



## Improving Health Systems Performance through Better Governance and Accountability in the Middle East and North Africa (MENA) Region

2012 Regional Multistakeholder Symposium  
June 8–9, 2012 | Le Palace Hotel | Tunis, Tunisia

### Final Report

#### Background

Even after years of investment, the health systems in the Middle East and North Africa (MENA) region continue to face a myriad of challenges that collectively result in lower than expected and inequitably distributed health outcomes and low productivity. In the long run, this reduces individuals' opportunities to actively participate in society and reap economic benefits. Despite efforts to improve their performance, the health systems in these countries continue to be plagued by inadequate and inequitable access to healthcare. Moreover, health care services tend to be inefficiently provided and of poor *technical* quality. In the public sector, this problem is compounded by poor *service* quality, causing many, including the poor, to seek care in the private sector, which, in cases of catastrophic illness, contributes to impoverishment of those who are in most need but lack the resources to do so. With an increasing burden of disease due to non-communicable diseases, the countries in the region are poorly equipped to meet emerging challenges.

Many factors affect the performance of the health systems in the region. Particularly significant is governance in health systems, which has never been as visibly important for the MENA region as it has been since the Arab Spring. Recognizing this, the MENA Health Policy Forum (HPF) conceptualized its third regional symposium under the overarching theme of interventions for good governance and social accountability for improved health system performance.

The symposium is part of a broader MENA HPF program with the overall aim to improve governance of health systems in the MENA region through: (i) improving alignment of research and policy agendas; (ii) empowering key decision-makers across sectors to foster new and innovative ways of acting and collaborating to achieve transformational change; and (iii) supporting activities to increase transparency and accountability by regional or national cross-sectoral alliances.

The symposium event itself had a three-fold objective: (i) provide a platform for dialogue amongst multi-discipline stakeholders; (ii) share lessons and experience about improving governance of health systems; and (iii) to develop new insights and understanding to support

the improvement of governance of health systems. Designed as a highly participatory, dynamic and interactive multistakeholder event, the symposium included facilitated multistakeholder dialogues, “enlightening talks” on national perspectives on the importance of governance in the health sector, information exchange and knowledge sharing, and networking. Sixty-five representatives from 12 countries in the MENA region participated in the two-day event. Participants included government officials, policy makers, civil society representatives, academics, health sector practitioners, private sector, and international NGOs, from both the health and economic development sectors, and development partners. The event was organized and delivered by the MENA Health Polity Forum in collaboration with the World Bank and the World Bank Institute, and with support from IDRC/GHRI.

This report provides a summary of the key themes raised over the course of the symposium. The symposium agenda, presentations, and summary evaluation can be found on the website at [www.menahpf.org](http://www.menahpf.org).

## **A. Understanding the Future of Governance in the Region**

Participants explored how governance impacts health policy and health system performance in the MENA region. A video developed by the MENA HPF, “*The Voice of the People in Health: Aspirations for the Future*” captured the perceptions of citizens from Yemen, Egypt, and Tunisia. The main questions addressed included citizen perceptions and satisfaction with health system performance, governance, and accountability in their respective countries, within the context of the Arab Spring. While citizens presented in the video voiced dissatisfaction in the quality of their health services, and lack of trust in government’s role in health service delivery due to accounts of corruption, they also voiced a strong aspiration for tangible changes and reforms on the ground.

Following the video presentation, members of the panel representing government, civil society, and academia provided their reactions to the comments conveyed by the citizens. The panelists and participants highlighted the following themes in the discussion that followed:

*Citizens’ expectations post-revolution.* Citizen’s expectations post-revolution are high and government capacity to deliver effective and equitable public services is low. The challenge is how to address this dilemma, and how to strengthen the governance framework of health systems, such that there is accountability of authorities by citizens in the delivery of healthcare services, and greater citizen participation in public decision-making. There is need for a revolution within the health sector

*Good Governance:* Given the complex and multifaceted nature of health systems performance, healthcare services delivery cannot be isolated from good governance at the political level. While its important to examine the governance framework of the health sector, it is imperative to look at governance in all sectors, across the board

*Role of CSOs in Good Governance of the Health Sector:* CSOs have an important role to play to implementing and ensuring good governance in their countries. However, in the region, civil society is not involved in decision-making. For example, in Egypt, civil society, before and after the revolutions, sought to establish partnerships with government. However, government was not responsive. One of the instigators of the revolution was the neglect and absence of civil society in decision-making.

*Corruption.* In terms of good governance, there are problems of corruption across the board. In the case of Tunisia, corruption was not on the agenda before the revolution. Tunisia post January 14 was like a different country. Tunisia had good health indicators, which were amongst the best in the Arab world. However, post-revolution the underlying plethora of problems was revealed, which were related to corruption and good governance.

*Human Resources.* Recruitment of quality human resources in the health sector remains a challenge across the board.

## **B. National Perspectives: Importance of Governance in Making Basic Services for the Population**

The national perspectives of six countries—Iraq, Kuwait, Egypt, Jordan, Lebanon, and Palestine—were presented on governance and health system delivery.

