

**REGIONAL COMMITTEE FOR THE
EASTERN MEDITERRANEAN
Sixty-eighth Session
Cairo, Egypt, 11–14 October 2021**

October 2021

**SHAPING THE FUTURE OF HEALTH SYSTEMS IN THE EASTERN
MEDITERRANEAN REGION: ADVANCING THE DUAL GOALS OF UHC AND
HEALTH SECURITY**

On 13 October 2021, a panel event on shaping the future of health systems in the Eastern Mediterranean Region, advancing the dual goals of universal health coverage (UHC) and health security, will be held by virtual modality.

The objectives of the event are to:

- debate approaches towards building resilient health systems in the Region that advance the dual goals of UHC and health security by focusing on investing in essential public health functions;
- provide clarity on the policies and actions required by Member States, WHO and other development partners for shaping the future of health systems in the Region to advance both UHC and health security.

Background

All Member States of the WHO Eastern Mediterranean Region have committed to achieving the goal of UHC as part of the 2030 Agenda for Sustainable Development. This was followed by the endorsement of related resolutions at the 59th and 60th sessions of the Regional Committee in 2012 and 2013, respectively, and a technical paper at the 65th session of the Regional Committee (1–3), as well as the signature of the UHC2030 Global Compact by all Member States of the Region (4) and the endorsement of the overarching Salalah Declaration on UHC in 2018. The latter provided a roadmap for reforming and transforming national health systems to enhance equitable access to needed health care of good quality and with financial protection – the three goals of UHC. Accordingly, countries have been focusing their efforts on strengthening various health system functions, also known as “building blocks”, to improve their health systems performance towards UHC.

The pandemic highlighted many gaps in health systems globally and in the Region: as witnessed in 2020, many countries with “perceived” advanced health systems were among those which were hit the hardest by the ongoing pandemic. At the same time, lessons are being distilled from selected countries, with demonstrated effective response to containing the pandemic and alleviating its repercussions with regard to their health systems organization. This has led to questions about today’s thinking on health systems design and dynamics for better performance, accounting for different country contexts as related to socioeconomic and political factors at national and subnational levels.

While working towards controlling the COVID-19 pandemic and minimizing its health and socioeconomic impact, countries are embarking on reforming and transforming their health systems with the aim of (re)building “resilient” health systems that advance UHC, while equally ensuring the additional goal of

health security. Ensuring the dual goals of UHC and health security requires a new look into the available health system frameworks and approaches, as they have been practiced so far, to ensure fairer and more sustainable health systems in the future. Health security is defined as reducing vulnerability to health threats at individual and collective levels (5). A resilient health system is one that can resist, absorb, accommodate and recover from external shocks in a timely and efficient manner. Advancing UHC and ensuring health security are two key regional strategic priorities of *Vision 2023*.

Challenges in the Region

In 2019, the UHC global monitoring report (6) showed that the Eastern Mediterranean Region is lagging in achieving the UHC targets of the Sustainable Development Goals (SDGs): service coverage (SDG target 3.8.1) and financial protection (SDG target 3.8.2). The UHC service coverage index in the Region was estimated at 58 (out of 100) in 2019, below the global average of 66 (out of 100), and behind three other WHO regions (7). Close to 77 million people in the Region faced financial hardship in 2015 by spending more than 10% of their resources as direct out-of-pocket payments – 15 million more compared with 2010 (6). These overall indices reflect difficulties in provision of care to key subgroups, countries and geographical areas in the Region. Several vulnerable groups in the Region remain uncovered by financial protection or without access to needed quality health care, including communities impacted by conflict and state fragility, refugees, migrants and those in the informal sector (3).

The Eastern Mediterranean Region is prone to emergencies from multiple hazards, including disease outbreaks, natural disasters, conflicts, displacements and technological disasters. Of particular concern are the multiple conflicts and humanitarian crises across the Region, where major health system disruptions pose enormous obstacles to health service delivery and health security (8). Over 69.6 million people living in the Region require humanitarian assistance, representing 42% of the global total (9). The Region is also source of 64% of the world's refugees, many of whom remain in countries of the Region (10).

COVID-19 also unveiled how ill-prepared the world was to face a pandemic of such magnitude and how vulnerable most national health systems are to ensure continuous access to essential health services amid emergencies (11). A survey conducted in the Eastern Mediterranean Region revealed that about 75% of essential health services had some level of disruption (in 13 out of 22 countries that responded), mostly affecting routine immunizations, dental services, rehabilitation services and family planning, in addition to cancer care and chronic disease management (12). The pandemic also highlighted the importance of mental health and psychosocial support during COVID-19 and the particular vulnerability of people living with NCDs.

