

HEALTH SECTOR CHALLENGES IN MENA REGION:

Can healthcare **technology assessment** help?¹

by Firas Raad

This speech was presented by HRH Prince Firas Bin Raad on the 30th of March, 2004 at the closing ceremony of the international conference of medical technology held at the Marriott hotel in Dubai within the period 28th until 30th of March. A number of international experts have participated in a wide range of related topics.

Dr. Nobel, Distinguished Guests,
Friends and colleagues,

Allow me at the outset of our conference on healthcare technology to express my immense pleasure in participating in these proceedings and having the opportunity and honour of meeting all of you here in Dubai. I welcome, by the powers vested in me as “designated chairman” – although I am not sure I fully deserve the title – all of our partici-

pants particularly those who came from overseas, both near and far. I do hope these few days together will serve as a springboard for greater regional thinking and cooperation in the area of health care technology and join you in thanking our sponsors and organizers – ECRI – especially Dr. Joel Nobel and Malek Al Hussein and IIR Middle East for taking the initiative and hosting us here in the United Arab Emirates. It is, indeed, a beautiful venue.





My remarks today at the opening of our conference will focus broadly on the developmental and health-related challenges facing the Middle East and North Africa Region (MENA) and what contributions healthcare technology assessment can make to the desired health sector outcomes in our region. In addressing the area of technology within health care, I will touch briefly on the aspects of planning, procurement and management, leaving it to my more learned colleagues to provide the desired depth and detail.

Friends and colleagues, The challenges of development facing the countries of the MENA region are vast and plentiful in kind. The region stretches from the shores of Morocco to the mountains of Iran and includes a wide array of low-income, middle-income and high-income countries. Each country reflects a different set of challenges based on historical circumstance and public stewardship. Aside from the known conflict and post-conflict zones in Palestine/Israel and Iraq and the obvious developmental risks they pose – there exists a set of developmental challenges common to most of the countries of the region. These include reducing income poverty, protecting vulnerable populations, fighting illiteracy, improving education and health outcomes, empowering women,

developing water resources, creating jobs and above all enhancing systems of governance and accountability.

There are close to 87 million people – about 30 % of the region's population – living under \$2 per day. A higher percentage would include other population groups vulnerable to slipping into poverty given the turbulence of the region. About 19% of children in MENA are illiterate – a percentage much higher than the regional averages for Latin America, East Asia and Europe and Central Asia. In terms of gender indicators, maternal mortality in MENA is almost twice the ratio found in Latin America and over half of the women in the region can neither read nor write; and only 26 percent of females participate in the labour force – the lowest percentage of all regions worldwide. As to fighting unemployment, over 4 million new jobs will have to be created per year to absorb the incoming waves of youth entering the labour force.²

Health outcome and expenditure indicators for the region vary widely. Infant mortality rates range from a high of about 100 deaths per 1,000 live births in Djibouti to under 12 deaths per 1,000 live births in Kuwait – with most countries in MENA faring worse than countries with comparable incomes at an international level. Maternal mortality

ranges from 2 maternal deaths per 100,000 live births in the UAE to around 350 and 570 maternal deaths in Yemen and Djibouti respectively. Malnutrition afflicts about 15 percent of children living in the region. As to health expenditures, many MENA countries spend less than levels found in comparable income countries while producing similar health outcomes – except for the notable exceptions of Jordan and Lebanon. Jordan now spends about 10 percent of its GDP on health while Lebanon's health expenditure has surpassed 12 percent of its GDP – both representing significantly high rates of spending. In terms of hospital efficiency, bed occupancy rates range from 80 percent in Bahrain to around 37 percent in Egypt with the a large number of countries having bed occupancy rates between 50 to 65 percent – well below the averages found in OECD countries.³

These health-related indicators are important in their own right -- yet also critical to overall socio-economic development. Research by the Commission on Macro-economics and Health established by the WHO indicates that a 10 percent increase in life expectancy at birth is associated with a .35 percent increase in economic growth rates. Other econometric research reveals that improvements in health status are associated with a 17 percent increase in economic productivity.⁴

Improving the health indicators will involve tackling several important health-related challenges: (first) addressing the impact of population growth and population aging on service delivery requirements and health financing; (second) dealing with changing disease profiles from infectious and child-related diseases like TB and malnutrition to chronic and old-age related diseases like HIV/AIDs, heart disease, cancers and over-nutrition; (third) assuring access to affordable health services through effective health insurance schemes in the public and private sectors and (fourth); building the physical

and human resource capacity to deliver appropriate health services.

