

BOARD OF DIRECTORS

Nadeem Al-Duaij, MD, MPH
Co-founder & Chair
nadeem.alduaij@q8health.org

Bibi Alamiri, MD, ScM
Co-founder & Vice-chair
bibialamiri@q8health.org

Raed Hashem, MD
Vice-chair
raed.hashem@q8health.org

Anwar Al-Awadhi, MD
Board Member
anwar.alawadhi@q8health.org

Manal Bouhaimed, MD, PhD
Board Member
manal.bouhaimed@q8health.org

Faisal Saleh, MD
Board Member
faisal.saleh@q8health.org



KHI Journal Club

Date	September 2009
Reviewer	Mohammad Al-Seaidan, MD, MPH
Title	Public Health Challenges in the Middle East and North Africa
Authors	Francisca Ayodeji Akala Sameh El-Saharty The World Bank, Middle East & North Africa Division
Citation	Akala FA, El-Saharty S. Public health challenges in the Middle East and North Africa. <i>Lancet</i> 2006;365:961-964.

Summary

This review paper provides a general assessment of the challenges that face public health in the Middle East and North Africa (MENA). It was based on reports from public health authorities and researchers working in the region and presents the different viewpoints on the various health concerns in this area.

Review

The authors tackled the challenges from different perspectives presenting the change in trends that put the MENA region in its current health status. They discussed them from the health transition and health systems perspectives. MENA is a region that underwent a noticeable change in its demography and economic development over the recent decades significantly affecting health outcomes.

The health transition is mainly due to economic growth, development, and demographic changes. The major trend now is the shift from communicable to non-communicable diseases. This shift is mainly due to the significant decrease and elimination of many of the communicable diseases. On the other hand, as a result of rapid urbanization and change in diet and tobacco consumption, the prevalence of non-communicable diseases has increased. However, affluence is not the direct cause of this increase (as it was thought

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to be). It was shown that countries with low income tend to have higher mortality rates due to non-communicable diseases when compared to industrialized nations.

So far, the health system and development in MENA was effective in improving health and increasing life expectancy. Surprisingly, it seems that countries in MENA, in general, were more efficient in providing better health outcomes when compared to other countries with the same income level. However, with the change in the disease patterns and re-emerging diseases such as HIV/AIDS and tuberculosis, the current health systems based on a "curative model" are becoming inefficient to tackle these problems as prevention is considered a more cost-effective approach. In addition, the change in demographics and rapid population growth alongside the increase in health care costs renders this type of health care system unsustainable.

Unfortunately, this will become a burden on the population of the MENA region because "household out-of-pocket spending" covers more than half of health care costs. Due to this, health systems will be unable to address the increasing demand and this will also be a cause of the growing inequity gap in accessibility to health services between different regions and different social groups. The inflating costs will put many families at risk of poverty as a result of illness through so-called catastrophic health expenditures.

Therefore, the vision of the authors of this article as well as that of the WHO, The World Bank, and other international agencies is to shift health care systems towards more efficient preventive care, health promotion, and public health systems. However, there are challenges specific to the MENA region that need to be addressed in order to implement such mechanisms.

To implement a functional and efficient public health system certain basic requirements must be met. Those include a competent disease surveillance system, a strong public health work force, and sufficient funding for research and development. Unfortunately, the region lacks basic disease surveillance, data collection, and analysis, which, in turn, impede the development of effective public health interventions. Moreover, the expenditure on research and development remains one of the lowest in the world.

The public sector (i.e. government) is typically responsible for basic public health services in the MENA nations. This has a significant impact on the delivery of these services since the efficiency, effectiveness, and the health outcomes heavily depend on the quality of administration of the provider. Due to the weakness of public and social participation in the governments, which

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makes them not held accountable for their performance, there is weak governance and poor quality of management.

There is a lag between the rapidly changing health issues and demands and what the current health systems are providing. Therefore, it is fundamental to address this gap and reconfigure the region's health systems to rapidly cope with this change. However, it is crucial that the assessment of the needs of the individual countries be done before such reforms are adopted. The foundation for any proper public health system should be based on an adequate assessment of the burden of disease in a given nation or region. The success of such system will require the provider to be held accountable and transparent. The private sector, social bodies, and stakeholders must be involved in this process. Finally, an emphasis must be placed on regulating and defining the responsibilities and the needs of the private sector to ensure effective, efficient, and safe health care from all providers involved.

For the KHI

This review is obviously directly related to our situation and the health system in Kuwait. According to the WHO EMRO profile and to local studies, Kuwait, despite its young population, suffers alarming rates of diabetes, obesity, physical inactivity, and other non-communicable diseases. The nation's treatment costs are exploding and the current system exhibits major inefficiencies in managing the major causes of disease burden. With the expected progression and lack of basic preventive measures, it is reasonable to anticipate a worsening rate of these disease entities, which, in some instances, have already reached epidemic proportions. Therefore, health reform to include a competent public health system that provides preventive interventions and adequate health promotion is an absolute necessity.

Unfortunately, Kuwait, like many other MENA countries, severely lacks capabilities in data collection, analysis, and dissemination to the responsible authorities and stakeholders. To this day, although external agencies and institutions have collected much data, there are no official estimates of incidence of many of the major diseases. With this given deficit, it is difficult to produce an accurate disease burden assessment that could help estimate the impact of each condition (e.g. Disability Adjusted Life Years or Healthy Years Lost) on the population and direct public health interventions. To solve this problem, a proper health information system should be implemented. With this must also come a solid commitment from our authorities to increase expenditure on research and development, a necessary step towards sustainability.

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Kuwait also faces problems of poor governance and lack of expertise within the health care administration, namely the Ministry of Health. Although growing, the involvement of the private sector, non-governmental organizations, and civil society has yet to form a critical mass to trigger a reactive response from the public sector. Furthermore, there lacks proper quality assurance and improvement measures throughout much of the system.

On our part, I believe that it is our mission to push towards those much-needed reforms through advocacy, collaborations with other organizations, or even directly taking part in the reform process through our diverse set of skills.

References

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