

منتدى السياسات الصحية في الشرق الأوسط وشمال أفريقيا  
MIDDLE EAST AND NORTH AFRICA HEALTH POLICY FORUM



سياسات أفضل نحو صحة أفضل  
BETTER POLICIES FOR BETTER HEALTH





## **Universal Access to Quality Healthcare In the Arab Countries Regional Conference**

Conference Report  
November 12-13, 2016  
Cairo, Egypt

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### **INTRODUCTION**

In recent years, the global universal health coverage movement has gained momentum, calling on countries to “urgently and significantly scale up efforts to accelerate the transition towards universal access to and availability of affordable and quality healthcare services in line with the Sustainable Development Goals (SDGs), which will guide the post-2015 agenda. SDG 3 includes a target to “achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.” Achieving these goals would require fundamental changes in the way health systems work, making them more pro-poor, more comprehensive and more efficient, specifically in terms of covering people, expanding benefits and managing money.

Against this backdrop, the Arab countries made some progress over the past decade. This was done by tackling both a financing gap (lower per capita spending on the poor) and a provision gap (underperformance of service delivery for the poor). Notwithstanding this effort, much remains to be done. Experiences from the region show that countries face challenges in implementing complex reforms to achieve universal health coverage. Recent shifts in needs, economic, demographic, epidemiological transitions, conflict and limited resources have rapidly shifted the demands on service delivery and forced citizens and governments to severely stretch what resources they have available, markedly jeopardizing equity, quality and citizen satisfaction with the provided services, thus underpinning the universal call for dignity repeated throughout the Arab Spring. The 2010–11 Arab Barometer found that “about two-thirds of MENA respondents perceived the performance of their government in improving basic health services as unsatisfactory.”



This conference was intended to tackle this problem. Namely, it focused on how the Arab region can make progress in the provision of UHC and how it may align itself with the SDGs.

### **CONFERENCE THEMES**

The conference focused on improving the delivery of health care services or supply-side programs, focusing mainly on improving population coverage, expanding benefits and managing resources. Beside the presentation of several papers, the conference provided a platform for the discussion of the experience of Arab countries in light of international experience.

### **REGIONAL CONFERENCE OBJECTIVES**

The key objective of the conference was to provide decision makers with policy options to expand access to quality and efficient essential health services; as a core function for the achievement of universal health coverage as delineated in the Sustainable Development Goals 2030, taking equity into consideration. To this end, the conference aimed to:

- Identify areas for SDGs/UHC systems support;
- Generate key options for UHC to respond to the growing demand from Arab Countries to assist in the implementation of UHC related policies to satisfy SDGs;
- Allow exchange of ideas from successful case studies relevant to countries in the region.

The conference examined the approaches, successes and challenges, and lessons learned for experiences in UHC in the Middle Eastern countries through presentations and active discussions.

The MENA Health Policy Forum aimed to gather key stakeholders and policy makers from all countries in the MENA region to exchange experience, identify barriers and suggest feasible recommendations to achieve UHC consistent with the UN sustainable development agenda for 2030. The Forum succeeded to bring both national and international experts on board to present evidence-based and up-to-date policies, approaches, and practices to achieve UHC, particularly in countries in conflict in the region. This conference also provided a platform for information sharing and capacity building through liaison with experts from the World Health Organization, World Bank, UNFPA, Care International, JCI and League of Arab States.



**Participants:** A total of around 150 participants representative of Arab Countries. They represented a group of policy makers, parliamentarians, academics, private sector, international organizations and League of Arab States.

**Sponsors:** The conference is organized with major support from the Arab Fund for Economic and Social Development and further contribution from World Health Organization.

## CONFERENCE SESSIONS

**Day One - Saturday, 12 November 2016**

### Setting the Stage

**Chairperson: Salwa Najjab (MENA HPF)**

**Panelists: HE Dr. Ahmed Emad Rady (Minister of Health and Population/Egypt); Maha El Rabbat (MENA HPF); Dr. Ahmad Galal (ERF and MENA HPF)**

The Panel was chaired by Salwa Najjab (MENA HPF), who welcomed the participants and panel members. Maha El Rabbat (ED of MENA HPF), Ahmad Galal (ERF and MENA HPF), and HE Dr. Emad Rady (Minister of Health and Population).

Dr. Rabbat welcomed participants and introduced the conference topic objectives, conference logistics as well as the main agenda items.

In her introductory note, Dr. Rabbat drew attention to the opportunity for the countries of the Region to move towards UHC, which represents a paradigm shift in health care service delivery at a time when “**urgent** and **significant** scaling up

of efforts to accelerate the transition towards universal access and availability to affordable and quality healthcare services in line with the (SDGs)” are needed.

She highlighted the need for UHC to address social inequalities and the major challenges MENA countries face to achieve UHC. She also underscored commonalities that might pave the way for UHC among Arab countries.