Beside the challenges associated achieving the goals of UHC and health security, all health system components and organizational arrangements are equally facing entrenched challenges related to: unfit governance arrangements along with weak institutions; high out-of-pocket payments and lack of financial protection; service delivery arrangements that are not fit-for-purpose and which are designed to focus on curative care rather than promoting health and well-being; shortage of and imbalances in health workforce and their inadequate capacity; inaccessible essential medicines and technologies with questionable quality and fragile medical supply chains; and inadequate health information systems. Furthermore, health systems have been designed with an explicit focus on promoting efficiency at the account of equity and with less attention paid to multisectoral actions to influence and leverage the various social determinants of health.

Expected outcomes

- An enriched framework of health systems for UHC and health security with agreed upon goals, objectives and functions.

- Revised regional UHC framework that updates UHC-related priorities and incorporates priorities related to health security.
- A roadmap for supporting Member States in building resilient health systems towards UHC and health security.

Panellists

- H.E. Dr Hala Zayed, Minister of Health and Population, Egypt
- Professor Dr David Bishai, Johns Hopkins Bloomberg School of Public Health, United States of America
- Professor Dr Maha El Rabbat, WHO Director-General's Special Envoy on COVID-19 for the Eastern Mediterranean Region
- Professor Vankat Raman, University of Delhi South Campus, India
- Dr Altaf Musani, Director, Health Emergencies Interventions, WHO headquarters
- Dr Maryam Bigdeli, WHO Representative to Morocco

References

1. WHO Regional Committee for the Eastern Mediterranean resolution EM/RC59/R.3 on Health systems strengthening in countries of the Eastern Mediterranean Region: challenges, priorities and options for future action. Cairo: WHO Regional Office for the Eastern Mediterranean; 2012 (https://applications.emro.who.int/docs/RC_Resolutions_2012_3_14693_EN.pdf).
2. WHO Regional Committee for the Eastern Mediterranean resolution EM/RC60/R.2 on Universal health coverage. on Health systems strengthening in countries of the Eastern Mediterranean Region: challenges, priorities and options for future action. Cairo: WHO Regional Office for the Eastern Mediterranean; 2013 (https://applications.emro.who.int/docs/RC60_Resolutions_2013_R2_15135_EN.pdf?ua=1).
3. Advancing universal health coverage (EM/RC65/4). Cairo: WHO Regional Office for the Eastern Mediterranean; 2018 (https://applications.emro.who.int/docs/RC_Technical_Papers_2018_4_20534_EN.pdf?ua=1).
4. Global compact for progress towards universal health coverage. UHC2030 International Health Partnership; 2017 (<https://www.uhc2030.org/what-we-do/working-better-together/global-compact/>).
5. Kutzin K, Sparkes S. Health systems strengthening, universal health coverage, health security and resilience. Bull World Health Organ 2016;94:2. doi:<http://dx.doi.org/10.2471/BLT.15.165050>.
6. Primary health care on the road to universal health coverage: 2019 global monitoring report: conference edition. Geneva: World Health Organization; 2019 (https://www.who.int/healthinfo/universal_health_coverage/report/uhc_report_2019.pdf).
7. Monitoring health and health system performance in the Eastern Mediterranean Region: core indicators and indicators on the health-related Sustainable Development Goals 2019. Cairo: WHO Regional Office for the Eastern Mediterranean; 2020 (https://rho.emro.who.int/sites/default/files/booklets/EMR-HIS-and-core-indicators-2019-final_0.pdf%20).
8. Brennan R, Hajjeh R, Al-Mandhari A. Responding to health emergencies in the Eastern Mediterranean Region in times of conflict. Lancet. 2020. [https://doi.org/10.1016/S0140-6736\(20\)30069-6](https://doi.org/10.1016/S0140-6736(20)30069-6).
9. Global humanitarian overview 2020. New York, NY: United Nations Office for the Coordination of Humanitarian Affairs; 2019 (<https://reliefweb.int/report/world/global-humanitarian-overview-2020-enarfrzh>).
10. Global trends—forced displacement in 2018. Geneva: United Nations High Commissioner for Refugees; 2020 (<https://www.unhcr.org/5d08d7ee7.pdf>).

11. Al-Mandhari A. Coming together in the Region to tackle COVID-19. *East Mediterr Health J.* 2020;26(9):992–3. doi:10.26719/2020.26.9.992.
12. Al-Mandhari A, Brennan R, Abubakar A, Hajjeh R. Tackling COVID-19 in the Eastern Mediterranean Region. *Lancet.* 2020;396(10265):1786–8. [https://doi.org/10.1016/S0140-6736\(20\)32349-7](https://doi.org/10.1016/S0140-6736(20)32349-7).