



Advancing universal health coverage in the Middle East and North Africa: The role of research

Online meeting

16–17 December 2020



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Opinions expressed in this report do not necessarily represent the views of all participants at the event, the Academy of Medical Sciences, or its Fellows.

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Preface

Universal health coverage (UHC), providing all with access to quality essential health services without risk of financial hardship, is embedded within the Sustainable Development Goals (SDGs). Globally, however, at least half the world's population still lacks full coverage of essential health services.

Countries in the Middle East and North Africa (MENA) region have made commitments to UHC through their support for the SDGs, yet progress towards UHC is highly variable in the region. In December 2020, the UK Academy of Medical Sciences (AMS) and the Egyptian Academy of Scientific Research and Technology organised a joint virtual meeting to discuss progress made towards achieving high-quality UHC in the MENA region and the role that research could play in accelerating progress towards UHC. The meeting was funded by the AMS, through the Global Challenges Research Fund.

The workshop programme was developed by secretariat of the two Academies and a steering committee chaired by **Professor Maha El-Rabbat**, Cairo University, Egypt, and **Professor Mike English FMedSci**, KEMRI–Wellcome Trust Research Programme, UK/Kenya (Annex 2.) This report provides a summary of the key themes to emerge at the workshop. It reflects the views expressed by participants and does not necessarily represent the views of all participants, all members of the steering committee, the AMS or the Egyptian Academy of Scientific Research and Technology.

Executive summary

Universal health coverage (UHC), the provision of quality essential healthcare services to all without risk of financial impoverishment, is a core element of the Sustainable Development Goals. As such, it is a key objective of all countries, including those in the Middle East and North Africa (MENA) region.

National per capita expenditure on health in the MENA region as a percentage of GDP is generally below global averages. Health systems differ between countries, with varying degrees of involvement of the private sector. In some countries, out-of-pocket expenditure on health is high, placing households at significant risk of financial impoverishment. National expenditure on research is also low by international standards.

In December 2020, a virtual workshop jointly organised by the UK Academy of Medical Sciences and the Egyptian Academy of Scientific Research and Technology sought to assess the current status of UHC in the region and discuss how the regional and global research community could advance the UHC agenda. Through breakout groups and plenary presentations and discussions, participants identified a range of key challenges and opportunities:

Challenges

The need for local, context-specific solutions: The MENA region is highly diverse and includes lower-middle-income, upper-middle-income and high-income countries, as well as several fragile and conflict-affected countries. Significant progress has been made in improving health in the region, although these gains have been unequally distributed across and within countries. In addition, while the burden of infectious disease has been reduced, non-communicable diseases represent an increasingly serious threat to health, and most countries face the double burden of communicable and non-communicable disease. Fragility and conflict have also had significant consequences for health, for example through the disruption of health services, the destruction of healthcare infrastructure, mass displacement internally and externally, and through the short- and long-term consequences of exposure to armed conflict.

Differing conceptions of UHC: There is no regionally-shared vision of how UHC should be implemented; politicians and other decision-makers in the region have differing conceptions of what UHC means in practice, and it is often conflated with financial risk protection.

Limited political support for primary healthcare: Although primary healthcare is recognised as being at the heart of UHC, it is not a high priority in some MENA countries, with resources typically being focused more on secondary and tertiary care.

Lack of national health research strategies: Health research is generally not prioritised and few countries have developed national health research strategies, policies and plans. This leads to weak priority setting for research and a lack of coordinated research programmes to address national priorities.

A lack of technical and financial support for health policy and systems research (HPSR): Very little HPSR is carried out in MENA countries to improve and strengthen service delivery and health system organisation. Limited funding is allocated to HPSR nationally.

Limited academic interest in HPSR: Universities in the region do not prioritise HPSR, and primary healthcare is particularly under-studied. Research interests are typically those of investigators and may not necessarily reflect national health priorities. The translation of findings into policy and practice is rarely considered a high priority.

Limited policymaker-academia interaction: Although there are some examples of close working relationships, in general there remains a significant divide between policymaker and academic communities. Policymakers may not always be aware of recent research findings or the most appropriate evidence to inform decision-making. Channels of communication may not exist to enable researchers to engage with policymakers during priority setting, and evidence may not be presented in ways that policymakers can use.

Data challenges: Data that are relevant to public health and health system functions may be difficult to access, of questionable quality, and inconsistent between countries. Data sharing across national borders can also be challenging.

Opportunities

Regional expertise: Despite these challenges, the region has pockets of excellence in health services, which could provide a foundation for research programmes to improve healthcare delivery and advance the UHC agenda. Examples also exist of strong and productive interactions between academic and policymaker communities. In addition, regional organisations such as the World Health Organisation Regional Office for the Eastern Mediterranean (WHO-EMRO) and the Middle East and North Africa Health Policy Forum have potentially key roles to play in mediating and nurturing regional collaboration. There are also indications of an enthusiasm for enhanced regional collaboration in research.

Workshop participants identified a range of priority areas for future action:

Mobilising political commitment: There is a need to mobilise political support for UHC, primary healthcare and HPSR. This will depend on proactive engagement and communication with decision-makers, and an emphasis on the potential value of HPSR to deliver better health outcomes and other benefits.

Establishing priorities: To ensure that research is focused on areas of greatest potential impact, there is a need to develop regional and national research agendas that reflect regional and national needs, with clearly identified financial resources and infrastructure. Priority setting should be informed by the perspectives of affected communities, and should take into account the needs of different populations (particularly vulnerable, displaced and other disadvantaged populations).

Closing the implementation gap: Policymakers and researchers need to work more closely to address national priority health issues. Policymakers should play a lead role in establishing national health priorities and should contribute to the development of research projects to ensure that studies address policymaker needs.

Research should have a strong focus on health outcomes, particularly those that are progressive, society-oriented and cost-efficient. The research community needs to focus more on practical rather than academic solutions that highlight potential outcomes and consider the feasibility of implementation. In particular, disadvantaged and underserved populations should be identified and the ease of implementation of policies and programmes to target these groups should be considered.

In some countries, good examples exist of close engagement between researchers and policymakers. There are opportunities to build on these good practices, with clear mechanisms established to ensure that HPSR responds to regional and national needs and that an 'evidence to policy' pathway exists so that research data and evidence from research feeds into policy and decision-making. Findings should be communicated appropriately to policymakers, for example through policy briefs and forums for discussion. There is a need to build the capacity of researchers to carry out policy-relevant research and for policymakers to develop and implement evidence-based policymaking. These activities will collectively help to build policymaker demand for research evidence.

Improving data availability and quality: Efforts are needed to improve the availability of data and to facilitate the sharing of data across countries. Standardisation of data collection would facilitate data synthesis and comparisons between countries. Improved health information systems and data platforms are also required.

Building capacity for HPSR: There is a need to strengthen capacity for HPSR in the MENA region, building on existing centres of excellence. More interdisciplinary collaborations are needed, for example with social scientists and health economists. There is also an opportunity to engage humanitarian, relief and other NGOs in research. More international collaborations need to be developed, led from within the region and addressing local priority issues. Additional regional collaborations are also needed, potentially including regional research hubs linked to national centres.

The MENA region faces many health challenges, including the double burden of communicable disease and growing rates of non-communicable disease, and, in several countries, the impacts of civil conflict. Meeting these challenges and delivering quality healthcare to all will require political commitment to universal primary healthcare systems that meet the needs of national populations. Each country is likely to make its own journey to UHC, but there is great potential for countries to learn from one another. Research has the potential to deliver the evidence required for health systems to effectively and efficiently meet the health needs of populations.



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