

Cooperating to improve healthcare in Arab countries

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Abstract

This brief note presents a few examples of successful health collaboration to improve healthcare in Arab countries. Considerable growth has been noticed in the past years in the health sector of the Middle East and North Africa region countries due to the need to address health service capacity gaps and improve the quality of health infrastructure. The rising population coupled with the aging demographic is expected to drive healthcare demand in the Arab region, augmenting its demand. In order to meet this demand, a lot of progress within the public sector has been made and several initiatives have taken place to create awareness of the most common diseases affecting the region. Among the steps undertaken in order to face the shortage of experience of medical personnel and the rising cost of the delivery of health services, the most noticeable ones relate to major investments within the realm of healthcare provision. However, country-specific drivers of disease burden should inform financial and research investments, prevention efforts, health policies, and health system improvement initiatives for all countries along the development continuum. Moreover, health gains will need to be sustained by supporting interventions on income, education, and fertility as drivers of health improvement.

Key words

- health systems
- Arab countries
- health cooperation
- capacity building

EPIDEMIOLOGIC CHALLENGES IN ARAB COUNTRIES

The League of Arab States is a regional organization of Arab countries in and around North Africa, the Horn of Africa and Arabia. It has 22 member states as of 2016, showing very different characteristics and balance in terms of social and economic conditions. Political and economic stability have a powerful direct impact on healthcare and disease prevalence, thus causing a wide variation in health problems facing the various Arab countries. Nonetheless there are needs and challenges that transversally affect all those countries.

Considerable growth has been noticed in the past years in the health sector of the Middle East and North Africa (MENA) region countries due to the need to address health service capacity gaps and improve the quality of health infrastructure [1].

Geographically, the 22 countries composing the League of Arab States can be divided into 2 regions: MENA and Gulf Cooperation Council (GCC) states,

going from northern Africa to western Asia. Each country has a unique set of historical, geopolitical, social, cultural and economic characteristics, which impact on their public health setting and their burden of diseases and injuries [2].

In the Arab world, risk factors for non-communicable diseases remain of the highest worldwide due to chronic lifestyle diseases such as diabetes, hypertension, cardiovascular conditions and obesity [1]. This is mainly due to the growing dependence among the population on modern technology, increased spending power (in certain cases), hot climate conditions and physical inactivity.

Demographically, life expectancy has risen of over 24% since 1970, from 62 years to 77 in 2012 and child mortality has fallen from 69 deaths over 1000 live births to less than 9 in 2012.

Nonetheless, the rise of non-communicable diseases is alarming, being the number one cause of death in the Arab region. With communicable diseases receding due to the improved standards of living and advancement

of health care in the Arab world, non-communicable diseases take the lead as the main health issue; cardiovascular disease, cancer, chronic lung diseases, and diabetes are on the rise in Arab countries, reaching 60% of causes of mortality in 2012 within the GCC countries according to the WHO [3]. Diabetes, in particular, is a true medical and public health emergency (*Figure 1*). In fact, especially in middle and high-income countries, diabetes and its complications (blindness, end stage renal failure, ischemic heart disease and amputation) represent a real problem to which we must add the often sedentary lifestyle (especially among women), improper diet, abuse of sugary sodas (also the characteristic and inevitable tea) and heavy tobacco consumption. The phenomenon is quite dramatic, in fact, if we consider the world's top 10 countries with the highest incidence of diabetes, 6 belong to the Gulf and North African region. In light of these data, the concerned health ministers agreed on the necessity and priority to invest more resources in the prevention of chronic degenerative diseases in order to avoid in the near future major clinical, social, economic and certainly sanitary and managerial problems. It is expected that the MENA region healthcare expenditures reach USD 144 billion within 2020, compared to USD 96 billion in 2013 [4].

Another major issue facing the Arab world population due to their behavioral risk factors such as tobacco use (cigarettes or water pipe), unhealthy diets and physical inactivity is cancer [5]. One of the largest initiatives of the North African and Asian region is the GCCR (Gulf Center for Cancer Registration), established in 1997, focused on registering and creating statistics on the occurrence of cancer cases in the GCC area, in order to provide the specific technical support for early detection and screening programs and facilitate epidemiological studies on cancer, and to provide a framework for assessing and controlling the impact of cancer in those specific states [6].

