



EMEA WEBINARS

ASSESSING HEALTHCARE SYSTEMS RESILIENCE AND CONSEQUENCES AMIDST COVID-19

Thursday 03 March 2022, 15:00 CET

The webinar was jointly organised by the Regional Programme Political Dialogue South Mediterranean of Konrad-Adenauer-Stiftung (KAS PoDiMed) with the Euro-Mediterranean Economists Association. It was **moderated** by **Thomas Volker**, Director of the Regional Programme Political Dialogue South Mediterranean.

The **panellist** was **Prof. Rym Ayadi**, President of the Euro-Mediterranean Economists Association (EMEA) and Professor at the Business School (Former CASS), City University of London.

The discussants were **Ms. Sameera Al Tuwaijri**, Lead Health Specialist at the World Bank; **Mr Bassam Hiijawi**, epidemiologist member of the Jordan Epidemics Committee, and **Prof. Meryem Lakhdar**, of the University of Fès, Morocco.

Rapporteur: **Sara Ronco**, Researcher, EMEA.

Introduction

The webinar aimed to provide an overview and update on the potential impact of COVID-19 on the economy, the healthcare sector and social status in the MENA region. The webinar presented the publication *“Assessing resilience of the healthcare systems in the Mediterranean”*, jointly produced by the Regional Program Political Dialogue South Mediterranean of the Konrad-Adenauer-Stiftung (KAS) and the Euro-Mediterranean Economists Association (EMEA), and the results of the report were discussed with speakers.

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Presentation of the study

Thomas Volk welcomed all the panellists and the audience, and gave the floor to Professor Rym Ayadi for the presentation of the study.

Rym Ayadi thanked Thomas and the Institute for their collaboration. She started by presenting the study *“Assessing resilience of the healthcare systems in the Mediterranean”*. The study is divided into four main sections: the evolution of the COVID-19 pandemic and policy responses during 2021; vaccine procurement rollout and implications; socio-economic consequences of COVID-19; and policy recommendations. She started by illustrating the pandemic’s evolution and policy responses. All target countries faced two main waves in 2020 (March-April 2020 and November 2020-January 2021). After January 2021, different countries faced new waves at different times (e.g., Spring 2021, Summer 2021, December 2021). She said that the study analysed the preparedness and resilience of healthcare, looking at several elements. One element was the Global Health Security (GHS) Index, for which publicly available data was first calculated in 2019 and again in 2021. The global GHS Index score declined from 40 out of 100 in 2019 to 38.9 out of 100 in 2021. Most of the countries analysed in the region presented decreasing scores and below the world average, except Jordan. Other indicators considered were those strictly related to healthcare capacity, where again Jordan exhibited the best performance. Target countries still presented high out-of-pocket spending (despite an overall declining trend) and meagre hospital beds and healthcare staff numbers. Only a few countries in the region announced their commitment to increasing resources to strengthen their healthcare sectors. One important element that accounted for evaluating the preparedness and resilience of the healthcare sector was the availability of testing. Prof Ayadi stressed that most countries had weak testing capacity, and, in most cases, displayed inadequate data reporting. Testing was crucial, not only for monitoring the prevalence of the virus, but also for travel, since many countries required proof of testing to cross borders. The research revealed that all countries guaranteed free testing, but testing remained essentially a cost borne by citizens. Furthermore, she stressed that even though many countries had tried to regulate test prices, prices remained high, particularly when compared with a country’s minimum wage.

She then illustrated the policy responses to the pandemic. All the countries initially adopted similar restrictions (state of emergency, social distancing, lockdowns). The stringency index reported in the study showed that most countries maintained relatively high levels of stringency (except Egypt) between December 2020 and September 2021, whilst between October and November 2021, all countries started easing restrictions. She then focused on vaccine procurement, rollout, and implications - a cornerstone of the governmental answer to curbing the pandemic throughout 2021. Globally, as of December 2021, 29 vaccines had been approved for use by at least one national regulatory authority and nine were listed on the WHO’s Emergency Use Listing. She highlighted that South and East Mediterranean countries did not coordinate their vaccine purchases, but instead participated in international and regional platforms to procure and administer vaccines (i.e., COVAX, AVAT). The region diversified its access to vaccines via bilateral/multilateral agreements with different pharmaceutical companies and donations. As a consequence of the lack of regional

