Lessons learned about Health Care from Gulf States and beyond

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With the 43rd World Congress generously hosted by the Government of Oman, we will focus this editorial on the World Hospitals and Health Services (WHHS) Journal of the International Hospital Federation (IHF) on lessons learned from GCC member states (Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and United Arab Emirates) and other contributions from authors across the Eastern Mediterranean Region and elsewhere. This special focus on the Eastern Mediterranean Regions is coming at a very important moment, for they are facing an urgent need for stability and reconstruction while also rapidly transforming and aligning their health services with the world’s most advanced countries. Recent industrialization and improvement in health care services have led to a significant increase in life expectancy for GCC member countries from age 62 years old in 1970 to 77 in 2012; at the same time, the infant mortality rate decreased from 62 per 1000 live births to less than 9. During this period, all countries have gone through a demographic and epidemiological transition and are now faced with an aging population, where infectious diseases as the leading causes of death have been replaced with chronic conditions like cerebro/cardiocerebro/cardiovascular disease, cancer, diabetes, hypertension and other diseases. Like elsewhere in the world, this shift in disease patterns puts the health care system under enormous pressure to adapt to more expensive ongoing conditions rather than episodic infectious conditions. Several GCC and other Eastern Mediterranean countries found in Universal Health Coverage a relevant agenda for shaping reforms and transforming their health systems. Accordingly, several GCC countries embarked on developing long-term visions for shaping the future of their health systems—in 2012, Oman launched its Health System Vision 2050 and, more recently, Saudi Arabia engaged in a major Health Transformation Program. These and other landmark initiatives provided opportunities to rethink the health system organization so it could benefit from what did and did not work elsewhere; they also provided valuable lessons for other countries embarking on similar initiatives.

Over the past 30 years, the GCC countries responded in an impressive way to this challenge through both public and private initiatives. In many areas, the GCC member countries are now approaching Western European standards in terms of health services and infrastructure. The average number of doctors in the GCC member countries has now reached around 2.5 doctors per 1000 population and general practitioners are on an average 2.1 per 1000 population. Nursing personnel increased to an average of around 4.7 per 1000 population. Furthermore, over 15,000 new hospital beds have been added recently, reaching around 2 per 1000 population. Recent advances in diagnosis, technology and treatment modalities have increased overall health care costs. However, innovative and cost-effective strategies have helped keep these costs under control; an enviable situation by most standards. In Sept 2018, all Eastern Mediterranean Countries endorsed the UHC Salalah Declaration on adopting a progressive universal approach to enhancing service coverage and financial protection. Since then, efforts have been made to help countries define what and what not to cover under a Universal Health Coverage Agenda. As a result of these advances, although the rate of patients seeking overseas treatment is still high, mostly for conditions lackingspecialty care, new public-private partnerships with top academic institutions in the US and Europe are allowing patients to receive the best possible care for many conditions in their home countries. The World Health Organization has played a major role in supporting member states in the Eastern Mediterranean Region, reforming and transforming their healthcare services while moving toward Universal Health Coverage. The patient safety program widely adopted by many countries is an international landmark and a permanent reminder of this topic’s importance for health service leaders. The WHO has made unprecedented efforts to support the professionalization of health service management as well as initiatives to strengthen emergency care as the backbone of health service delivery systems. Several countries have embarked on developing health financing strategies to inform mobilization efforts and guide the efficient use of their resources. All Eastern Mediterranean countries signing the UHC 2030 Global Compact demonstrates the high level of the political commitment for making UHC’s SDG target a reality by 2030. The authors contributing to this issue of the WHHS Journal expand on many of these topics and some of the challenges that all countries are facing, in addition to the GCC member states. Dealing with the health care needs of migrant and non-resident populations, maintaining top quality care standards and coping with the increasing pressure from population expectations and expenditure are global issues not unique to the Eastern Mediterranean Region. The IHF remains committed to sharing experiences in dealing with such challenges on a global basis. The 43rd World Hospital Congress in Muscat, Oman, scheduled for November 6-9, will provide excellent opportunities to continue this discussion in face-to-face meetings with professionals from around the world. The articles selected for this issue of the Journal give a flavor of the richness of these topics that will also be shared with all the participants during the upcoming 43rd World Congress.