The third, but not least important, epidemiological emergency of the area is hepatitis C with its highest incidence in Egypt, with a prevalence of 14.7% in the population aged 15-59, causing Egypt to rank in first place for hepatitis C prevalence worldwide [7]. Socio-economic factors such as poverty and certain illegal industries that recycle and redistribute medical waste are causing an increase in the number of cases reported. Healthcare personnel are constantly expressing their concerns regarding accidental infection with a disease so dangerous and prevalent among Egyptian patients. Nosocomial infection is also an important mode of transmission in certain impoverished regions added to the many unlawful practices such as intravenous drug abuse and female genital mutilation.

Healthcare and institutional response

The rising population coupled with the demographic aging is expected to drive healthcare demand in the Arab region, augmenting its demand. In order to meet this demand, a lot of progress within the public sector has been made and a lot of initiatives have taken place to create awareness of the most common diseases affecting the region.

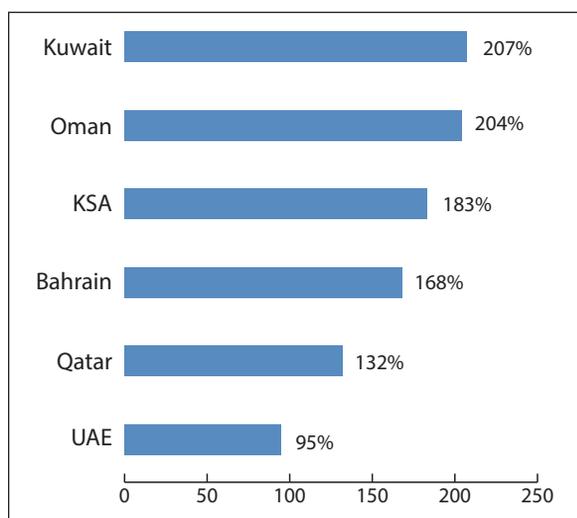


Figure 1 Estimated diabetes prevalence increase in selected Arab countries for the period 2000-2030 (Source Healthcare Policies in GCC: Challenges and Future Directions, Gulf Policies in GCC Workshop).

Despite the quite peculiar political situation of the region, Arab governments have not ceased to clear the path towards a more advanced and effective healthcare system through preventive medicine and public health initiatives, some of which started more than a decade ago. As above mentioned, the GCCR initiative, established in 1997, has the purpose of registering every single cancer case of the region, through cancer registration points scattered around the Gulf states, for the sole purpose of creating the appropriate prevention, early detection and treatment campaign according to registered statistics. Another major and successful initiative is the Egyptian Polio Eradication initiative, which resulted in a Polio free Egypt in 2005 [8]. VACSERA, the national poliovirus laboratory in Cairo, Egypt, is a WHO-accredited regional reference laboratory of the Eastern Mediterranean Region poliovirus laboratories network. These are just two examples of the major public projects carried out in the Arab region to contribute proactively to the health needs of the populations.

The situation is obviously heterogeneous in the Arab region in terms of economic and social resources. Nonetheless, this effort in terms of welfare, education, innovation, technological update and scientific development represents an important achievement that the various governments are undertaking. This commitment is both a formal and substantial way for the various governments to show that they care about their people, contributing to determine a healthy social climate, essential in the area during this delicate political era.

In order to face the rapidly growing and aging population of the region, associated comorbidities, shortage of experience of medical personnel and the rising cost of the delivery of health services many steps are being undertaken. The most noticeable ones are in the GCC states, which may be resumed in upcoming major

investments within the realm of healthcare provision. Some of those new projects include strengthening of the health infrastructure, such as building bed-facilities and proton beam therapy center in Saudi Arabia, a Translational Research Institute in Qatar, a Neuroscience Institute in Doha and multi-specialty tertiary care hospitals in Bahrain, Kuwait and Oman.

