Key role to achieve SDGs and Universal Health Coverage (UHC) in a Challenging Region
Health in the Sustainable Development Goals
Investing in health to reach the SDGs

SDGs (Impact)
- SDG 1: No poverty
- SDG 4: Quality Education
- SDG 5: Gender Equality
- SDG 8: Inclusive economic growth and decent jobs
- SDG 16: Inclusive societies

UHC (Outcome)
Achieve Universal Health Coverage

Health System
- Responsiveness
- Efficiency
- Fairness
- Quality
- Resilience

Service Delivery
- Workforce
- Medicines & other Health Technologies
- Information

Governance

Other Sectors
- (e.g. Education, Energy, Water, Agriculture, Transport, Telecommunications, Urban planning)

Social, Economic, Environmental & Political Determinants
The ‘triple billion’ goal

1 billion
more people with health coverage

1 billion
more people better protected

1 billion
lives improved

We must reach the “triple billion” in the next 5 years to be on track for delivery of the SDG targets by 2030
Universal health coverage (UHC)

• All **individuals** and **communities** receive the health services they need without suffering **financial** hardship.

• It includes the **full** spectrum of:
  • Essential and quality health services
  • Range from health promotion to prevention, treatment, rehabilitation, and palliative care.

• UHC emphasizes not only **what** services are covered, but also **how** they are funded, managed, and delivered.
Panel A. Life expectancy at birth is positively associated with population covered with public funds for a core set of services.
Panel B. Life expectancy at birth is negatively associated with out-of-pocket spending as a share of current health expenditure

![Graph showing the negative association between life expectancy and out-of-pocket spending as a share of current health expenditure](image)

R² = 0.6179
WHO’s Regional Office for the Eastern Mediterranean
War, refugees, breakdown of systems, and many other factors are contributing to CDs remaining high on our public health agenda...
NCD Burden of Disease & Death in the EMR

2.5 million lives lost annually due to NCDs (62% of all deaths)

65% NCD deaths are linked to 4 main risk factors

Nearly 400,000 people die from cancer per year

43 million people in EMR have diabetes (highest rate in world)

51% NCD deaths are premature, before 70
Migrants Population
(International migrant and forcibly displaced populations)

1 in 10 ARE MIGRANTS or forcibly displaced in EMR

Mainly due to conflicts and economic opportunity

Increased by about 120%

Number of migrants in Middle East more than doubles between 2005 and 2015

In millions

- Syrian conflict
- Displaced within birth countries
- Displaced outside birth countries
- Other international migrants

2005 2011 2015

60 million

54M
25M
In EMR, it is estimated that up to 55.5 million people face financial catastrophe and 7.7 million become poor due to out-of-pocket payments annually.
Global Key facts about hospitals

- **400 million** people lack access to essential health services (PHC)
- **42.7 million** Adverse events
  - 23 million DALYs, 66% of which occur in LMIC
- **40%** all health spending is currently wasted through inefficiency
- **14%** receive palliative care
  - 78% of people who need palliative care live in LMIC
Global facts about hospitals

33% Hospitals providing surgical care lack a reliable water source, continuous electricity

High OOP In many countries, large numbers of hospitalized patients must borrow and sell assets

7-10% Inpatients acquire at least one health care-associated infection

40% of patients have experienced gaps in hospital discharge planning
Regional facts about hospitals

- **80%** Treatable at PHC level
  - Overcrowded large hospitals

- **60%** Direct access to emergency units
  - Non-emergency cases

- **50–80%** Hospital expenditure

- **Up to 18%** Adverse events
  - Inpatients

- **<30%** Bed utilization
  - In sub-district and rural areas

- **46%** Destroyed hospitals
  - Syrian Arab Republic
**Vision**

Health for all, by all so that everyone in the Eastern Mediterranean Region can enjoy a better quality of life

**Mission**

To collectively strive and accelerate progress towards the health and well-being of the people of the Eastern Mediterranean Region by leveraging all opportunities and mobilizing all regional assets in line with WHO’s global mission outlined in GPW 13: promote health, keep the world safe and serve the vulnerable
The Regional Vision 2023: Health for All by All

Regional Strategic Priorities

1. Expanding universal health coverage

2. Addressing health emergencies

3. Promoting healthier populations

4. Making fundamental transformative changes in the WHO
The Regional Vision 2023: Health for All by All

Six Public Health Approaches

- Building public health capacity
- Enhancing preparedness
- Strengthening partnerships
- Effectively advocating for health
- Mobilizing resources
- Fostering innovation
## Paradigm shift for service delivery

<table>
<thead>
<tr>
<th>Old paradigm</th>
<th>Vs</th>
<th>New paradigm</th>
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</thead>
<tbody>
<tr>
<td>Disease-based</td>
<td></td>
<td>Needs-based</td>
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<tr>
<td>Individuals</td>
<td></td>
<td>Population health</td>
</tr>
<tr>
<td>Acute care</td>
<td></td>
<td>Continuum of care</td>
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<tr>
<td>Fragmentation</td>
<td></td>
<td>Networks of integrated delivery services</td>
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<tr>
<td>Volume of services</td>
<td></td>
<td>Appropriate care at an appropriate level</td>
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</tbody>
</table>
Health Promoting Hospital (HPH)

• Health Promoting Hospitals are being implemented since 1988.

• A process of interventions that enable or empower people to increase their ability to control over and to improve their health.

• Takes action to promote the health of their patients, their staff, and the population in the community they are located in.
Conclusion

“Hospitals should transition from being “the last link in a chain” of health service providers to being actively engaged with their communities and with providers of primary care (…) Altering the traditional model starts with discarding an emphasis on “filling the beds” in favor of a new role of hospitals as part of collaborative networks (…)”

C. Etienne, Chicago (2015)
Conclusion

“A health system based on primary care cannot be realized without support from a network of hospitals”

WHO Director-General, Halfdan Mahler (1981)
Thank you