



Allied Health, Environment and
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Health Systems in the Arab World: Successes, failures, and ways forward?

Special Issue & Workshop
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Special Issue: Health Systems in the Arab World

Sponsored by: Hikama Journal, The Arab Center for Research and Policy Studies & Doha Institute for Graduate Studies, **in collaboration with** WHO's Office for the Eastern Mediterranean (WHO EMRO) and the Allied Health, Environment, and Development Research Network (AHEAD)

Call for Papers

Hikama (A Public Policy and Public Administration Journal published by the Arab Center for Research and Policy Studies & Doha Institute for Graduate Studies) is planning a special issue, focused on health systems in the Arab World, for publication in October 2023. The special issue is expected to include peer-reviewed manuscripts along with policy papers and reports. The special issue will be edited by the editorial board of Hikama journal.

Countries of the Arab World share a common language, history, and culture; however, rich linguistic and cultural diversity certainly does exist. Arab countries also differ greatly in terms of economics, politics, and population size, among other things. Differences in the economic and political spheres mean that health systems in the different countries of Arab World face different challenges. The problems facing health systems in the Arab

Gulf countries (such as designing health financing architecture appropriate for the population composition of these countries and ensuring quality and consistency of health care services) are very different from the ones facing lower-middle- and low-income countries (such as severe underfunding of public health care systems). The challenges facing health systems in conflict-afflicted countries are also distinct. These differences mean that health systems in the region must be understood and assessed in relative terms.

Health systems can be assessed by examining the degree to which they: (1) improve people's health, (2) protect people financially in case of illness, and (3) respond to people's needs and treat them with respect and dignity¹. In addition, how successful health systems are in attaining these goals equitably must be considered in all assessments². Consistent with global trends, people are living longer and maternal mortality ratios & under 5 child mortality rates have declined significantly in all countries of the Arab World, except for some conflict-afflicted countries. Health systems cannot be credited with all the improvements in health because the Social Determinants Of Health (SDOH) which are "the conditions in which people are born, grow, live, work and age and the structural drivers of those conditions - political, economic, cultural and environmental influences"³ largely influence health status and inequities in these conditions produce inequities in health. Nevertheless, the health system remains a key driver of health status.⁴

Despite the impressive progress made in improving population health status, much work is still needed. Life expectancy and maternal & child mortality indicators are only examples of indicators on which data are available. However, morbidity indicators and indicators incorporating quality-of-life dimensions should also be assessed. As well, these indicators are all aggregate indicators that mask the distribution of health outcomes and potentially important inequities within these countries' populations.

In terms of protecting people financially in case of illness and the fairness of financial contribution, most health systems in the Arab World, except for countries in the Arab

¹ William C. Hsiao, "What is a Health System? Why Should We Care?," *Harvard School of Public Health*, Working Paper (2003), p. 33; Marc Roberts et al., *Getting Health Reform Right: A Guide to Improving Performance and Equity* (Oxford University Press, 2008).

² Marc J. Roberts, William C. Hsiao & Michael R. Reich, "Disaggregating the Universal Coverage Cube: Putting Equity in the Picture," *Health Systems & Reform*, vol. 1, no. 1 (2015), pp. 22-27.

³ Marmot, Michael, Ahmed Al-Mandhari, Abdul Ghaffar, Maha El-Adawy, Rana Hajjeh, Wasiq Khan, and Jessica Allen. "Build back fairer: achieving health equity in the Eastern Mediterranean region of WHO." *The Lancet* 397, no. 10284 (2021): 1527-1528.pp. 2

⁴ Angela Donkin et al., "Global Action on the Social Determinants of Health," *BMJ Global Health*, vol. 3, no. 1 (January 2018).

Gulf region, are still far from achieving the goal of Universal Health Coverage (UHC).⁵ For instance, while the Out-of-Pocket expenditure (% of current health expenditure) indicator was estimated to be 13.86% in 2019 in OECD countries; in some Arab countries such as Egypt, Iraq, Sudan, and Yemen, this indicator was estimated at 62.75%, 50.1%, 67.38%, and 80.6% , respectively in 2019⁶. These OOP percentages translate directly into access and financial risk issues. Finally, there is a dearth of research and data examining the responsiveness of health systems in the Arab World.

Most recently, in 2022, WHO and the European Observatory on Health Systems and Policies published the Health System Performance Assessment (HSPA) Framework for Universal Health Coverage (UHC), which is a comprehensive framework that seamlessly connects Health System Assessment (HSA) and HSPA; it does so by linking how well a health system performs its main functions (governance, resource generation, financing, and service delivery) to health system performance in achieving its intermediate objectives (effectiveness, safety, access, user experience) and final goals (health improvement, people centeredness, financial protection, efficiency of health system, and equity of the health System)⁷. Building on the HSPA framework for UHC, there is a need for research examining the performance of health system functions and how it affects the achievement of health system objectives and goals, in the context of the Arab World.