Dr. Galal set the stage by defining UHC. He pointed out the multiplicity of definitions for UHC and the benefits of UHC at the levels of individuals and society. He shared experiences from different countries, both developing and



developed, and his key message that UHC can be achieved, even in countries with economies in transition. He described windows of opportunity to implement UHC and examples from different countries were shared. He compared UHC status in the region with other WHO regions. The data revealed that the Middle East and North Africa region ranked the second lowest region regarding Total Health Expenditure as a % of GDP and the 4<sup>th</sup> regarding the % of population covered by health insurance or free access to health care.

Dr. Galal's concluding remarks:

- We are not doing as well as we should on UHC;
- We not only need to allocate more resources, but also figure out the best way to move forward; and
- Above all, we need the political will to make progress.

His Excellency, Minister of Health and Population in Egypt thanked conference organizers and highlighted the main steps Egypt has taken to achieve UHC. He described the new Social Health Insurance that will provide universal health coverage of all Egyptians with no exemptions. The law will be compulsory and will include a comprehensive package of services, both preventive and curative, as mandated by Article 18 of the

Egyptian Constitution. He also stated that an actuarial study is underway and will be completed within 6-8 weeks. This will guide future implementation of the law. He highlighted that the major challenges facing the government is the identification and enrollment of the informal sector. He also shared with audiences the successful Egyptian experience in eliminating the waiting lists for treatment of HCV. He stated that Egypt will attain its national target by providing affordable treatment for one million HCV cases by the end of 2016. Also MOHP has successfully reduced the cost of HCV from nearly 10000LE/patient to nearly 1450 by encouraging national manufacturing of the key drugs used in HCV treatment regimens. Screening programs for HCV are underway and will cover the Egyptian population. Increasing life expectancy among Egyptians as well as reduction of maternal mortality were pointed out by his Excellency as key achievements by the Egyptian Health System.



## Session 1: UHC in the Arab Countries: Challenges and Opportunities

**Chairperson: Nabil Kronfol**  
(Lebanese HCM Association)

**Presenters: Zafar Mirza (WHO/EMRO); Salman Rawaf (Imperial College);  
Amr ElShalakani (World Bank)**

Zafar Mirza (WHO/EMRO)  
UHC across SDGs goals

Dr. Zafar Mirza, Director of Health System Development - Eastern Mediterranean Regional Office emphasized global attention to health as an important cross-cutting policy issue in the international agenda, as it is a precondition and an outcome and indicator of all three dimensions of sustainable development. He presented the definition of UHC, foundations of UHC, monitoring progress toward UHC, and the WHO Framework for Action on Advancing UHC in the Eastern Mediterranean Region.

Salman Rawaf (Imperial College)  
UHC: How much progress has been made?

Dr. Rawaf presented the current situation in the Region, why UHC is important, disparities in health and economic indicators and global and regional initiatives in support of UHC (e.g. scaling up Family Medicine training in the region). His presentation highlighted key challenges facing the region in attaining UHC, which includes increased risks, disease burden and

mortality, in addition to conflicts and wars. He described the key approaches to UHC in the policies based on evidence which include: reforming medical education, securing high level of funding (public, social), and a primary care based health system that is comprehensive, not basic, not essential and shifting resources from

Dr. Rawaf's concluding remarks:

- UHC can only be achieved through an integrated approach of health system reforms within countries macro-system (A single bundle approach);
- Absent/weak primary care will lead to higher unit cost, poorer quality & less desirable outcomes in hospital care;
- Proactive primary care can address inequalities in health & ensure equity;
- Primary care is associated with more equitable distribution of health in populations doctors; and
- More supply of FPs equals better health outcomes.

hospital to primary health care.



Amr ElShalakani (World Bank)  
Policy choices towards UHC/SDGs

He presented the policy options to UHC, including expanding coverage using the bottom-up approach which is described as a viable option for developing countries

prioritizing the poor and vulnerable. He pointed out to expanding benefits, managing money, improving health care provision and strengthening accountability as other policy choices towards UHC.

## Session 2: Where are we from UHC in the region?

**Chairperson: Hisham Al Khashan (MOH/KSA)**

**Presenters: Awad Mataria (WHO/EMRO); Hassan Salah (WHO/EMRO);**

**Case Studies: Mohsen George (HIO/Egypt); Haidar Al Yousuf (MOH/UAE)**

Awad Mataria (WHO/EMRO)  
Population coverage and financial risk protection

Dr. Mataria presented an overview of financial protection and progress from Alma Ata to SDGs.

He highlighted the status of financial protection and pattern of population coverage by health insurance in the region (in the 3 EMR groups). He presented the approach for enhancing financial protection and population coverage in EMR through social health insurance with prepayment arrangement that covers formal and informal sectors and is financed by a mix of obligatory

contributions and government budgetary allocations.

