehensive social health insurance system - as a legal framework - as a premise or a way to provide comprehensive health care, which is based primarily on the idea of contributions, and what this requires of both workers and employers bearing a share in the burdens of protection, and the state is also committed In this system, by contributing to its financing, as well as strengthening the necessary health infrastructure. Since the Egyptian health insurance system aims to provide social protection in the form of ensuring the provision of health services by covering all sick citizens, this is done through systems funded on the basis of the principles of social health insurance and contributions representing a percentage of the income paid by both business owners and the insured, and at the same time there Gradual increase in government financial support for these contributions, according to the financial situation of the state [1].

In summary, the health insurance system, in any country, is linked to its economic ability to bear the financial burden, and therefore in some countries this system does not achieve its goal of ensuring social protection for all those who are at risk of disease, and this is not due to the inability of these systems to achieve protection Effective social, but due to the lack of state capabilities in the optimal application of the idea of

comprehensive health insurance [7].

Second: Compulsory social health insurance is one of the aspects of social protection:

6) Mandatory provisions of the Comprehensive Health Insurance Law and Mandatory Insurance and Payment of Contributions:

In view of the importance of the comprehensive health insurance system, which prompted the legislators of all countries to describe the rules of its rules as mandatory? Participation in it has been made obligatory and it is not permissible to violate its provisions, which are of a peremptory nature. Thus, the legislator has taken a correct path towards achieving the requirements of universal health coverage; Which requires the provision of comprehensive social health insurance for the individual, so it seeks to guarantee it to all citizens, and there are among the countries what it provides to other residents on its land, including citizens and foreigners [3].

Third: The Comprehensive Health Insurance Law and the Right to Health:

First of all, international conventions and charters enshrined the right to health and the obligation to guarantee it for all, and the state must regulate this in its internal legislation. Emphasizing that the right to health is "one of the fundamental rights of every human being without distinction as to race, religion, political belief, economic or social status." We can summarize the principles that came in this regard through the following items [1]:

1. Everyone has the right to universal health insurance, medical care and necessary social services.
2. Everyone has the right to an adequate standard of living sufficient to ensure the health and well-being of himself and his family.
3. Every person has the right to insurance against the risks of unemployment, sickness, disability, widowhood, old age or other circumstances beyond his control.
4. The right of every valued person on the territory of the state to obtain appropriate health care that guarantees him a good life, in a way that ensures easy and easy access to health services.
5. Everyone is entitled to the highest standard of physical and mental health, which includes the measures that states must take to ensure the full exercise of this right.
6. Improving all aspects of environmental and industrial health, and the prevention, treatment and control of epidemic, endemic and occupational diseases.
7. Creating conditions that ensure the provision of medical services to all in case of illness.

3.2.2. The Role of the Health Insurance System in Health Reform

First: the efficiency of the comprehensive health insurance system in the Egyptian system:

(A) Great care is taken to secure and sustain financing:

In order to ensure the implementation of the law in its gradual stages and its sustainability, the Comprehensive Health Insurance Law entrusted all concerned with

implementing the law to provide the Authority with the necessary data about the insured or those subject to its provisions, especially those who work and receive a wage for which contributions are paid; Given that these subscriptions are an important and indispensable source of funding [16]. It also decided to exempt all funds of the three bodies and all their investment operations and returns of any kind, from all taxes and fees, including value-added tax. Forms, documents, cards, contracts, clearances, certificates, publications and all documents required for the implementation of this law are also exempted from fees.

There is no doubt that the legislator has been successful to a large extent with regard to its keenness to ensure the financing of the health system and its sustainability; Thus, the insurance contributions to the health system became in exchange for what the insured receive from the health insurance services, and thus the idea of support for health services was abolished, which became services paid through subscriptions, as it is invested and the return on investment and the proceeds are used to provide health coverage.

(B) The financial and administrative independence of the bodies affiliated to this system:

With regard to financial independence, the three health insurance bodies enjoy financial independence, which enables them to obtain significant financial privileges, which may exceed what the Ministry of Health obtains. Services provided by the health system in accordance with the prices determined by the pricing committees of the authority. Since contributions to the system are mandatory, the Authority obtains fixed monthly contributions from all insured workers and business owners for workers and employees in their facilities and for themselves, in addition to the contributions paid by citizens in return for the health insurance services they receive. Those subscriptions, which canceled the idea of subsidizing health services and converted them to paid services through subscriptions, their proceeds became privately owned by the Authority, and the Comprehensive Health Insurance General Authority is entitled to invest them according to the investment plans determined by its Board of Directors of investment plans that generate returns for it. This is in addition to the financial returns that the Authority obtains from taxes and fees, as determined by law in fixed percentages on some products and services, and on cigarettes, some traffic services, medical facility contract fees upon registration, and others (according to Article 29 of the Comprehensive Health Insurance Law) [2].

