

**Webinar Brief**

June 18, 2020

WEBi: PH-03 • 14072020

# COVID-19: An Opportunity for More Equitable Health Systems

## Introduction

The COVID-19 pandemic brought unprecedented burden on health systems globally, from shortage of lab tests and medical supplies to lack of access among rural and vulnerable populations. The pandemic displayed global health flaws across borders and mandated collaboration beyond a singular country segmented approach. In the Eastern Mediterranean Region (EMR), health systems are already strained due to low expenditure on health, social and gender inequities, armed conflicts, human rights violations, refugees, and displaced populations. COVID-19 exposed the cracks in health care delivery systems and inequities were revealed and widened in the EMR. At the same time, the crisis created amazing acts of collaborations between various sectors and fostered community engagement to address national challenges in all the countries in the region.

The pandemic brought valuable realization that re-envisioned the role of multiple actors in health systems and highlighted the value of collaboration for addressing the determinants of health within countries. Community-based models that were initiated during the COVID-19 restrictions were integral for strengthening health systems.

## About EMPHNET

*EMPHNET is a regional network that was founded in 2009 with the focus on strengthening Public Health Systems in the Eastern Mediterranean Region (EMR). EMPHNET works in partnership with Ministries of Health, non-government organizations, international agencies, private sector, and other public health institutions in the region and globally to promote public health and applied epidemiology. In 2015, EMPHNET created Global Health Development (GHD) as a regional initiative to advance its work in the EMR and support countries strengthen their health systems to respond to public health challenges and threats.*

An effective pandemic prevention and control requires a comprehensive government headed response integrated within a whole-of-society approach that draws on the capacities and resources of multi-sectors. Coordination and cooperation between public and private actors, academia, international, national, civil society, for-profit and not-for-profit organizations are crucial for prevention and control of COVID-19 while maintaining the essential health care services delivery.

## Webinar Specifics

This pandemic had the heaviest impact on the lives of the most vulnerable. Based on literature, most fatalities were seen in the elderly and among those living with multiple diseases including high blood pressure, diabetes, heart, and respiratory illness. People with lower socio-economic or refugee's status can be at a higher risk of COVID-19 because they are more exposed to overcrowding. This is also true about the disparities in access to mental health care among the poor that is aggravated by isolation, fear, and insecurity. From January 2020, the Global focus was on controlling the spread of COVID-19. Now, the focus is shifted towards strengthening the health systems preparedness to control possible new COVID-19 waves while addressing the rising pressures, improving resilience, and enhancing the equity. COVID-19 is expected to further exacerbate frailties and deepen vulnerabilities for years to come.

## Webinar Objectives

This Webinar was conducted with the following focus:

- To bring experts together for exchanging knowledge, best practices, and to provide answers to health systems' emergent problems due to the **COVID-19**.
- To unveil the unforeseen risks and complex implications of **COVID-19** on the various components of the health system.

- To propose applicable sustainable innovative solutions for more equitable health systems.
- To provide the exit recipe that will strengthen the health systems and enhance emergency preparedness for future pandemics.

### Webinar Speakers

This webinar aimed at opening windows on the opportunities that will bring light into the darkness of the COVID-19 global crisis. The Webinar hosted the following expert speakers:

**Prof. Sameen Siddiqi**, MBBS; FCPS; MSc; Dr Med; FFPH, Professor & Chair, Department of Community Health Sciences, Aga Khan University. Karachi Pakistan.

**Prof. Salman Rawaf**, MD PhD FRCP FFPH, Professor of Public Health, Director, WHO Collaborating Centre, Department of Primary Care and Public Health, School of Public Health, Faculty of Medicine, Imperial College London UK.

**Dr. Basem Al Omari**, Assistant Professor of Public health and Epidemiology at the Medical School - Khalifa University Visiting Professor at University of Edinburgh