The main issue facing this ambitious project is the shortage of healthcare professionals in GCC [9], since these states produce too few medical graduates and over 80% of medical staff in majority of hospitals and clinics is from outside the region. To react to the shortage of experienced and local medical personnel, the various governments have put in place overseas training programs for young Medical Doctors in pursuance of a more up-to-date local staff in terms of good medical practices and protocols. On another hand, in the MENA region, healthcare graduates are increasing but, due to the more attractive working conditions abroad, they decide to migrate to Europe or the US. The professional migration process starts with the young graduates traveling abroad for training and end up with them staying in the foreign country due to better wages and working conditions [10].

INTERNATIONAL RELATIONSHIPS TO SUPPORT HEALTHCARE

The upside of this internationalization of medical workforce is the transformation to the delivery, financing and access of healthcare throughout the world. Globalization is helping to improve the standards of treatment, based on higher international standards of care. As a regional healthcare system, Egypt is showing evolution to meet those expectations in an effort to attract richer international tourists [11].

Due to the internationally facilitated access to information flow regarding medical travel and leisure travel overseas, a significant growth in medical tourism is noticeable worldwide [12]. Majority of international health providers rely on their websites to facilitate international patients the offering of their services and communication. Patients can easily learn about treatment options, compare costs, select hospitals and can easily contact providers or medical specialists for more informed choices for their case [13]. An example of an Egyptian health tourism provider is Elite Medical Services (EMS) founded with the aim to bridge and facilitate the full treatment trip organization or provision of a medical second opinion report towards Italy from Egypt and Gulf States [14]. EMS is a company with 35 international collaboration agreements for state of the art second opinion in diverse medical specialties. It is most common for MENA and GCC region population to travel towards European states for treatment due to the common conception of a better healthcare and innovative scientific and medical technologies. For the particular example of EMS, Italy has been chosen as destination country due to the historic economic and political partnership between the two countries.

Another example of collaboration between the Italian and the Egyptian governments is offered by the Italian-

Egyptian Debt Swap Agreement of the Italian Development Cooperation to repay public debt. The agreement financed a Health Governance Project, jointly implemented by the National Institute of Health of Italy and the Medical Research Institute of Alexandria University. The project operated within the Egyptian health reform paradigm and aimed at producing evidence for policy makers to direct and reorient the health sector and service management. Following an initial preparatory phase of training of trainers in effective methods of learning for professionals, such as problem-based learning, the project established a Health Governance Course, whose program joins the attention of quality management to the elements of governance: strategic vision, information systems, transparency, and participation of all stakeholders, clinical governance, institutional governance and accountability. The course curriculum was approved by Alexandria University and submitted to the Egyptian Supreme Council of Universities, ensuring acknowledgment and sustainability to the initiative [15].

CONCLUSIONS

A systematic analysis for the Global Burden of Disease Study 2015 [16] reports that health is improving globally, but more populations are spending more time with functional health loss, expanding morbidity. It underlines that country-specific drivers of disease burden should inform financial and research investments, prevention efforts, health policies, and health system improvement initiatives for all countries along the development continuum. Health gains will need to be sustained by supporting interventions on income, education, and fertility as drivers of health improvement [17]. Whereas the right to health has been advanced as an individual right to be realized by a state duty-bearer, further reflections may address the international obligations necessary to spur development supportive of the public's health and to apply a rights-based approach as a foundational framework for reducing health inequalities through foreign assistance. International cooperation should not be thought only as exchange of scientific knowledge, control of infectious diseases or public health threats, but as a powerful ally to create collective international legal obligations commensurate with a public health-centered approach to address interconnected determinants of health within and across countries and to reduce health inequities. The collaboration examples shown in this paper can shed light on the importance of developing capacity building and strengthening human resources to support health care systems and improve the health of the people.

Conflict of interest statement

There are no potential conflicts of interest or any financial or personal relationships with other people or organizations that could inappropriately bias conduct and findings of this study.

Received on 19 May 2017.

Accepted on 24 July 2017.

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