As for administrative independence, the administrative authorities are multiplied by the number of departments; The Minister of Finance chairs the Board of Directors of the Comprehensive Health Insurance, while the role of the Minister of Health is in the general supervision of the Health Care Authority and health insurance bodies. The boards of directors are independent and dominate their affairs, and they do not need, as a rule, to adopt their decisions from any party, but they submit reports of their performance and financial position to the Councils of Ministers and Representatives.

(C) Penalties regulated by law to ensure universal health

coverage:

Punishment or punishment is indispensable as a guarantee for implementing the law and not violating it, and to achieve deterrence for those who violate it. Indeed, the Comprehensive Health Insurance Law has organized several penalties to ensure the provision of universal health coverage. It regulates a penalty of imprisonment for a period of no less than one year and a fine of no less than fifty thousand pounds, or one of these two penalties, for those who facilitate the provision or access to health care services to those who are not entitled to them, or to obtain prosthetic devices to those who are not eligible, or to dispose of medicines and prosthetic devices to those who are not deserving in return. The law also regulates another sanction, which is confiscation; Medicines or prosthetic devices shall be confiscated for the benefit of the Insurance Authority or their value shall be refunded in case of damage or loss [16].

Health system efficiency indicators:

In terms of efficiency indicators; The United States ranks last among 11 countries with the United Kingdom and Sweden ranked first and second, respectively. The United States underperforms on measures of national health expenditures and administrative costs as well as on measures of administrative difficulty, emergency room use, dual medical exams, and more. Americans with lower-than-average incomes are also much more likely than their counterparts in other countries to report not seeing a doctor when sick, not getting a test, treatment, or recommended follow-up care, not filling a prescription or skipping doses when needed due to costs.

Quality Assessment and Performance Improvement Program:

The Quality Assessment and Performance Improvement Program provides data and details about the scope of health insurance programs and the establishment and prioritization of integrated performance improvement, quality assurance and performance improvement activities for hospitals and health facilities that are part of the health system; Given his prior evidence that health facilities and facilities can be guided by, which can be implemented as long as it does not conflict with the preparedness for emergency situations or the country's epidemic control plan. Also, under this program, the competent agencies and bodies evaluate the quality and performance of health facilities and give them a certificate. It goes without saying that obtaining this certificate is required for the health facility to complete its work, without which it can stop - partially or completely - from work [11, 17].

Third: Ways to build an effective health system:

Directing the health policy towards building an effective health system reaps its fruits in the end in the positive effects on the health of individuals and public health in the community. Health system leaders must use effective tools to influence health policy and have a responsibility to guide how health systems function. There are ways to improve the health system such as the smart use of health data, for example, determining the way it uses incentives, allocating resources for the best, distributing powers and regulating

their use, and communicating with the government in light of how to work a strategy to encourage efforts to build the health system and enhance transparency and legal accountability [1].

(1) Increasing and activating scientific research in the field of health:

Scientific research, especially based on modern technology, plays a vital role in the development and modernization of health fields. In the American system, the Ministry of Health supervises the so-called "clinical research", which is Clinical research is the domain of the health system that determines the safety and effectiveness of medications, devices, diagnostic products and treatment regimens intended for use in individuals and populations. It is desirable that the Egyptian legislator follow his path while transferring subordination to the Ministry of Higher Education and Scientific Research; This is due to the possibility of optimizing the use of scientific research in health issues [5].

(2) Always Maintain Personal Health:

Although public health is primarily concerned with improving and maintaining the health of families, communities and populations, its success depends to a large extent on personal health. Personal health can be better described through [11]: "Occupational Health – recognizes the personal satisfaction and enrichment in one's life through work and its impact on overall personal health and wellness. Physical Health – recognizes the importance of the overall physical condition of one's body and its impact on overall personal health and wellness. Social Health – recognizes the interdependence between others as well as nature and its impact on overall personal health and wellness. Intellectual Health – recognizes one's creative stimulating mental activities and their contributions to overall personal health and wellness".

(3) Avoiding criticisms of the phased application and improving the provision of current health coverage: (Length of implementation):

The period of implementation of the comprehensive health insurance law is (15 years), which is a very long period for the implementation of comprehensive health coverage completely throughout the Egyptian Republic, meaning that in order for Egypt to become a country among the countries with comprehensive care and coverage, 15 years must pass with a strong readiness for the structure health infrastructure. There is also a stumbling block in the implementation of the first phase of the comprehensive health insurance law. It was decided to start implementing it since 1/2018, with the necessity of strong preparedness in the health facilities, the necessary medical tools and devices, the trained medical staff and other requirements for the implementation of this stage. But the availability of all of that faltered at the same time; Due to the poor availability of adequate material and human resources with the lack of health culture, awareness and education necessary for the application, the data were not available at the time for the optimal application of this law, then came the Corona pandemic 2019 AD, which revealed the shortcomings of the health system in Egypt, and indeed the

whole world, which paid attention to the necessity of adopting a comprehensive health system strong.