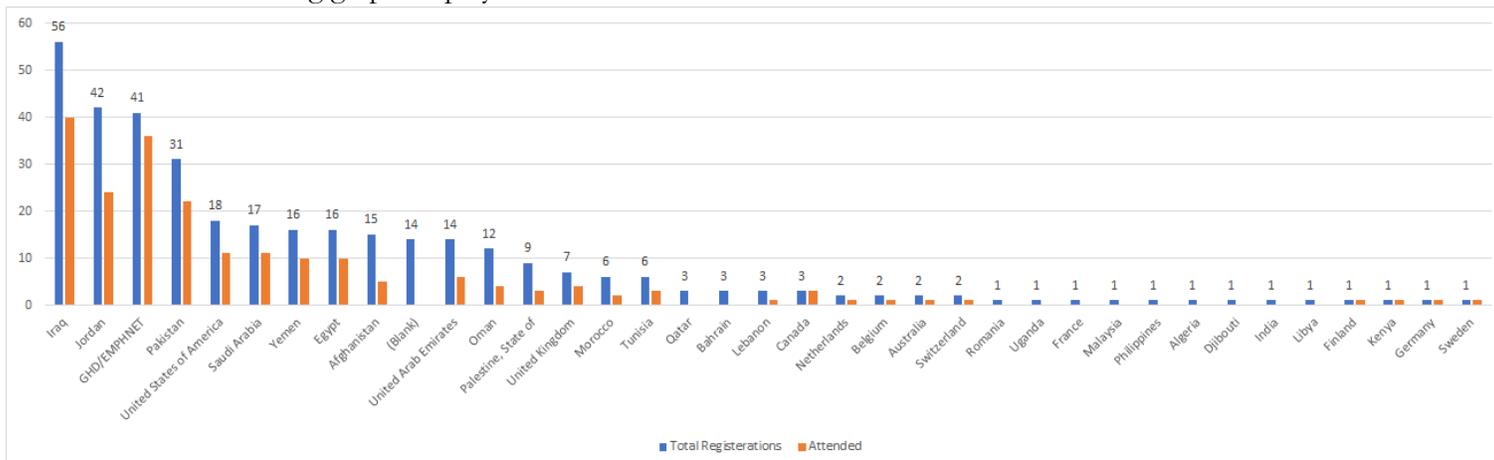
The webinar was facilitated by:

**Dr. Mohannad Al Nsour**, Executive Director, EMPHNET

**Dr. Mousa Al Ajlouni**, Health Systems consultant to the WHO and leading International and national organizations.

### Webinar Attendees

Registration was open one week prior to the webinar and was announced through EMPHNET’s communication and networking channels. In total, 355 registered to attend, 58% (n= 205) attended the webinar. The following graph displays the distribution



of registered and attendees by countries.

### Overview of Presentations

The webinar was conducted in English and included three presentations (15 minutes each), on different aspects and issues related to implementing strategies for easing off COVID-19 restrictions. The presentations described how the pandemic transformed the global health architecture towards putting greater value on data, epidemiological surveillance, and outbreak investigation to inform decision making and response. Speakers presented the lessons learned about health systems equity within the context of COVID-19 from a global, high-income, low- and- middle-income-countries perspectives. The speakers from various settings provided a receipt for emergency preparedness without supplanting service delivery. A discussion session followed the presentations which centered around important and relevant questions received from the attendees. Following is a brief of these presentations in the order that they were presented. The webinar started and ended on scheduled time, with a duration of 1.5 hours.

### Webinar Introduction

*Dr. Mohannad Al Nsour*

Dr Mohannad gave a brief on COVID-19 and introduced the webinar topic. He talked about the COVID-19 global crisis impact as an exacerbating contributor to health systems vulnerability, gender inequity, socio-economic injustice, and human rights violations worldwide. Dr. Al Nsour stressed on the importance of health systems equity, resilience, and preparedness in responding to the pandemic.

Dr. Mohannad welcomed the webinar audience and presented the brief bios of the guest speakers and the second facilitator, Dr. Ajlouni.

## **COVID-19 impact on health systems and potential lasting effects**

*Prof. Salman Rawaf*

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Prof. Rawaf presented the Global statistics of COVID-19 which is around 13 million confirmed cases and half a million deaths. He stressed that it is important to analyze the data and assess the health systems performance in various countries without being critical. He presented the East Mediterranean region data and stated that it is true that the health systems in some countries responded better than other countries but overall, the whole world did not respond well to the COVID-19 crisis. Prof. Rawaf talked about the global economic losses due to COVID-19 which surged up to 9 -13 trillion USD. While strengthening health systems globally needs an estimated global investment of 20-40 million USD. Still, many countries are not investing enough to build the resilience of the health. Even in the high-income European countries, few responded relatively well to the crisis.

So what is needed to enhance the health system resilience and equity is: Investment in Public Services, Emergency Preparedness, Effective Governance, Evidence Based Decision Making, Health for all, Strengthening and enhancing Primary Care Role, quality hospital care, proper planning for supplies and capacity building of human resources, Innovation, Research & Development in Public Health. Prof. Rawaf also said that the severity of a second wave of COVID-19 will depend heavily on: People's behavior, whether there are good protections in place to slow transmission, health system preparedness and crisis management while maintaining essential health services delivery, health promotion, critical care capacity, protection of health care workers, epidemiological data, surveillance, testing, contact tracing, and collaboration of all the stakeholders, public, private and community.