Health equity and access to health care were common challenges raised among all presentations. In Kuwait, there has been a 30% decrease in access to healthcare. Disparity between nationals and expatriates is a predominant issue, a result of an ingrained segregation within a society in which 65% of population of expatriates the population, and the only group to have health insurance. Nationals and Bedouins face immense challenges to access to healthcare.

In Egypt, out-of-pocket expenditures on health care are high, representing 75% of total health expenditures. This is due to citizen dissatisfaction with the quality of governmental health services, and a reliance on private sector health services. Following the revolution, there has been greater dialogue on moving towards a universal health insurance system.

The Lebanese health system is based on a liberal market with individual investments in health, which has resulted in several particularities. Some of the advantages highlighted of the market-driven approach the professionalism of working staff, cost-effectiveness, and self-governance to improve performance. However, health equity and access remains a critical challenge.

Finally, centralization and the process of decentralization were raised as a challenge for Jordan, Iraq, and Palestine. In addition, citizen participation in health and social accountability were highlighted as challenges in these three countries.

## **C. Exploring Critical Issues for the MENA Region Related to the Improvements in Governance of Health Systems**

For the region as a whole, participants identified the following barriers to good governance in health systems:

- Outside interference
- Active citizenry – the role of citizens in holding governments accountable in the delivery of public services
- Rule of law, including mechanisms to evaluate effectiveness of different policies adopted
- Weak institutional capacity
- Lack of equity in access to and utilization of healthcare services
- Lack of political commitment
- Weak governance framework, in particular lack of transparency in government operations and weak accountability in services delivery
- Health as a Human Right
- Corruption

To tackle some of these issues, the following avenues were highlighted and discussed in greater detail.

### **C1. Social Accountability**

Participants recognized the need to address both the supply-side and the demand-side of governance. As an approach to governance, social accountability mechanisms provide an enabling environment for citizen participation in public decision-making and in holding governments and services providers accountable for its actions and for better development results.

### **C2. Transparency and Accountability**

Participants largely agreed that addressing the structural governance, in particular transparency in the healthcare sector is an urgent need regionally.

### **C3. Corruption and Conflict of Interest**

The Corruption Index for most countries in the MENA region is less than 5 on a scale of 0-10. Addressing corruption will require both formalized institutions to serve as a check to health care systems. In addition, civil society participation is critical to addressing and preventing corruption. Two main questions were raised in this regard: (1) how to introduce anti-corruption measures into the culture? and (2) how to shift from headship to leadership in governance?

Potential solutions to minimize corruption include using a unified health information database, flat rate payment, and electronic links between hospitals and health ministries. In addition,

creating a community committee to participate in running hospital boards could help to minimize the potential for conflict of interest between the community and the provider.

#### **C4. Corruption in the Pharmaceutical Industry**

Various types were discussed in the pharmaceutical industry, including the practice of prescribing brand names instead of the lower cost generic brands in order for pharmaceutical companies to make more money. Solutions to combating corruption in the pharmaceutical industry include engaging civil society in monitoring the practices of pharmaceutical companies, and advocacy, including in declarations of conflict of interest.

#### **D. Regional Priorities for Advancing the Agenda of Governance of Health Systems in the Region.**

Participants highlighted the following priority action items for advancing the governance agenda regionally:

- Reform medical education, to integrate governance principles, leadership, and social responsibility.
- Raise the issue of health and governance at an international level, for e.g. through participating in the Transparency International Anti-Corruption Conference in Brazil.
- Increase transparency by providing the public with access to information, decision-making processes to the public (e.g. e-government).
- Establish national chapters of transparency international to address health governance
- Increase awareness of and advocacy for good governance
- Empower citizens to support increased transparency and accountability through social media, technology, and other education campaigns
- Establish sub-regional governance forums for the Mashreq, Maghreb, and the Gulf
- Establish and empower monitoring forums (e.g., MENA HPF, EMRAN, EVIPNET, etc.; support multistakeholder dialogues at country/regional levels; strengthen regional networks; and establish benchmarks at regional level
- Commission operations research
- Support health system research to improve governance and accountability

#### **E. The “How to” of Improving Governance**

Fostering good governance, social accountability, and transparency were discussed on a panel of international experts: Ms. Susanne Weber Mosdorf (Humboldt-Viadrina School of Governance), Ms. Angelita Gregorio-Mendel (Executive Director, Affiliated Network for Social Accountability (ANSA), East Asia & Pacific Region), and Mr. Peter Eigel (Founder and President, Transparency International). Empowering citizens and creating an enabling environment for citizen participation was highlighted as key approaches to systematically improving governance of health systems. Empowering civil society to participate in the design of reforms and participation in the implementation of reforms is critical to ensuring success. Social accountability tools were also presented.



Participants highlighted adapting the international models and tools presented to their local contexts as a priority, and a challenging one. The interdependence of transparency and accountability was acknowledged. One challenge raised was finding effective ways to balance local realities, needs, and priorities with the demands and agendas of international donors, while at the same time maintaining the principles and standards of transparency, accountability, and good governance.