However, the difficulties witnessed by the application of the first phase may be understood as the duration of the application of this system may be prolonged for more than the legally prescribed period. Where it was decided to start implementing the first phase starting from January 2018, with some difficulties in preparing health facilities, the necessary medical tools and devices, trained medical staff, and other requirements for the optimal implementation of this phase. Due to the weakness of material and human resources, and the weakness of the health culture, awareness and education required for implementation, then the Corona pandemic came in 2019 AD with its challenges that hindered the major countries, to increase the difficulties. As soon as the Corona pandemic came, the state rushed to take preventive and curative measures and the necessary measures to confront it, so it allocated many medical facilities for isolation, providing ventilators, training medical staff, allocating fever hospitals to treat Corona patients, and removing them from the number of medical facilities designated to implement the comprehensive health insurance project. Not only was the diet hospitals removed from the number of health facilities needed to implement the project, but the health necessity at that time also required the removal of basic care units in general and university hospitals, as well as trained technical medical staff, which decreased significantly due to the death of some of them as a result of infection with the Corona virus, in addition to the injured.

In the end, we see that it is possible for countries that seek to achieve real progress in the field of universal health coverage, by classifying health services into categories according to their priority, with priority given to the worst and worst diseases and diseases that individuals may be exposed to, and to work to ensure the cost-effectiveness of the project. health service, expanding the coverage of high-priority services for all segments of society, canceling out-of-pocket payments and adopting a pre-payment strategy, not leaving disadvantaged groups without coverage, providing low-income groups and rural residents, in addition to rationalizing decision-making issued by the competent authorities regarding Beneficiaries of health care, activating accountability mechanisms, and institutionalizing these mechanisms - such as issuing these decisions through a permanent national committee, entrusted with promoting transparency and justice in the field of universal health coverage.

4. Conclusion

The research dealt with the issue of the health system comprehensive health insurance law, by addressing two chapters, the first of which presented an introduction to the health insurance system and universal health coverage: its role in reducing the effects of the corona pandemic, the legislative organization and management of the comprehensive health insurance system. While the second dealt with the features of the comprehensiveness of the health insurance system, then

the role of the health insurance system in achieving health system reform. The research reached several results and recommendations as follows:

4.1. Results

1. The health insurance system is a system based on providing and financing medical services through the General Authority for Health Insurance. It covers various aspects of insurance coverage by providing and financing medical services in hospitals and other health facilities affiliated to the General Authority for Health Insurance.
2. If the Corona pandemic has negatively affected all health systems of all countries of the world, and impeded the process of transitioning to a comprehensive health insurance system, then it showed the urgent need for all countries to develop their health systems in a way that guarantees their adequacy and efficiency to provide all health care services to citizens and others.
3. The problem of financing the health insurance system is the biggest problem facing the effectiveness and sustainability of this system, which countries are working hard to overcome through many means, the most important of which is opening the way for the private sector to provide insurance programs.
4. The new health insurance system is distinguished from the current system by adopting the family instead of the individual as a unit for health insurance coverage in the comprehensive health insurance system, and relying on primary health care and family medicine as an entry point for this system.
5. Although the Egyptian legislator aimed to extend health coverage to all citizens gradually, in several stages, the phased implementation that took place in the first stage, which did not include all the governorates of the first stage, indicates that the period of implementation of this new system may be longer than the time period. This is a shortcoming in the implementation of the new system.
6. Desiring to ensure compliance with the provisions of the health insurance laws, the Egyptian legislator set out criminal penalties to deal with cases of deviating from the provisions of these laws, which reflects the serious desire to extend the umbrella of health insurance coverage to all citizens.

4.2. Recommendations

1. I appeal to the legislator to reconsider the time frame set for the implementation of the health insurance law, and work to shorten the deadlines set for each stage of implementation, so that health coverage reaches all citizens in the shortest possible period of time, which requires providing more funding sources.
2. I appeal to the authorities and bodies responsible for implementing the comprehensive health insurance system, to adhere to the dates and controls set for the phased implementation of the various stages of the law;

In order to reach the health coverage targeted by the legislator in the Comprehensive Health Insurance Law No. 2 of 2018 AD.

3. I appeal to the regulatory authorities and bodies to monitor the work of the bodies that grant quality and accreditation certificates, because the legislator's requirement to contract with public health facilities that have obtained an accreditation certificate, even if it aims to ensure their quality, may turn into a formal or formal restriction if these accreditations are based on paper form and not The necessary objective controls are observed.
4. I appeal to the authorities and agencies concerned with the implementation of the comprehensive health insurance law to expand the role of the private sector in financing the health insurance system in a way that guarantees the effectiveness and sustainability of this system, and in a manner that does not violate the provisions of the law.
5. I appeal to the state to expand the benefits and advantages of health insurance and to give it sufficient attention as one of the basic rules of the social health system, in order to address viruses and epidemics, and to promote the health of citizens in accordance with the rules of justice and social protection, in order to achieve comprehensive health coverage for all individuals.
6. I appeal to the bodies entrusted with the implementation of the comprehensive health insurance system, to pay attention and work to provide the requirements for comprehensive health coverage, including infrastructure for health facilities, to ensure the quality of services provided, and to provide preventive and curative services for all who are able and unable.

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