He concluded his presentation with a

Dr. Mataria noted that:

“While EMR population represents 8.6% of the world population, EMR Member States are responsible for only 1.9% of the World Health Spending”.

remark on monitoring financial protection in SDGs.

Hassan Salah (WHO/EMRO)  
Journey for improving health care services



Dr. Salah provided an overview of health care services in PHC, hospitals, private sector as well as family medicine practice in the region. He portrayed the key challenges in each of these elements. For PHC, he highlighted poor quality and perception, lacking the integration of NCDs, weak referral system and deficiency of well-trained workforce as major challenges in the region.

Regarding hospitals, Dr. Salah described that lack of valid and reliable information on the hospital sector, inadequate attention to quality and safety of care, unequal distribution of hospital beds, absence of national strategic hospital planning, highly centralized hospital management, and weak referral system as key challenges in this sector.

He also drew attention to limited political commitment, low community awareness, limited demand for family physicians, and insufficient number of Family Medicine specialists as major factors that hinders family physician practice in the region.

Dr. Saleh's key recommendations to improve Family Medicine in the Region:

- Strengthen the capacity of Family Medicine Departments in the medical education institutions in order to increase the number of Family Physicians to reach 3 per 10000 population by 2030;
- Establish bridging programs for GPs in Family Medicine.

Case Study: Mohsen George (HIO/Egypt)

Dr. George described the Health Financing Strategy for the New Social Health Insurance (SHI) in Egypt. He pointed out that Health Financing Strategy in Egypt as part of SHI reform comes together with other needed health financing reforms to move Egypt towards UHC.

Case Study: Haidar Al Yousuf (MOH/UAE)

Dr. Al Yousuf provided an overview of "SAADA". SAADA is the health insurance program for the citizens in the Emirate of Dubai, under the supervision of the Dubai Health Authority that aims to provide insurance coverage for citizens who do not currently benefit from any government health program in the Emirate of Dubai. He underscored the importance of HIS for supporting decision making and the expansion of services with prioritization. Now they are moving towards the development of DRGs and are more capable of advancement in the area of UHC.



### Session 3: Accountability and Empowering Citizens

**Chairperson: Magued Osman (Baseera/Egypt)**

**Presenters: Amr Lashin (Care Int.); Mostafa Hunter (HeGTA)**

Amr Lashin (Care Int.)  
Empowering citizens

Mr. Amr provided introduction to Care International and its objectives. CARE's work in Egypt began in 1954 with the introduction of a nationwide school meals program. Since then, CARE has become actively involved in development programs particularly in Upper Egypt, where more than 50 percent of the nation's poor live. He presented the key tools for citizen empowerment to improve services in general and health services in particular.

Mostafa Hunter (HeGTA)  
Governance in MENA region

Dr. Hunter presented key components of a well functioning health system and emphasized the urgent need for interventions, addressing the effectiveness, efficiency and responsiveness of the healthcare system. He also highlighted that poor governance practices are a root-cause problem undermining health reform across the region. He underscored that one major precursor for poor governance is the lack

of appropriate accountability mechanisms, which has a strong negative impact on the health reform efforts. Also, he pointed out that governments in the region realized the urgency of good governance in the sector therefore, many activities were undertaken to enhance governance, however, they have not yet materialized into major changes.

Dr. Hunter highlighted that:

- Poor governance is considered the root problem undermining reform actions; and
- Accountability gaps are seen as the main factor undermining governance, and ultimately the overall effort to improve health.



Day two - Saturday, 13 November 2016

**Session 4: Universal Health Services and Equity**

**Chairperson: Saif Al Nabhani (MOH/Oman)**

**Presenters: Ashraf Ismail (JCI); Chokri Arfa ((University of Carthage);**

**Lubna Al Ansary (King Saud University, AlShura Council);**

**Case Study: Rehab Al Wotayan (MOH/Kuwait)**

Ashraf Ismail (JCI)

Universal access to quality health care

Dr. Ismail presented the access to health care in the different regions with particular focus on UHC monitoring challenges in the MENA. He pointed out that health care quality comprises many dimensions, such as safety, that are difficult to measure and monitor. Furthermore, he highlighted that the general lack of internationally comparable data on health service quality and comparative health system research at the international level, which is limited to comparisons of cost and utilization of care, supplemented by appraisals of

health status based on broad indicators are amongst the major challenges. For human resources, he pointed out that the number of medical graduates within the region does not match the growth of the population. He also provided a brief on Healthcare International Accreditation in the region and that drew attention to the fact that many countries in the region do not have a National Accreditation System as yet. He ended his presentation with recommendations to improve health care quality in the region.

Dr. Ismail stated that:

- MENA region is short of nearly 128,000 physicians, 294,000 dentists, and 1.6 million nurses and midwifery personnel;
- By 2020, this shortage would rise to 150,000 physicians, 326,000 dentists and 1.8 million nurses and midwifery personnel.