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coordination in procurement and rollout, the study revealed that countries were rolling out several different types of vaccines, and vaccine distribution was critically unequal. In December 2021, most target countries had not procured enough vaccines to cover 100% of the population (except Morocco). Most high-income countries had already reached the agreed level of more than 300% in April 2020. Amongst the target countries, Algeria had the lowest number of total administered doses per 100 people (28.12), whilst Morocco registered the highest level (131.60). However, there was unequal access to vaccines amongst regions and within the target region. One of the sources of inequality could have been the fact that most target countries did not have any vaccine developers or manufacturers, even though some started domestic manufacturing through technology transfer agreements (Morocco, Egypt, Algeria). Related to the latter was the debate around patent waiver for COVID-19 vaccines, ostracised by most Western countries. She mentioned some of the main sources and consequences of the unequal distribution of vaccines reported in the study, including imbalanced fiscal space amongst countries, lack of transparency on prices and conditions, manufacturing and technology transfer, logistics, and sociocultural factors.

She then moved on to talk about the socio-economic consequences of the pandemic, including a fall in growth rates, disruption to global value chains, and increases in unemployment, rate of inflation and food prices worldwide. She highlighted that some countries suffered less than others: for example, Egypt withstood the crisis much better than others, and was practically the only country that didn't experience a negative growth rate. She described the sectoral assessment, which showed that the hardest hit sectors were micro, small and medium-sized enterprises, the tourism sector, and the cultural and creative sector. She hoped that digitalisation could continue to increase, even though there were worries over current global uncertainties, cyber-attacks and cyber insecurity, which could stop or reverse the trend. She continued by saying that the labour market was greatly impacted by the decrease in paid work (loss of income) and the increase in unpaid care work (greater for women than for men); increasing digitalisation could provide new working opportunities, but the region exhibited low teleworking capacity. She also stressed that those social consequences were of particular concern, since the most affected were often the most vulnerable, including informal workers, migrants, women and young people. The study highlighted the increase in violence, inequality, poverty and gender disparity, and the decline in educational quality. Indeed, the report stressed that the crisis was a wake-up call for many countries, prompting them to rethink and step up their social protection. She stressed that social protection and safety nets were meagre because of mounting debt in these countries. Countries like Tunisia and Lebanon were already in states of distress, which could be exacerbated by the increasing pressure of rising energy and food prices. In addition, narrow fiscal spaces, dominant informality and limited social protection mechanisms were key barriers to extending social protections in the region.

Finally, she summarised the main policy recommendations: increasing investment in healthcare, enhancing public-private-partnerships (PPPs) and promoting universal health coverage; increasing the disclosure and reliability of data; adopting coherent policy measures in coordination with neighbouring countries; increasing regional collaboration and coordination on vaccine procurement production and distribution; developing a buffer

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emergency scheme within the social security system for crises; increasing investment in digital infrastructure; reforming the educational system; and developing sector-specific emergency funds for the most affected sectors.

Discussion

Dr Sameera Al Tuwajri started by saying that, from the presentation, it seemed to be a very well-prepared report, consistent with what could be observed in other parts of the world. MENA was a mosaic, and it wasn't easy to consider all countries as one unique basket, but it was also an opportunity to compare and contrast. Indeed, she thought that comparing preparedness, as well as the responses and vaccine rollouts amongst these countries, was valuable and essential. She then wanted to provide an overview of the actions taken by the World Bank in the region. At the start of the pandemic, they were mainly focused on saving lives with relief and recovery. They then focused on protecting populations, ensuring sustainable business growth and job creation, and strengthening policies, institutions and investors. They had done much work through the International Development Assistance (AIDA) or via technical assistance to the IBRD countries (many of the countries targeted by the study area in the list). She said that it was worth looking at two countries in particular in the region – Yemen and Syria – which had ongoing conflict and where data and preparations were painfully absent, to the point that it was difficult to know where to start in rendering assistance. She agreed with the data scarcity point raised by Prof Ayadi, adding that beyond the lack of data, there was also a problem relating to the accuracy of data, because it made institutions depend a lot on modelling, and therefore much assistance was based on something that did not correspond to the situation on the ground. With respect to the policy responses, she thought there was universal agreement on declaring a state of emergency, restriction of movements, and travel restrictions.

