

MENA/EM REGIONAL PUBLIC HEALTH CONFERENCE

Meeting the Public Health Challenges in the
21st Century in the MENA/EM Region

WELCOME MESSAGE

by

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The Role of the Bank in Meeting the Public Health Challenges of the 21st Century

Excellencies:

Distinguished Guests, Ladies and Gentlemen:

On behalf of the World Bank, I am extremely pleased and honored to welcome you to this important conference on public health in the Middle East and North Africa Region. Experience has shown us again and again how important public health is in lifting people out of poverty, promoting economic growth, empowering women, increasing the quality of life of thousands of people and enhancing prosperity. This is why the World Bank and its development partners have taken the initiative to organize this unique event: to brainstorm, discuss, exchange views and ideas, and outline future directions on how to address the various public health challenges faced by the MENA region.

Not long ago, in September 2000, the international community signed the Millennium Declaration and established the MDGs as the framework for measuring development progress. There are two main points that I would like to highlight about the MDGs. First, the MDGs focus all countries and development partners on the attainment of a common set of outcome-oriented development objectives. Poverty reduction, health, education and the environment were recognized by all as central to the development process and needing concerted action. Second, the MDGs highlight the importance of multi-sectoral approaches for achieving development goals.

The World Bank, like many others in the development community, has begun to change the way it thinks and operates to systematically consider cross-sectoral approaches and deal with multi-sectoral determinants of health and nutrition. Hence, whether we are building roads, bridges and schools, supporting reforms to promote private activity or improve governance, no matter what we are doing, we want to know what impact it will have on access, quality, and delivery of health services. So, if you ask me “what is the single most important action to achieve the MDGs?” I would say that a multi-pronged

approach is required. This Conference emphasizes the importance of approaching health from a multi-sectoral perspective.

Before turning to the economic implications of health and human development, and the key health challenges facing the countries of the Middle East and North Africa region, I would like to say a few words about some of the economic and social challenges. Income poverty, in MENA, remains a challenge: today, about 30% of the population (or 89 million people) still lives on less than 2 dollars a day. Mounting concern exists over unemployment rates in the region. And female literacy and participation in the labor force are among the lowest in the world.

While MENA countries over the past 30 years have made remarkable progress in modernizing their economies and social systems, further progress is being challenged by the region's underlying population dynamics, political instability and conflict, weak export performance, and instability in oil prices. A young population and a rapidly growing labor force requires the creation of 4 million jobs per year at a time when public sector employment is reaching its limits and the private sector requires an investment climate conducive to increased activities. In this context, progress is being challenged by government dominance of economic activity, and limited integration in the global economy.

The MENA region will need to attain economic growth rates that are much higher than those achieved in the past decade in order to: 1) achieve the MDGs, 2) absorb the large numbers of labor force entrants seeking employment, and 3) accommodate the socio-economic expectations of the population. To accomplish this faster economic growth, Governments in the region will need to reform their public sectors, improve governance, and create the regulatory environments and incentives that are conducive to private sector-led growth.

I am extremely pleased to see that not only Ministers of Health are participating in the Conference, but Ministers of Finance are present as well. The economic implications of

not effectively dealing with the public health challenges facing MENA countries extend far beyond the numbers we know and see, such as 5-6 percent of GDP, and 2-5 percent of employment currently devoted to the health sector. Population momentum is exacerbating the region's 15 percent unemployment rate, the highest of any region in the world. Growing and aging populations are placing increasing demands on social programs as well as on the housing, water, energy, and food sectors. Changing dependency ratios are worsening the financial solvency problems of Government pension and social security systems with important implications for financial markets, tax systems, and competitiveness. Furthermore, HIV/AIDS has the potential to destroy the entire economic and social fabric of countries. Addressing these daunting challenges will require the full partnership of Health, Finance, Economic and Planning Ministries.

We cannot stress it enough: efficient and effective health, education, and social safety net programs are critical for economic growth. These human development programs account for some 15 percent of GDP on average for the MENA region. Yet, despite these relatively high levels of social spending, most countries face serious access, quality, and efficiency problems. Without serious reforms in every one of these human development areas, economic growth, poverty reduction, and achievement of the MDGs will be problematic.