Chokri Arfa ((University of Carthage)  
Health costs and equity

Dr. Arfa set the ground by defining equity in health (vertical and horizontal), health equity analysis, measurement and significance. Dr. Arfa shared data on global and regional expenditure on health. He pointed out to the very high out of pocket expenditure in Group 1 and 2 countries of the region. She presented data from Tunisia as an example of the MENA countries. He concluded by summarizing the key determinants of Catastrophic Health Expenditure regionally and globally.

Dr. Arfa stated that:

- In 2011, EMR spent US\$ 124.1 billion on Health –more than 2.5 times than in 2001. 1.8% of the total world health spending for around 8.7% of the world population (GHED, 2013);
- Almost 40% of health expenditure is being spent OOP ;
- 16.5 and 7.5 million individuals face financial hardship; and are impoverished annually, respectively.

Lubna Al Ansary (King Saud University,  
AlShura Council)

Expanding coverage to informal sectors  
and expats

Dr. Al Ansary brings the experience from Saudi Arabia with respect to governance and health insurance coverage. She described approaches to UHC as well as service provision in particular sectors, such as the informal sector and expatriates. She also shared the impact of free access to the public health services on the mortality rates among patients with Dengue Fever in Jeddah, 2006-2009. She pointed out the remarkable reduction in mortality rate from 4.6 to 2 after the implementation of a new referral policy for non Saudis to government hospitals, particularly those who cannot afford the cost of care.

Case study: Rehab Al Wotayan  
(MOH/Kuwait)

Dr. Al Wotayan presented the case for Kuwait regarding health care provision through a wide comprehensive network of PHC centers. She shared with the audiences the successful primary health care experience in Kuwait and highlighted that it largely relies on the degree of community awareness about the benefits and processes of family practice and their active engagement in assisting



health care providers to implement the program.

She provided information on human resources including family physicians and key health service statistics at PHC level

including utilization, coverage, and integration of crucial services such NCD management and cancer screening. She concluded with key research gaps, which need to be addressed by the countries of the MENA region to attain UHC.

### Session 5: UHC in Countries in Conflicts

**Chairperson: Faisal Al Gohaly (MOH/Yemen)**

**Presenters: Atef El Maghraby (WHO/Iraq); Ibrahim Aqel (Family Health/Jordan); Mostafa Abd Allah (World Bank); Umaiye Kammash (UNRWA/Palestine)**

Atef El Maghraby (WHO/Iraq)  
What is the situation in Iraq?

Dr. Maghraby brought the experience of Iraq by highlighting the determinants of health in Iraq, including political unrest. He shared how these factors impacted the burden of disease in the country. He also shed light on the key features of the health system including access, coverage, THE, OOP, family health and curative care. He concluded his presentation by presenting the key gaps and challenges in Iraq influencing health care, including the financial crisis, shortage of health workers and supply of medicines which is reflected on the quality of care.

Ibrahim Aqel (Family Health/Jordan)  
What is the situation in Jordan?

Dr. Aqel presented the Jordanian experience in managing the large influx

of refugees from Syria and their impact on the health system. He reflected the impact on the Jordanian population and population growth rate. He stated that the Fiscal impact of the Syrian crisis on the budget (2015) is estimated at USD1.99 billion and that Jordanian MOH stopped granting free access to health facilities.

He presented a battery of demographic, health and economic indicators. He also described the health care delivery system in Jordan as well health insurance coverage. He ended up his presentation by sharing the Jordanian Response Plan to the Syrian Crisis 2016-2018. The plan represents a three-year-program of high priority interventions to enable Jordan to respond to the effect of the Syrian crisis without jeopardizing its development trajectory.



Dr. Aqel highlighted UHC challenges in Jordan as a consequence of the Syrian Crisis:

- 86% are living below the Jordanian poverty line;
- High prevalence of NCDs aggravating the epidemiological transition in Jordan;
- Disabled and war-wounded present significant challenges;
- Maternal health issues;
- Micro nutrient deficiencies;
- Re-emergence of previously eradicated diseases;
- Gender issues;
- Psychological issues;
- High Early marriage (35% in camps).

Mostafa Abd Allah (World Bank)

What could be done under these conditions?

Dr. Abd Allah introduced the fragility concept and pointed out that approximately 25% of the world's population lives in 50 fragile states, representing around 40% of the world's poor. These fragile states are more likely to become unstable and can impact countries well beyond their national borders.

He also described the fragile health system as well as the prerequisites for the health systems in fragile states to move towards a humanitarian-development nexus

Umaiyeh Kammash (UNRWA/Palestine),  
Health under siege

Dr. Kammash presented the experience of Palestine with an overview of demography, health determinants, the health system (including family medicine) and related challenges. He highlighted the direct effect of conflict on achieving UHC in Palestine, including damage to health facilities which has reduced the provision of health care, casualties, injured persons, disabilities (particularly among youth & children), severe shortages in medicine, medical supplies and equipment in addition to energy and water supply crisis. He underscored that the long term exposure to conflict has widely impacted the health of Palestinians with increasing prevalence of mental health problems and engagement in high risk behaviors.



