IUSSP Scientific Panel on
Health Equity and Policies in the Arab World

Report

International Seminar
on

SOCIAL AND HEALTH POLICIES FOR EQUITY: APPROACHES AND STRATEGIES

London, United Kingdom, 2-4 November 2009

Introduction

The IUSSP Scientific Panel on Health Equity and Policies in the Arab, World in collaboration with the Social Research Center of the American University in Cairo and University College London, organized a seminar in London, United Kingdom, from 2 to 4 November 2010 on Social and Health Policies for Equity: Approaches and Strategies. The seminar was funded by the Social Research Center of the American University in Cairo, the IUSSP and the Dutch Ministry of Foreign Affairs. The seminar aimed to achieve four main objectives: a) Initiate and facilitate a dialogue and collaboration among researchers, policy makers and planners in the area of health inequity; b) Exchange current knowledge on equity-oriented health policy approaches and strategies; c) Develop and evaluate new approaches and methodologies in the area of priority-setting; and d) Develop and evaluate new approaches in building health information systems.

The seminar was attended by 30 participants. Participants were from various backgrounds including demographers, sociologists, health professionals and public health academics. A total of 23 papers were presented. The papers covered a wide array of social and health equity issues that explored areas such as conceptualization issues and policy implications, policy approaches in health equity, health policies and systems and equity, health information systems, and social approaches and policies for health inequity.

Session I: Health Inequity: Overview and Policy Implications

This opening session focused on the conceptualization of health inequity and overviewed some aspects of health inequity in the Arab countries. The opening presentation emphasized the structural aspects of health inequity and the need for researchers to engage more in the development of policy oriented research activities. It pointed to the need to move beyond investigating determinants of health towards identifying both proximal and distal determinants of health inequity and incorporating health inequity as a major objective in all social policies (Marmot). It also argued against the health sector's dominant role in tackling health inequities and the crucial role of Civil Society as a major stakeholder in setting strategies and policies to tackle health inequities (Baum). Papers presented in this session presented an overview of health (in)equity concepts and measures and stressed the multidimensional nature of health inequities and the need to trace the root causes of these inequities (Boutayeb). The last two presentations in this session explored poverty and education as determinants of contraceptive use in Sudan (Abukaraig) and self-rated health in Lebanon (Abdulrahim). These presentations confirmed that both stratifiers affect the health measure.

Session II: Policy Approaches in Health Inequity

Papers presented in this session introduced new policy approaches drawing on case studies from India, Egypt and Jordan. A presentation on India's national rural health mission stressed the significance and the importance of incorporating various dimensions of social structure and cultural context in any policy or intervention. It emphasized the role of supportive structural factors reflected in education, road networks, media and quality of health system and coupled with genuine consideration of cultural context and the role of the grassroots' voice in the success of these interventions (Nayar). Policies in favour of the poor were introduced as effective policy approaches to address health inequities as illustrated by a study of the public health care system in both Jordan and Egypt (Sharma). The quality of governmental services was the main underlying reason that explained the increasing reliance on the governmental health sector in Jordan, while in Egypt effective outreach programs succeeded in attracting the poor to public health facilities. The study presented an equity

approach that calls for engaging and empowering the poor, quantifying the levels of inequities, understanding barriers, integrating equity goals in all policies, targeting resources and efforts toward the poor and engaging both public and private sectors in addressing health inequity.

Session III: Health Policies and Equity

The session began with a presentation reviewing the health equity dimension in health policies in the Arab countries (Salem). Reviewing the policy documents published by the health ministries in the region, only 8 countries were found to set equity as a main policy objective and only four countries (Oman, Jordan, Morocco and Sudan) had a comprehensive strategy to address health inequities. The other two presentations provided detailed accounts of the health systems and policies in Lebanon and Morocco. In Lebanon the health system is dominated by the private sector, characterized by a focus on curative care, high cost and limited health insurance coverage. It further exhibits significant regional disparities (Naufal). While there is an attempt to reform the health sector aimed at addressing the system's pitfalls, conflicting interest of different stakeholders has been obstructing the Ministry of Public Health's efforts to promote health and reduce health inequities. A study of the national health system (NHS) in Morocco revealed that despite the success of the NHS in improving general health, some weaknesses needed to be addressed including inequity in care distribution and high maternal mortality (Maamri). A five-year strategy (2008-2012) has been developed to tackle these issues with a strong political commitment to equity and safe motherhood.