On the other hand, she thought what was lacking was a simple model of how public health can kick in during a pandemic: testing, contact tracing, case detections, and quarantine or follow up. Until the vaccine became available, public health systems were going around in circles looking at different aspects of what testing meant besides the affordability, availability and access, and the dynamic between demand and supply. She said she was pleased to see discussion about vaccine hesitancy, a key issue not only in the MENA region but all around the world. Finally, she mentioned that she had come across a study a couple of days previously within the World Bank ecosystem that looked at how well-developed countries had reduced spending on health compared to developing countries, and the difference was enormous. However, she wanted to flag up that most countries in the South were spending less than they expected out of their GDP on health in general, which was why the decrease

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was slight. She said that if we had had better access to primary healthcare in these countries, we would probably have had more chance for universal healthcare coverage. She said that lessons learned from Ebola were mainly the importance of solid pandemic preparedness. There was to be a health security summit in London the following week focused on pandemic preparedness.

She then stressed that all the policy recommendations were coherent and answered most of the questions and background the World Bank had dealt with. She was not sure about regional collaboration. She was not sure if there was an opportunity to tap into the various regional bodies and regional authorities, and to look at pandemic preparedness or health security for all, given the mosaic of all of these cultures and the different amounts they spent on healthcare, their relationship with donors, and their access to essential medicines, including but not limited to the vaccines. Finally, she said she thought we couldn't overlook the importance of equality in the pandemic. There had been many differences in testing and access to vaccines, as well as quality and access to social protection and assistance, which was also an integral part of the presentation. Social protection systems were not advanced and sometimes not functional. One of the things that we needed to do after this pandemic was to look at employment and social security schemes and education. The pandemic highlighted the inadequacies of the healthcare system around the world. Income became secondary to what the country could do, if you considered that some middle-income countries had done much better than established economies like, for example, the US.

Dr Bassam Hijaw said that all countries had been affected by the pandemic. He stressed that many countries had used many indicators to communicate pandemic data and that sometimes it could be misunderstood. He then said that, in the case of Jordan, they started providing data on a daily basis, then moved on to a weekly-based provision via different channels (TV, web). He recalled that Jordan had begun to respond to the pandemic with a national five-month lockdown and that this was crucial for curbing the pandemic, providing quarantine hotels. It was extremely costly for the government, and he noticed that when those strict measures started to be eased, Jordan began to face new waves like the other countries. He said that Jordan was now facing a wave of Omicron variant that started just after the Delta wave, so both variants were circulating in the country. He stressed that governments were spending a lot; Jordan had started 2021 with four different vaccines available. They had good vaccine coverage at the time of speaking, but they needed to vaccinate more school-aged children. They had built four field hospitals. Private hospitals had been rented for collaborations, which helped them keep mortality low, even though they still had some worrying data, for example on COVID mortality amongst pregnant women.

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Moreover, job disruption in the country was massive. Finally, he said he agreed with the policy recommendations proposed by the study. He said regional cooperation was weak and he hoped it could be strengthened.

Prof. Meryem Lakhdar said she was glad to have had the opportunity to hear about the study results, which she considered necessary, and for having the opportunity to discuss the measures adopted by Morocco. Morocco reacted to the crisis very quickly. Morocco was forced to make some economic and social sacrifices during the first couple of months, to end the spread of the virus; these measures were focused on the health sector and to respond fully to the threat of COVID-19 could not last more than a few months. These measures were no longer acceptable, either socially or economically. She said that the pandemic highlighted a certain number of weaknesses in the country, which prompted public authorities to review the immediate priorities, and create special funds for the most affected sectors, as mentioned already by Prof. Ayadi. She said that the focus was on the social dimension, through the strengthening of social safety nets to mitigate the impact of the pandemic, and through investing in social protection and the prevention of social risks. In Morocco, as in many countries in the region, the informal sector was heavily affected by the impact of the pandemic. Based on this logic, the government created a specific fund that served to compensate for the lack of resources of some citizens. She said Morocco had to support five million households in difficulty going forward. The former government launched a short-term recovery plan to support the investment and the competitiveness of Moroccan companies, whilst putting in place some specific programmes to support the tourism sector, which was among the most impacted and was one of the country's vital economic sectors. Another fund was launched for general budget support measures. These funds helped the government inject money into the system, quickly relaunching investments. So, it was worth noting that, in light of the impact of the crisis and without public assistance during spring 2021 in Morocco, poverty could have increased sevenfold. Morocco had launched reform and resilience of the health sector over the short and long term.