The role of "health systems" in meeting these challenges is profound, as highlighted by the recent work of WHO and interested health researchers.⁵ Health systems – as conceived by some, encompass the functions of organization, financing, paying providers, regulation, and promotion. These functions impact certain "intermediate objectives" such as efficiency, quality and equity which in turn affect the ultimate objectives of any health system: improving the level and distribution of population health outcomes, assuring financial protection for all, and assuring patient satisfaction.

Friends and colleagues,

What is the role of healthcare technology in meeting these vital objectives of a health system, particularly the first two: improving overall public health and assuring financial protection from illness? A historical look at medical science and health care technology diffusion confirms the importance of its role. Along with the vast improvements in sanitation and personal hygiene during the 19th century, arising from greater scientific knowledge about the spread of disease, came the modern era of vaccines, antibiotics and contraceptive methods during the 20th century all- having a major impact on fertility, morbidity and mortality rates around the world. After the Second World War – the emergence and diffusion of health care technologies accelerated rapidly. From advances in medical imaging to open-heart surgery to lung transplantation and modern drugs, a bewildering proliferation of complex technologies and therapies have recently emerged. With the ongoing scientific revolutions in genetics, computing and information technology –

the world of healthcare technology will continue to transform itself at an extremely rapid pace.

In view of these rapid changes in the emergence and diffusion of healthcare technologies worldwide, there emerged an explicit need to assess the safety, efficacy appropriateness, cost-effectiveness and affordability of these health technologies. This need resulted in the emergence of health technology assessment as a methodology and area of expertise (of which ECRI played a pioneering role) and spawned the creation of an international society, an international journal and many healthcare technology assessment centres over the last thirty years. The WHO has also stepped in recently by collaborating with the South African Medical Research Council in setting up an Essential Healthcare Technology Package – a tool designed to help ensure the appropriateness of health care technology acquisition and utilization.

Friends and colleagues,

Where do we stand in the MENA region vis a vis healthcare technology assessment? Do our countries look at underlying demographic trends, epidemiological profiles, economic projections in determining future needs and affordability and plan, procure and manage their healthcare technology accordingly? Or is healthcare technology acquisition and management a result of unregulated private enterprise and ad hoc public sector planning? Scanning the landscape it seems the latter situation has been the regional norm and has resulted in critical wasted resources and the delivery of below-standard quality care.

Given resource limitations in most MENA countries, it is paramount that

countries begin to use evidence-based planning to rationalize the acquisition and use of various healthcare technologies using safety, appropriateness and cost-effectiveness as the main criteria. Choosing right – which should tend towards acquiring cost-decreasing and not cost-increasing effective health technologies – should become the focus of health sectors in the MENA region. Perhaps it is time-now in 2004 -- to think collectively of ways to establish a regional initiative for healthcare technology assessment in the MENA region. Such an initiative, in any form it takes, could provide the necessary vehicle for promoting the pursuit of best practice in health care technology acquisition and management. The need is there and all we need are a few good souls in action.

Friends and colleagues,

Before closing, I would like to say how pleased I am by the participation of Iyad Al Malkawi – a friend and colleague from – who has made remarkable progress in promoting a national approach towards health care technology issues in Jordan. Iyad and I have worked on this approach for more than nine years and we are glad to be able to share our experiences and lessons learned. Along the way, we have tried, to plan according to need, promote procurement with full accountability and systematise the professional management of health care technology. The journey, all though difficult at times, has been rewarding, in both its friendships and results.

Thank you for lending me your ears and patience on this fine morning – and I hope we can regroup as a team not too far into the distant future.

NOTES

1. Remarks delivered at ECRI sponsored conference "Best Practices for Planning, Procurement & Management of Healthcare Technology, Dubai, UAE 28-31, March.
2. World Bank: MENA Region Strategy Paper
3. World Bank: Public Health in MENA, 2002
4. World Bank: Presentation by George Schieber, Health Sector in MENA
5. Roberts et al., (2003) *Getting [Health Reform] Right*. Cambridge University Press (CHECK)