Sessions IV and V: Health Inequity Issues and Health Systems around the Arab world

The first paper presented the case of the Tunisian health care system, which is characterized by a sharp contrast between the public and private health systems and by the impact of medical tourism on the health system in general (Bouhdiba). It showed that while the public sector is overloaded with the health needs of the Tunisian population, the private sector succeeded in attracting medical tourism. This contrast resulted in the flight of the highly qualified medical staff from public toward the private sector and the increased costs incurred by households to access high quality health care. An overview of the health system in Saudi Arabia revealed that despite expanding the insurance coverage to all Saudi citizens and free public health care for all nationals and foreign workers, the poor and illegal expatriates experience delayed access to tertiary care services (Akbar). The case of dengue fever illustrated that an improvement of the socioeconomic context can reduce case fatality of dengue fever particularly among non-Arabic speaking nationals and the poor. An examination of health care finance at the Ministry of Health in Jordan revealed the heavy financial burden for the poor in the health care system (Shafei). The study called for an increase in health insurance coverage to lighten the financial burden on the poor for health care. A study on access to health insurance in Egypt using data from Cairo governorate revealed the inequity in health insurance coverage and that health insurance in its current situation had no impact or maybe even a negative impact on health (Sadanni). A case study within the Egyptian context of tracing health outcome inequities to inequities in the health system using infant mortality rate (IMR) revealed that Upper Egypt's higher IMR can be traced to indicators of shortage in service provision and quality as well as structural factors related to the region itself (Zaky). The paper called for a comprehensive social and medical approach to tackle health inequities in Egypt. A study on the health information system and its efficiency in monitoring child health in Egypt reviewed the main sources of child health data and provided a critical assessment of these sources based on the required indicators needed to monitor differentials in child health within and beyond the health system (Shawky). The study called for the need for equity-oriented health information systems and research.

Sessions VI and VII: Social Approaches to Health Inequity
The papers in the first of these sessions mainly focused on social approaches to health inequity. The first paper critiqued the post-traumatic syndrome disorder concept in a context of continuous conflict. Drawing on a case-study of Occupied Palestine, the paper promoted the use of the concept of social suffering in these situations as it reflects the specific dimensions of stress under occupation that are deeply rooted in the socio-political reality, particularly the breakdown of social networks, humiliation and unpredictability (Tawil). The second paper presented the concept of social capital and its pathways to health (Baum). Using three case studies from Australia, the paper revealed within a context of a supportive environment, social capital can enhance health through promoting healthy life styles, promoting mental health and managing and preventing chronic diseases. The paper stressed that social capital should not be considered a substitute for broader redistributive policies. The third paper called for adding a gender lens in designing and planning projects to enhance social capital within communities (Osborne). Using two case studies from Australia, the paper revealed that social capital can have both negative and positive impacts on women and underscored the need to adopt gender analysis in the policy planning process.

The first paper in the second session discussed the dual role of conditional cash transfers (CCTs) on malnutrition in Egypt (Aitsi-Selmi). Using evidence from other countries, the paper revealed that cash transfer can have both negative and positive impact on beneficiaries' diet and called for a thorough examination of the impact of cash transfer on the health of the poor in Egypt especially with the coexistence of both obesity and undernutrition. The second paper discussed conditional cash transfer as a health inequity strategy (Ian). The paper argues that although CCTs show encouraging signs for improving health, education and equity, it stresses the importance of paying attention to service quality and cross-society effects and emphasizes the need to adopt the entitlement approach rather than the conditionality approach. The third paper explored the concept of "relative deprivation" in general, and specifically in the field of public health (Kaddour). The study critiqued the use of the concept of relative deprivation and its use in public health suggesting the use of "sense of injustice" and explaining its merits particularly its ability to capture both the psychological and emotional response and the cognitive process of injustice.

Session VIII: Intersectoral action and Health Equity Policies
The first paper provided a definition of intersectoral action and its evolution over time (Ahmed). The paper presented a road map of the main components of an effective intersectoral action at the country level going through the aims and tasks of all constituent bodies involved. The second paper elaborated on the current status of intersectoral action for health equity in the MENA region (Watts). The author presented the experience of intersectoral action in five countries namely Iran, Jordan, Yemen, Sudan and Morocco and further addressed the main challenges to the adoption of intersectoral action in the region.