Dr. Abd Allah underscored that the burden of disease and the mortality levels experienced by the populations of fragile states as extraordinarily high:

- More than a third of maternal deaths worldwide occur in a fragile state;
- Half of the children who die before age five live in a fragile state;
- Malaria death rates are 13 times greater in fragile states.

### Session 6: Responding to UHC Inclusiveness

**Chairperson: El Sheik Badr (Sudan Medical Board**

**Presenters: Mohamed Afifi (UNFPA/ASRO); Hala Youssef (Cairo University); Aleksandar Sasha Bodiroza (UNFPA); Case Study: Magdy Khaled (SRH Consultant)**

Mohamed Afifi (UNFPA/ASRO),  
Mapping of SRH policies in Arab States

Dr. Afifi introduced the importance of SRH as a critical dimension of development and a critical component of individuals' health and well-being needed to achieve the SDGs. He pointed out that Arab countries have made good progress since ICPD, but like other countries, they are at a critical juncture to ensure universal access to sexual and reproductive health care services. He presented results of a study done on the mapping of SRH policies and laws in selected Arab countries. This included ratifications of international conventions, laws related to gender-based/domestic violence, legislations addressing some specific SRH issues, as well as the legislation on women's work. This study highlighted gaps in the legal environment

and neglected/insufficiently addressed populations such as older women and people with disabilities.

Dr. Afifi highlighted the following gaps in the legal environment:

- Limited mechanisms exist to enforce existing laws in many settings;
- The cross-sectoral nature of SRH strategies makes addressing certain issues very challenging and inadequate such as GBV ;
- The lack of awareness of legal professionals of SRH issues and the lack of interaction between legal and health professionals in general limit the understanding of the implications of legislation on women's health.



Hala Youssef (Cairo University)  
RMNCH from MDGs to SDGs

Dr. Youssef addressed the journey of moving from MDGs to SDGs and the current situation in Arab States with particular focus on achievements and challenges related to maternal and child health. She also shed light on health in the Global 2030 agenda and presented the road map in-light of global commitments.

Dr. Youssef highlighted key challenges in maternal health including:

- Only half of the pregnant women in Arab member states benefited from the WHO recommendation of having at least four antenatal care visits during each pregnancy;
- 51% of deliveries were attended by a skilled attendant in low-income countries;
- 12% of married women 15-49 wanting to avoid a pregnancy did not have access to or are not using an effective method of contraception;
- Reproductive health services are fragmented and not integrated within the health systems;
- Gender Based Violence (GBV) and adolescent pregnancy are visibly increasing.

Aleksandar Sasha Bodiroza (UNFPA),  
Youth and UHC

Dr. Bodiroza provided an overview of UNFPA programs in Egypt and the regional framework on Young People 2016-2017. He highlighted strategic areas of focus to strengthen adolescent and youth health, including sexual and reproductive health, towards universal health coverage. He highlighted gaps and needed actions to provide an inclusive environment for youth in the region.

Case Study: Magdy Khaled (SRH Consultant)  
Integration of reproductive health.  
Experience from Egypt

Dr. Khaled pointed out to the Egyptian Government's commitments under the ICPD Program of Action. He highlighted that the provision of SRH in Egypt is implemented through a wide network of 5400 SDPs that cover the population. He concluded by recommending the need to work progressively on policy and advocacy and improving the competency of health providers as well as resource mobilization.



### Session 7: Way Forward (Panel Discussion)

**Chairperson: Maha El Rabbat (MENA Health Policy Forum)**

**Panelists: Habiba Ben Romdhane (Former Minister of Health/ Tunisia);**

**Raeda Alqutob (University of Jordan); Awad Mataria (WHO/EMRO)**

Dr. Ben Romdhane discussed the main challenges that she faced to ensure that health is given its due attention in government policies and the opportunities to move forward being a Former Minister of Health. She explained the healthcare situation around the time of the revolution when she was appointed Minister. She explained the need for engaging citizens in decision-making, a process that took around two years, and the development of the white paper in a participatory manner. She outlined as well the issue of the refugees and how this affected the delivery of health systems.

Dr. Alqutob was then invited to present the needed determinants for the successful achievements of UHC from the perspective of a legislator and a professional. Dr. Alqutob raised the problem of the fragmented health systems, the political and economic changes imposed by the transitions in the region and the dissociation between the demand and supply. She stressed the need for legislations, expanding health systems beyond service delivery and traditional perspective, new policies to increase financing to cover the poor and

stewardship to strengthen the regulatory function on the government and inter-sectoral coordination.