### **Health system response to COVID 19 in LMICs from an Equity Perspective**

*Dr Sameen Siddiqi*

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Health equity means that everyone has a fair and just opportunity to be as healthy as possible. For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or

marginalized groups. Equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically. Expecting Pakistan's chronically underfunded health system to provide first-rate response to a pandemic of the magnitude of Covid-19 is like expecting a severely malnourished child to perform well at school and grow up to be globally competitive.

Older adults, living in densely populated areas, lower socioeconomic status, migrants, and minorities - have higher comorbid conditions are at higher-risk and more severe consequences of infection. People with lower-paying jobs and public dealing - transportation, grocery store, pharmacies are more exposed to being infected. At initial stage of COVID-19 epidemic in Wuhan, China, health expenditure posed substantial financial burden for the poor families. After realizing the severity of outbreak, the medical expenses of all COVID-19 confirmed, and later suspected cases were subsidized.

The problems of health inequity in epidemics is self-perpetuating. Livelihoods of vulnerable groups living in deprived areas were severely affected by COVID-19 as the decrease in income will harm their future health. Countries decisions have serious consequences, thus they are torn between: continue complete lockdown to flatten the epidemic curve and risk economic growth and development or revive the wheel of economic growth by easing the lockdown and find 'smart' ways to protect people from getting infected by COVID-19. Prof. Sameen closed his presentation with the following messages:

- Health equity issues have been plaguing LMICs and EMR countries since much before COVID-19
- COVID-19 have revealed to heads of governments and states the fragility and vulnerability of their national health systems.
- Countries have mounted response to COVID-19 by enhancing health system surge capacity, yet gaps remain, especially public health responses
- COVID-19 has enhanced inequities in health and socioeconomic sectors with the excessive burden on poorer segments of population.
- COVID-19 - despite the enormity of challenge, health systems have never received such importance in LMICs – Hence the Opportunity to build equitable health systems.

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## **How did the UAE use COVID-19 as an awakening opportunity to initiate a positive change for building the strength and resilience of health systems?**

*Dr Basem Al-Omari*

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Dr. Al-Omari introduced the COVID-19 global statistics versus the statistics from the UAE. He highlighted the low fatality rate in UAE due to effective response of the health system to the crisis. Dr. Basem explained why the world is worried from this pandemic and what are the risks in terms of most importantly, people's lives (increased mortality), increased medical errors due to resources being stretched, avoidance of hospitals and delay in seeking care, worsened management of chronic and other illnesses, post pandemic outcomes - physical impairments and mental health concerns after the COVID-19 restrictions.

Following that Dr. Al-Omari introduced what has been done in the UAE, including: Early and gradual lock-down responses, early national COVID-19 sanitation, availability and accessibility of testing "the UAE scaled up its testing capacity to reach one of the highest per-capita testing rates worldwide", building field testing centres, by the 14th May, over 1.5 million COVID-19 tests have been conducted across the UAE, availability of PPE for healthcare workers and the public, maintaining the availability of non covid-19 related health care service delivery, increasing the supply of resources that the pandemic may have disrupted. The UAE launched a National Campaign for Mental Support, with the participation of 50 mental health experts, to help all the residents to overcome the psychological impact resulting from the control measures related to COVID-19. Additionally, the UAE stressed on effective communication with the public; there was a \$5,500 fine on anyone who shares any medical information on social media that doesn't adhere to the government's narrative, which was a useful tool for limiting myths and conspiracy theories.

Dr. Basem introduced the timeline of UAE actions before the publication of the WHO Europe Regional Office guidelines for controlling COVID-19 on 18<sup>th</sup> April. Early March, the UAE started building new medical facilities to help treat Covid-19 infections should the virus spread. 8<sup>th</sup> March, schools and universities closed early for spring break then started distance learning until the end of the academic year. 20<sup>th</sup>

March, the first two deaths were confirmed. 28<sup>th</sup> March, a new testing site was opened. 10<sup>th</sup> April, Abu Dhabi Health Services Company, SEHA announced the opening of 13 additional drive-through COVID-19 testing centres. Finally, the webinar closing remarks stressed on the importance of patients' and public informed decision-making process and community involvement for crisis management during pandemics.