PROGRAMME

International Seminar on

SOCIAL AND HEALTH POLICIES FOR EQUITY: APPROACHES AND STRATEGIES

Organized by the IUSSP Scientific Panel on Health Equity and Policy in the Arab World, the Social Research Center of the American University in Cairo, and University College London
London, United Kingdom, 2-4 November 2009

with Financial support from
Dutch Ministry of Foreign Affairs and The Bill and Melinda Gates Foundation

Day 1: Monday (2/11)

9:30 – 10:30 **Introduction and welcome**
Zeinab Khadr
Health Policies and health inequity: An overview
SDH commissioners (Michael Marmot and Fran Baum)

Session I : Health Inequity: Overview and Policy Implications

11:00- 12:30 **Chairperson:** Michael Marmot

- **Definitions and quantification of in(equity): An overview of concepts and measures**
  Abdesslam Boutayeb
- **The Socioeconomic Gradient and Women's Self-Rated Health: Evidence from a Population-Based Survey in Lebanon**
  Sawsan Abdulrahim
- **Family planning use in Sudan: Determinants and equity issues**
  Igbal Abukaraig

Session II : Policy Approaches in Health Inequity

01:30 – 03:00 **Chairperson:** Fran Baum

- **Conceptual model for a health equity programme: Lessons from India's National Rural Health Mission (NRHM)**
  Pkb Nayra
- **Effective Policy Approaches to Address Inequities in Health: Jordan and Egypt Examples**
  Sunteea Sharma

Day 2: Tuesday (3/11)

Session III : Health Policies and Equity

09:30 – 10:30 **Chairperson:** Hoda Rashad

- **Health for all: Inequity in health policies in the Arab countries**
  Mohamed Salem
- **Health policies in Lebanon and their trends towards equity**
  Hala Naufal
- **National strategy of Health Ministry of Morocco: 2008-2012**
  Abdellatif Maamri

Session IV : Health System Inequity: Overview and Policy Implications

11:00- 12:30 **Chairperson:** Abdesslam Boutayeb

- **Health tourism and inequity in the local health systems: The paradoxical case of Tunisia**
  Sofiane Bouhdiba
- **Why free access to health services does not achieve health equity in Saudi Arabia?**
  Naeema Akbar
- **Equity of health care financing at Ministry of Health -Jordan 2007**
  Abdel Razzaq Shafei
- **Challenges facing health insurance regime and health equity in Egypt**
  Somaya el Saadani

Session V : Health Information Systems and Health equity

01:30 – 03:00 **Chairperson:** Mohamed Moukhyer

- **Health system indicators with an equity lens: A case study of Egypt**
  Hassan Zaky
- **Monitoring child health in middle income countries: The case of Egypt**
  Sherine Shawky

07:00-09:00 **Seminar Dinner (To Be Confirmed)**

Day 3: Wednesday (4/11)

Session VI : Social Approaches to Health Inequity (I)

09:30 – 10:30 **Chairperson:** John Fox

- **No End in Sight: A Reconceptualization of Stress and Trauma Within Continuous Conflict Settings**
  Shireen Tawil
- **Can social capital contribute to reducing health inequities?: insights from Australia research**
  Fran Baum
- **Applying a gender lens to social capital: Lessons for policies and initiatives to reduce health inequities**
  Katy Osborne

Session VII : Social Approaches to Health Inequity (II)

11:00- 12:00 **Chairperson:** Zeinab Khadr

- **What should be the health priorities in transition contexts? Policy approaches in addressing the double burden of malnutrition among the poor in the Arab world.**
  Amina Aitsi-Selmi
- **How equity oriented are conditional cash transfers?**
  Forde Ian
- **Contesting relative deprivation: The trajectory to public health**
  Afamia Kaddour

Session VIII : Intersectoral action and Health Equity Policies

01:00-2:00 **Chairperson: TBA**

- **What is missing in existing intersectoral action for health?**
  Abdi Momin Ahmed
- **Intersectoral action for health equity: adapting a framework for action in member states of the WHO Eastern Mediterranean Region**.
  Susan Watts

2:00-3:00 **Wrap Up and Future Plans**
Michael Marmot

List of participants

Abdulrahim, Sawsan
P.O.Box 11
0236 Riad El Solh
1107 2020 Beirut
Lebanon
sawsan.abdulrahim@gmail.com