Dr. Mataria addressed the expected role that can be played by WHO to ensure sustained progress towards the realization of UHC and health related SDGs in the region. He presented the WHO frameworks for strengthening health systems and how the WHO is helping countries to achieve and implement such frameworks. However, some countries still need to work on their capacity to achieve such a framework. He stressed the importance of identifying the needs and the readiness of each country to develop a strategy that is fitting to the capacity. He emphasized the role of the Forum in capacity building, experience sharing and policy diagnosis.

### Concluding Remarks

Dr. Rabbat emphasized the state of transition the region is going through and stated that it is a transition towards transformation, which in itself is an opportunity. She stressed the need to learn from our experiences and to learn from others' as well and that the time has



come for moving ahead towards the achievement of UHC.

Dr. Galal commented that there is a need for analytical work and questions that still need to be answered. Dr. Kronfol and Dr. Al Wotayan suggested drafting a position paper for UHC achievement; Dr. Al Ansary suggested establishing a regional task force or working group to work on the issue; then Dr. Zafar Mirza expressed the need for conducting national policy diagnosis on UHC through the help of the Forum. He suggested a new role for MENA HPF to serve as the platform to generate evidence to help in policy making to achieve UHC, also to help governments in policy diagnosis process.

Dr. Rabbat thanked the conference participants for their active involvement during the conference that made discussions richer and facilitated countries' capacity building through

information and the exchange of experiences among different countries, as well as among countries and national and international experts.

She extended her gratitude to the presenters as well as the conference sponsors and organizers.

The participants urged the Forum to continue supporting in-country and inter-country dialogue and expand its role to further advocate for UHC through inviting policy and decision makers to ongoing discussions and partnership building. They praised the MENA HPF as well as conference organizers and panelists for their efforts in conducting such conference which brought all stakeholders on board to support effective achievement of UHC in the region.



### **Key Conclusions: TIME FOR ACTION**

1. UHC is important, both for individuals and society in general. It can be adopted in all countries taking advantage of political windows of opportunities. UHC can be achieved in the countries of the MENA Region as demonstrated in the shared experiences on the regional and at the global level.
2. The road to UHC should take into consideration the need for policies based on evidence, reforming of medical education, securing high level of funding, a strong Primary Health Care System as well as shifting resources from hospital care to primary care.
3. Developing countries might consider prioritizing the poor and vulnerable within a bottom-up approach, expanding benefits and strengthening accountability to achieve UHC.
4. Many of the current health system's challenges such as inequities in health and high OOP expenditure can be only addressed through UHC.
5. Centralization of health care management, financing and provision as well as poor regulation of the private sector are major challenges hindering the achievement of UHC.
6. Financial protection is key to achieve UHC. Social Health Insurance; with a prepayment arrangement that covers the formal and informal sectors and is financed by a mix of obligatory contributions and government budgetary allocations represents a viable approach for enhancing financial protection and population coverage in EMR.
7. Research is needed for UHC. Research has the power to address a wide range of questions about how we can reach universal coverage, what is the prioritized benefit package; and how can frameworks be implemented. Research for universal health coverage requires national and international backing.
8. Smart health system's infrastructure that captures all beneficiaries covered by health care services is an enabling factor to achieve effective UHC. It enhances transparency, financial efficiency, monitoring and evaluation of the health system.



9. Quality, safety and efficiency are not optional. The nature of the healthcare industry must be of high quality, safe and efficient. High quality, safe and efficient care must consider the community needs with a focus on patients and families and not only the providers.
10. Measuring and monitoring the quality and safety of care are major challenges in the region and should be done throughout the continuum of care with a focus on outcomes, building efficiency in the design and operation and through investment in Human Resources, their development and continuous education
11. The region is making appreciable progress in its efforts to improve health care access and quality. However, closing the wide gap between current and targeted states remains a top challenge.
12. Lack of analytical work is evident. It needs to be supported by monitoring and evaluation mechanisms utilizing a comprehensive analytical framework while developing a cluster of indicators to ensure that the most relevant aspects of the goals and targets are adequately monitored.
13. Successful family practice depends on the degree of community awareness about the benefits and processes of family practice and their active engagement in assisting health care providers to implement the program. People should recognize the advantages of receiving timely health care services through a family practice approach.
14. Regional Strategy for UHC in the region should include main strategic directions: placing Primary Health Care (PHC)-oriented health system strengthening at the center of UHC, improving equity through social protection, improving efficiency in service delivery and strengthening capacities for UHC.
15. Regional strategy is needed to address the refugees' health challenges and the need for beginning the process of inclusiveness. International AID should be consolidated to improve efficiency and effectiveness.
16. Strengthening primary health care is the key platform for successful UHC. The benefit package needs to be identified through sound evidence.



## Future Directions

Role of MENA HPF which is drafted based on the conference proceedings.