It should be noted that, strictly in the health sector, Morocco increased the budget allocation in 2022 by around 19%, ensuring a rapid and effective response, with thanks also to the country's proactive and anticipatory management. As previously mentioned, there was a lack of physical resources in the country's healthcare. In Morocco, more than 13,000 doctors worked in the private sector, with only 12,000 doctors in the public sector, for a population of more than 335,000,000 inhabitants. This meant that there were 7.1 doctors per 10,000 inhabitants, a number that was still far short of WHO standards, which set a ratio of 15.3 doctors per 10,000 inhabitants. Finally, she said that Morocco had launched its free vaccination campaign in January 2021. At the time of speaking, the national coverage was

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around 76% of the population. Morocco aimed to approach herd immunity by vaccinating 80% of the population, close to 30 million people. Morocco demonstrated diversified access to vaccines, through multilateral and bilateral agreements and a donation from COVAX. In July 2021, Morocco announced the development of a vaccine manufacturer with the objective of manufacturing, between 2022-2025, the active substances to produce more than 20 vaccines and bio-therapeutic products, including three vaccines specifically against the coronavirus, which will cover more than 70% of the kingdom's population and more than 60% of the African continent. From March 2020 to now, based on several statistics she produced, it showed that the measures taken by the government had been approved by Moroccans at the beginning, with around 86% of Moroccans approving the containment and curfew measures; however, these figures had changed during the second half of 2021, with about 43% of young people saying that they were no longer happy with the recent measures taken by the government.

In the second half of 2021, Morocco adopted and imposed specific policies such as setting up the vaccination pass in October 2021, which created intense indignation amongst citizens. This led to street protests in a number of cities, as Moroccan citizens who had not received their free dose were not able to obtain a passport or to renew their ID. Lastly, she mentioned the rise in the consumer price index, which recorded an increase of 3.1% during January 2022, affecting citizens who hadn't yet recovered from the pandemic. During this period, the new government decided to take its first big decision and withdrew the support of foodstuffs allocated through the compensation fund, which resulted in a price increase of food products.

Reaction to questions

Rym Ayadi responded to the issue of international organisations, saying that it could be that more time was needed in order to assess the success of their interventions. She said there had been no time to determine the Syrian and Libyan response, but it was tough to access data on these countries. The study hadn't focused on refugees, and specific research on this would be critical.

Dr Sameera Al Tuwajiri replied on the role of the World Bank, saying that they were not meant to contribute to supporting the status quo but rather to looking forward, even though, in some contexts, this was more difficult and more complicated. She also stressed that the pandemic had generally taken everyone back many years, in terms of the progress made by social services. In her opinion, the added value of the Bank's activities was attributable to its intense attention to the gender gap and poverty.

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Prof. Meryem Lakhdar replied on the role of NGOs and media. The role played by civil society was very important in Morocco, especially during the confinement period, and there had been five leading NGOs working in the field. As for media, she said they reflected reality during the first period, while in contrast, during the most recent period, she observed a divergence from reality, with many riots that took place in several cities in Morocco in recent months being explained by the mass media. She also added that, according to many studies in the field, health expenditure remained insufficient to reform and make healthcare systems resilient.

Dr. Bassam Hijaw started by commenting on the previous question, saying that in Jordan they had specific programmes for refugees, mainly Syrians. Regarding NGOs, he noticed a lack of coordination with local public health. He then answered a question on digitalisation, saying that it was essential that there was more investment in Asia, both for national health and educational systems.

Thomas Volk invited all the speakers to provide a final comment and closed the meeting by thanking everyone and asking them to read the report which was available on the KAS website.