Abukaraig, Igbal
Federal Ministry of Health,
Osman Digna Street,
11111Khartoum
Sudan
drigbal@gmail.com

Ahmed, Abdi Momin
Regional Office for Eastern Mediterranean,
WHO,
P.O. Box: 7608
Nasr City,11371Cairo,
Egypt

Aitsi-Selmi, Amina
Goodenough College
(2416) Mecklenburgh Sq
London WC1H 2AB
United Kingdom
amina1@doctors.org.uk

Akbar, Naeema
Ministry of Health
P.O. Box: 21468
Madaen Al Fahd,
Jeddah, Makkah region,
Saudi Arabia
Drnaeema_sa@yahoo.com

Aljabri, Mohammed Naser Humaid
Ministry of National Economy
P.O.Box 881,
Muscat
Oman
aljabri29@hotmail.com

Baum, Fran
Southgate Institute for Health, Society and Equity
Flinders University
Australia
fran.baum@flinders.edu.au

Boualem, Ouzriat
Direction de la santé et de la population de la wilaya de Boumerdes
Algeria
ouzriat@yahoo.fr

Bouhdiba, Sofiane
1 rue 7208 Menzah 9 A
Tunisia
s.bouhdiba@voila.fr

Boutayeb, Abdesslam
Faculty of Sciences,
Dept Mathematics
Boulevard Mohamed VI,
BP: 717
Morocco
x.boutayeb@menara.ma

El-Saadani, Somaya
American University in Cairo
AUC Avenue.
P.O. Box 74.
New Cairo 11835
Egypt
ssaadani@aucegypt.edu

Forde, Ian
33 Brownswood Road
United Kingdom
i.forde@ucl.ac.uk

Fox, John
University College of London,
Epidemiology department
United Kingdom
ajohnfox@tiscali.co.uk

Kaddour, Afamia
Faculty of Health Sciences American University of Beirut
Lebanon
afamia@riseup.net

Khadr, Zeinab
Social Research Center,
American University in Cairo,
P.O. Box: 74,
New Cairo 11835, Cairo
Egypt
zeinabk@aucegypt.edu

Maamri, Abdellatif
Institut de formation aux carrières de santé,
Hôpital al-Farabi,
Bd al-Maghreb al-Arabi, Oujda
Morocco
abdellatifm@hotmail.com

Marmot, Michael
University College of London
United Kingdom
m.marmot@ucl.ac.uk

Moukhyer, Mohamed Eisa Eltahir
School of Medicine,
Ahfad University for Women,
Omduman
Sudan
Mohamed.moukhyer@GVO.unimaas.nl

Naufal, Hala
Institute of Social Sciences
Lebanese University,
Sakiet El Janzir,
Abdallah Al Machnouk Street,
Beirut
Lebanon
rizh@inco.com.lb

Nayar, PKB
Centre for Gerontological Studies
Kochulloor Thiruvananthapuram 695 011,
India
pkbnayar@rediffmail.com

Osborne, Katy
Southgate Institute for Health, Society & Equity
Flinders University
GPO Box 2100
Adelaide SA 5001
Australia
katy.osborne@flinders.edu.au

Rashad, Hoda
American University in Cairo
AUC Avenue.
P.O. Box 74.
New Cairo 11835
Egypt
hrashad @aucegypt.edu

Salem, Mohamed
American University in Cairo
AUC Avenue.
P.O. Box 74.
New Cairo 11835
Egypt
mes@aucegypt.edu

Shafei, Abdel Razzaq
P.O.box 541915
Amman - Abu Nseir
Jordan
ashafei1212@yahoo.co.uk

Sharma, Suneeta
One Thomas Circle
Suite#200, NW
USA
ssharma@futuresgroup.com

Shawky, Sherine
American University in Cairo
AUC Avenue.
P.O. Box 74.
New Cairo 11835
Egypt
shshawky@aucegypt.edu

Tawil, Shireen
3607 Porter St. NW
Washington DC 20016
USA
shireentawil@gmail.com

Watts, Susan
Regional Office for Eastern Mediterranean,
WHO,
P.O. Box: 7608
Nasr City, 11371 Cairo,
Egypt
WATTSS@emro.who.int

Zaky, Hassan
American University in Cairo
AUC Avenue.
P.O. Box 74.
New Cairo 11835
Egypt
hzaky@aucegypt.edu