Given the stated challenges that the Arab countries are going through, the existing performance gap in health systems which are variable and inconsistent across countries and the urgent need for significant scaling up of efforts to accelerate the transition towards UHC. The forum in collaboration with partners and collaborating agencies will:

- Generate evidence and develop evidence-based policy options and scenarios that could be considered by stakeholders as they move towards universal health coverage;
- Develop an analytical framework that identifies the readiness of health systems and a set of comprehensive indicators that prioritize areas needing reforms to ensure progress;
- Provide a venue for networking and exchange of experiences using a multi-disciplinary approach bringing together leading experts in public health, health systems reforms and health economics;
- It will research areas of vital importance involving the allocation of scarce health resources across competing interest groups. It will specifically address the national political organizations of health reforms in different countries and help in drafting strategies that are fit for purpose;
- Document and share country experiences to facilitate movement towards universal health coverage by learning about what works and what does not;
- The forum, through its networking and communication capacity, will continuously bring together policy makers to advocate for health systems reforms to ensure UHC and to build strong commitments among stakeholders including the private sector;
- Monitor progress towards universal health coverage and develop a research agenda to support decision making and developing a framework of indicators for measurements. As such it will serve as a platform to generate evidence to help policy diagnosis and formulation;



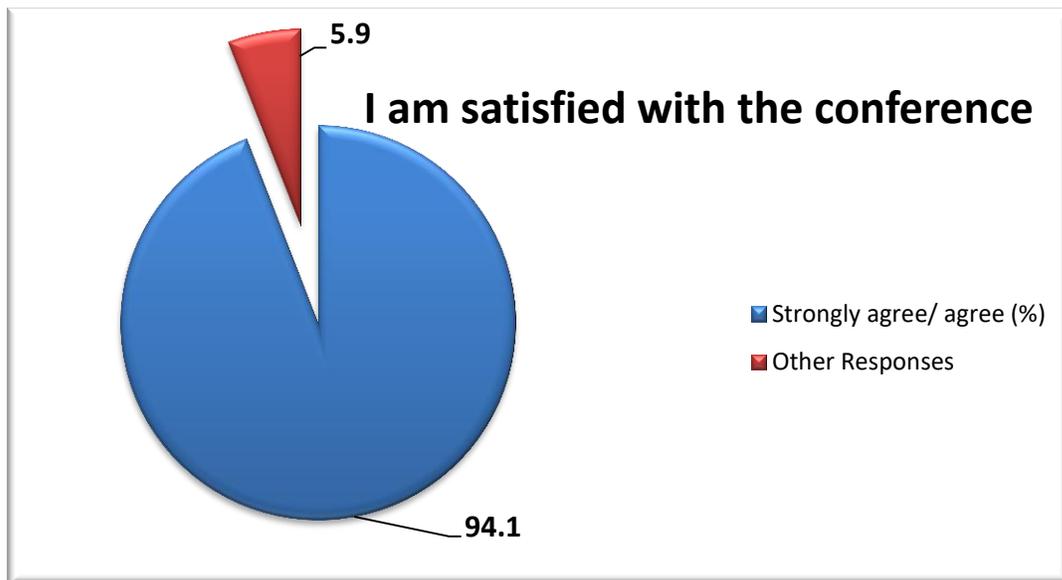
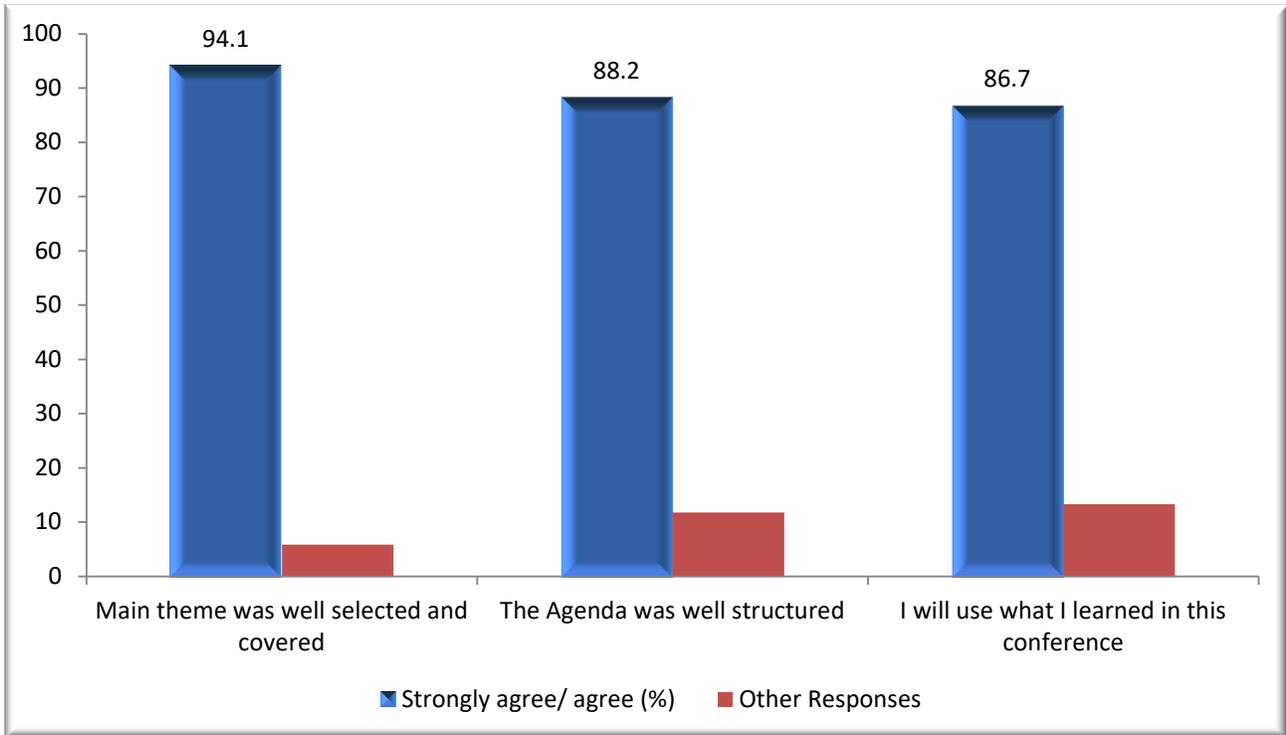
- Advocate for the health needs, demands and inclusiveness of the refugees and displaced, particularly the most vulnerable;
- Build policy-making capacity.