Many of the systematic problems in health systems in the region may be traced back to the legacies of colonization (political, economic, and cultural) and neoliberal economic reforms, as in other parts of the world⁸. The state of democracy in the Arab World and weakened political accountability is also potentially linked to these systematic problems. However, there is a dearth of research evidence examining these propositions in the context of the Arab World. One study focused on the MENA region found evidence for the importance of the quality of institutions for achieving better health outcomes.⁹ The Arab Spring has also had sweeping effects on all aspects of life in the Arab World, which need to be examined in the context of the health sector. Hence, Research employing

⁵ Shadi S. Saleh et al., "The Path Towards Universal Health Coverage in the Arab Uprising Countries Tunisia, Egypt, Libya, and Yemen," *The Lancet*, vol. 383, no. 9914 (2014), pp. 368-381.

⁶ "Out-of-pocket expenditure (% of current health expenditure)," World Bank, accessed on 12/10/2022, at: <https://bit.ly/2QQHqKO>

⁷ Papanicolas, Irene, Dheepa Rajan, Marina Karanikolos, Agnes Soucat, Josep Figueras, and World Health Organization. "Health system performance assessment: a framework for policy analysis." (2022), pp.199-201

⁸ Audrey R. Chapman, *Human Rights, Global Health, and Neoliberal Policies* (Cambridge: Cambridge University Press, 2016).

⁹ Marwân-al-Qays Bousmah, B. Ventelou & M. Abu-Zaineh, "Medicine and Democracy: The Importance of Institutional Quality in the Relationship between Health Expenditure and Health Outcomes in the MENA Region," *Health Policy*, vol. 120, no. 8 (2016), pp. 928-935.

Political Economy Analysis (PEA) to examine different aspects of health systems in the Arab World would be highly encouraged.

The systematic problems in health systems manifest in the underfunding of public health systems and have resulted in brain drain in some countries such as Egypt and Sudan. In Egypt, the number of physicians per 1,000 people has drastically dropped from an acceptable rate of 2.1 in 2000 to 0.7 in 2019. This rate is unacceptably low in many countries of the Arab World, such as Iraq, Yemen, and Sudan.¹⁰ Systematic problems with health systems are hard to undo if reform initiatives are superficial and deal only with the symptoms of the problems and hence past health sector reform initiatives in the region need to be closely examined.

Unfortunately, many countries in the Arab World are affected by conflict and hence there is a need to understand the effects of prolonged conflict on health systems to inform better evidence-based policy. Finally, the Covid-19 pandemic has tested and exposed health systems across the world. It is essential to understand how the Arab countries' health systems responded to the pandemic, as well as what lessons can be learned from these experiences so better and more resilient health systems can be built.

Proposed Paper Contributions to the Special Issue (Sub-themes)

- 1: Health reform programs: successes, barriers, and failures
- 2: Achieving Universal Health Coverage (UHC) -progress and challenges
- 3: Health Human Resources (HHR): challenges and opportunities
- 4: Neoliberal economic reforms and health systems
- 5: Inequities in healthcare access and health outcomes
- 6: Health systems in the Arab Gulf countries: Progress and challenges
- 7: Prolonged conflict and health systems
- 8: The Arab Spring and Health Systems
- 9: Covid-19 pandemic health systems' responses
- 10: Health Policy and Health Administration: Theory and evidence

¹⁰ "Physicians (per 1,000 people)." World Bank, Data, accessed on 12/10/2022, at: <https://bit.ly/2Tg5kzA>

Invited manuscripts submitted for the Special Issue will first undergo the same peer review process as all regular manuscripts. Submitted manuscripts can be single-country or cross-country studies (comparative cross-country analyses can include Arab and non-Arab countries) and can employ qualitative, quantitative, or mixed methods.

Timelines

- Manuscript **proposal** (250-500 words) submission deadline: December 15th, 2022
- Draft manuscript submission with **preliminary findings** deadline: February 25th, 2023
- **Workshop** to be held at the Arab Center for Research and Policy Studies, Doha, Qatar: March 4 & 5, 2023.
- Notification of acceptance for presentation in the workshop: no later than February 25th, 2023
- **Revised manuscript** (6000-10000) **submission deadline** (incorporating feedback from the workshop): June 30th, 2023
- Manuscripts – peer-review process – 3 months

Please send your abstract and CV to: hikama@dohainstitute.org