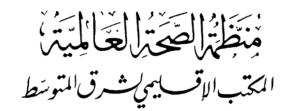
WORLD HEALTH ORGANIZATION Regional Office for the Eastern Mediterranean ORGANISATION MONDIALE DE LA SANTE Bureau régional de la Méditerranée orientale





Address by

DR MAHMOUD FIKRI REGIONAL DIRECTOR WHO EASTERN MEDITERRANEAN REGION to the HEALTH ECONOMIC FORUM

Beirut, Lebanon, 7 July 2017

Your Excellency Mr Ghassan Hasbani, Deputy Prime Minister and Minister of Public Health of Lebanon

Your Excellency Dr Ahmed Radi, Minister of Health and Population of Egypt
Your Excellency Ambassador Christina Lassen, Head of the Delegation of the European
Union to Lebanon,

Mr Ferid Belhaj, World Bank Director for the Middle East,

Your Excellency Dr Mohamed Abdallah, President of the Arab Hospital Federation

Your Excellencies the Ambassadors and Members of the Diplomatic Body

Distinguished Colleagues, Ladies and Gentlemen,

It is a great pleasure to express my deep thanks and appreciation, on your behalf, to His Excellency President Michel Oun, President of the Republic of Lebanon, for holding this august gathering. I am honoured to attend today and to accept on behalf of all WHO staff in the Region the Arab Award for Public Health Promotion. Thank you all very much.

On this occasion I would like also to thank the Arab Hospital Federation for its continuous efforts in gathering policy-makers, managers and health practitioners, as part of its Health Economic Forum, to deliberate on health concerns and health system challenges of common interest to all countries in the Eastern Mediterranean Region. The theme of the Forum this year, "health care priorities and how to distribute scarce resources", is very opportune, given the multiple challenges faced by health systems in our region and the limited resources available to address them.

For social scientists, this is a common enquiry that is not limited to the health sector but extends to all spheres of life. Human needs are unlimited and resources are scarce. This was the observation that underpinned the foundation of economic discipline in the 18th century. In recent history, Paul Samuelson, who is considered to be the father of modern economics, defined economics as the study of how men and society end up choosing to employ scarce resources.

WHO has always worked to prove that providing health care to those in need is an investment in human capital that can not only enhance the health and wellbeing of individuals and societies, but also contribute equally to the development of the economy of a country. The WHO Commission of Macroeconomics and Health in 2001 demonstrated how health could be an engine of economic development. More recently, in 2013, The Lancet Commission on Global Governance found that reductions in mortality account for about 11% of recent economic growth in low- and middle-income countries; and that about 24% of the growth in full income in low- and middle-income countries between 2000 and 2011 resulted from the value of additional life years.

Health is important for economic development.

In the Eastern Mediterranean Region the total health spending increased from US\$ 45 billion in the year 2000 to US\$ 140 billion in 2013. Still, our region is a low investor in health, with less than 2% of global health spending for almost 9% of the world's population. At the same time, the World's Health Report 2010 equally stresses the need for "more health for the money" by ensuring efficient use of scarce health resources.

The report mentions that the gap between what countries achieve from the money spent on health and what they could potentially achieve with the same resources is sometimes enormous. It also estimates that between 20% and 40% of health spending, on average, is wasted, depriving many people of badly needed care. Using scarce resources in the most efficient manner is primal to ensure fulfilment of global, regional and national health commitments.

This emphasizes the importance of today's Economic Health Forum, which emphasizes the harmony between ministries of health and international organizations to foster health system resilience in the wake of crises. It is obvious that we live in a Region with a large number of crises, especially related to health. Crises have different forms, and man-made crises are often the ones with the harshest repercussions on a populations' health. This is due to their usually long-lasting nature and their severe impact on vulnerable populations.

WHO calls for building resilient health systems.

Health systems are resilient if they protect human life and produce good health outcomes for all during a crisis and in its aftermath. Resilient health systems can also deliver everyday benefits and positive health outcomes. A recent paper in the Lancet defined health system resilience as "the capacity of health actors, institutions, and populations to prepare for and effectively respond to crises; maintain core functions when a crisis hits; and, informed by lessons learned during the crisis, reorganize if conditions require it".

WHO, and other health international organizations, have been advocating for universal health coverage as the cross-cutting agenda for reforming and transforming health systems globally to achieve their goals of improved health, responsiveness and financial protection. Accordingly, we have included the pursuit of universal health coverage by ensuring that all people in the Region have access to essential health services, as one of the joint technical priorities of my roadmap for WHO's work for the Eastern Mediterranean Region for the period 2017–2021.

Our commitment has also been renewed with the endorsement of the Sustainable Development Goals. What we need are resilient health systems that enable countries to sustain their move towards universal health coverage, as much when under crisis as in normal situations. Crises of any kind are the ultimate test of a health system's resilience, sustainability and robustness.

What needs to be done?

First, there is a need to address inefficiencies in utilizing scarce resources by identifying a mix of interventions that promote action towards universal health coverage. The World Health Report 2010 identifies ten leading causes of inefficiency in health systems. I invite you to consider those in your discussion about how to enhance efficiency through the use of economic tools. Different techniques have been used to prioritize how much to invest in a health sector and how to use the resources invested across different health programs, services and interventions. Countries increasingly use economic evaluation techniques to set priorities in the health sector by encouraging action on effective, feasible and affordable interventions.

Second, countries need to take into account international experience and lessons learned in order to address the current health system challenges. International organizations such as

WHO can be very helpful in identifying global best practices, distilling and sharing lessons, and helping countries adapting them to their own local context.

Third, WHO has developed a Framework for action on advancing universal health coverage in the Eastern Mediterranean Region, which contains a set of actions related to the three dimensions of universal health coverage. Countries are invited to implement these actions to strengthen their health systems and enhance its resilience to be better prepared for crises.

I thank you again and wish you a successful Forum.