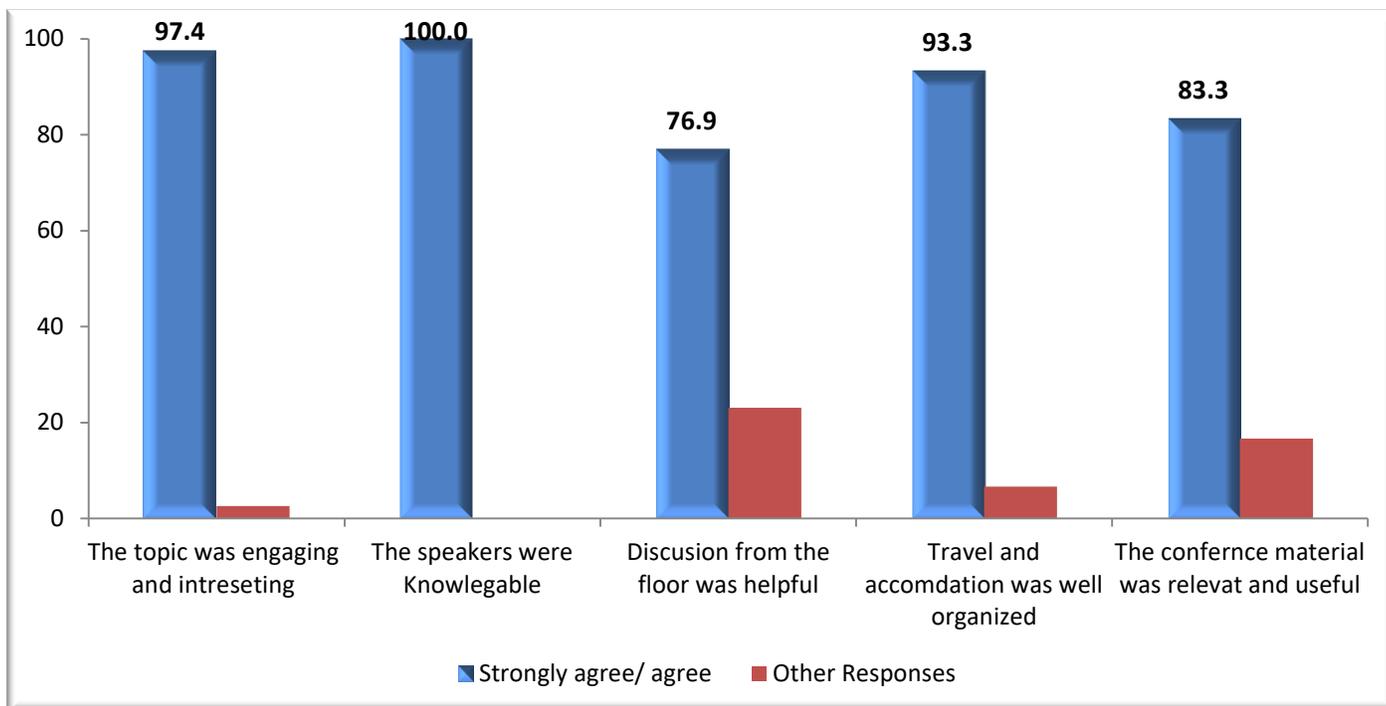
### Conference Evaluation

40 participants completed the evaluation forms.

Key evaluation notes:

- 94% of participants were satisfied with the conference
- More than 97% believed the topic interesting and engaging
- 100% believed the speakers were knowledgeable





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