We also must keep in mind the critical linkages among programs. Poor health and poverty go hand in hand. Girls' education is recognized as one of the most effective investments a nation can make towards development. How does girls' education impact health? We have seen it happen all over the world: with more education, a girl's family health and nutrition may improve. With more education, a young woman is more likely to delay starting a family and improve birth spacing. With more education, a woman may seek better health care services. Through improved nutrition, birth spacing and health care seeking behavior, education could lead to lower infant and child morbidity and mortality. A ten-percentage point increase in girls' primary school enrolment has been shown to decrease infant mortality by 4.1 deaths per 1000 live births, and a similar 10 percent rise in secondary enrollment by another 5.6 deaths per 1000 live births. It is

clear that gender disparities in education can only hamper improvements in family health. One major challenge facing the region is precisely to increase the educational attainment of women in order to improve the health of the entire family.

While both Governments and individuals are responsible for a nation's health, in the current global community, responsibility for health is no longer strictly circumscribed by national boundaries. No nation or region is immune to the ravages of HIV/AIDS. Thus, it has become the collective responsibility of governments, with the help of their development partners, to develop strategies that would ensure global health. Such efforts require global strategies, regional efforts, local actions and cross-sectoral collaboration.

Although countries in the MENA/EM region are at different stages of their epidemiological and demographic transitions, all countries are experiencing a dual disease burden. Communicable diseases and maternal and child health conditions are still a major cause of excess mortality and morbidity. At the same time, an increasing chronic disease burden is resulting from tobacco use, unhealthy dietary changes and sedentary lifestyles. In addition, the increasing prevalence of injuries, HIV/AIDS and mental disorders is imposing further pressures on the economies and health systems of MENA countries.

In both low and high-income countries of the region, diarrheal diseases, perinatal conditions and acute lower respiratory infections continue to be the leading causes of death and disease burden among children under 4 years old. In the low-income countries of the region, malaria remains a significant cause of death among children under 14 years, and tuberculosis is a leading cause of death among older age groups (15-59 years). Reproductive health issues also remain significant contributors to excess morbidity and mortality in the MENA region. Actually, the MENA/Eastern Mediterranean region is particularly notable for high maternal mortality ratios compared to other regions. The challenge, I believe, is not a lack of knowledge of effective interventions to address these issues, but a focused approach to delivering these interventions to the poor and under-served.

While the diminishing communicable disease burden remains problematic, chronic diseases are on the rise. By the year 2020, it is estimated that chronic diseases will account for 60 percent of the disease burden and 72 percent of deaths in the MENA/EM region, compared to 45 percent of disease burden and 56 percent of deaths today.

By 2020, 12 percent of all tobacco-related deaths globally will be in the MENA region. Injuries are already a leading cause of morbidity and mortality among the economically productive age group (15-44 years) of the low and middle-income countries of the region. In addition, diabetes is a major health problem, and the fifth leading cause of death among persons aged 45 years and over in the high-income countries of the region.

All these conditions are exacerbated by malnutrition, particularly over-nutrition, which has become a more serious problem than under-nutrition in MENA. The MENA region faces the worst over-nutrition situation of all the developing regions. Poor mental health is also emerging as a major public health problem in the region. In addition, issues of gender discrimination and inadequate access to education are contributing to poor mental and family health. These chronic conditions are all expensive to treat and their increasing disease burden has important implications for the financing and delivery of health services.

Urgent actions need to be taken now through health promotion and disease prevention efforts and health advocacy efforts that include multi-sectoral interventions such as, for example, seatbelt laws and tobacco taxes. It is my sincere hope that this Conference will be a forum for the fruitful transfer of knowledge and exchange of information. And most of all that it will help the development of sound public health policies become a reality throughout the MENA region.

Before turning the floor to, I would like to thank the Government of Lebanon for hosting this important event. I would also like to thank our colleagues at the World Bank Institute, our co-organizers — WHO/EMRO and WHO/ GENEVA — as well as our colleagues at the American University of Beirut, The U.S. National Institutes of Health

and Centers for Disease Control, the European Union, The United Nations Development Program, and other partner organizations for their interest and participation in this Conference. And a sincere “Chokran” to all of you here today to make this conference a successful “learning for change” event!