### **Closing remarks and key messages**

*Dr Mohannad Al Nsour*

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Dr. Mohannad thanked the esteemed speakers, facilitator and audience and wrapped up this webinar by the following key messages:

- Countries must respond to Covid-19 while continue to build stronger health systems to reduce future vulnerabilities.

- Health systems strengthening is essential to build resilience and adaptability to cope with disasters.

- The provisions of standard health services should be continued and supported by an efficient supply chain for quality, comprehensive and sustainable essential health services delivery.

- The COVID-19 pandemic transformed the acceptance and use of digital health technologies and shifting towards providing remote services to the patients while they are in their homes.

- It is essential to drive healthcare service delivery towards primary health care for cost savings and promotion of preventative care.

- It is essential to invest more in public health, epidemiological surveillance, data management, health registries and research.

- The crisis pinpointed the importance of Collaboration of all the stakeholders in knowledge sharing and community engagement for the public good.

- Patients and public informed decision-making process and involvement is a vital attribute in the crisis management during and after the pandemic.

- Bridging the gaps and combating inequality is vital to leave no one behind. Countries must go for universal health coverage and support social justice, gender equity and human rights.

- Covid-19 Actions in the right direction that strengthened the health system must be sustainable.

Kindly, click [this link](#) to listen to the recorded webinar

## Discussion

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Dr. Mousa Al Ajlouni facilitated the question and answer session. Below are some selected questions that were answered by relevant speakers.

**Q1. Based on the lessons learned globally, what are your key recommendations for enhancing the effectiveness of the health system governance role in addressing the COVID-19 crisis in terms of control, recovery, and impact?**

Answer by Prof. Salman Rawaf

Governments should take the leading governance role of the health system while involving all stakeholders and engaging the community. Health services should be universally equitable in terms of accessibility and quality for all.

**Q2. Based on your assessment, what could be the most important anticipated long-term positive effects of the COVID-19 pandemic on the health care systems in Low- and Middle-Income Countries?**

Answer by Dr. Sameen

The Pandemic called for more expenditure on health, financial reforms, more efficient resources management, more equity and governance reforms of health systems in LMIC.

**Q2. How did the UAE bolster the capacity of public health services to respond to the COVID-19 while maintaining the continuity of essential services? Can this be attributed mainly to the UAE being a high-income country or there were more important factors behind that success?**

Answer: Dr. Basem Al Omari

There were recommendations from the WHO for controlling COVID-19 globally, however each country has its own context. It is true that the UAE is a wealthy country but that was not the key factor behind the success of the health system in responding to the crisis when many other rich countries failed to do that worldwide. The UAE succeeded because we used the COVID-19 as an opportunity for strengthening and building the resilience of the health system.

## **Biographies of Guest Speakers and Facilitator**

### **Speaker: Prof. Salman Rawaf, United Kingdom**

*Chair of Public Health Medicine, Director of WHO Collaborating Centre in the Department of Primary Care and Public Health at Imperial College London and Honorary Consultant Physician at Imperial College NHS Trust. Prof. Salman is the chair of Public Health Medicine, Director of WHO Collaborating Centre in the Department of Primary Care and Public Health at Imperial College London and Honorary Consultant Physician at Imperial College NHS Trust. He acquired his qualification in medicine, with training in pediatrics and public health medicine, and spent the breadth of his career in leading roles in the NHS, including 26 years as an Executive Director: County Medical Adviser, Medical Director, District Medical Officer and Director of Public Health. In the latter 23 years of his service in the NHS, he served as the Executive Director of Health in South-West London with full responsibility for the health service in and outside the NHS. In 2009 he moved to Imperial College London. Prof. Salman is a globally recognized for his international work and contribution to global health, health systems development, primary care and medical education in research and service delivery. He has published more than 230 scientific papers, five books and international reports and received many awards and recognitions*

### **Speaker: Dr Sameen Siddiqi, Pakistan**

*Professor and Chair, Department of Community Health Sciences, Aga Khan University, Karachi, Pakistan  
Chair, Department of Community Health Sciences, Aga Khan University, Karachi. Prof. Sameen Siddiqi is the Professor and Chair, Department of Community Health Sciences, Aga Khan University, Karachi, Pakistan since January 2018. Prof. Sameen Siddiqi was appointed as senior advisor to the federal minister of health of Pakistan since April 2019. From 2002 onwards he worked for WHO EMRO where he served as Director, Health Systems Development and spearheaded the work on universal health coverage. He has also served as WHO's Representative to Lebanon and Iran. Prior to joining WHO, Prof. Siddiqi was associated with the Health Services Academy, Ministry of Health, Pakistan where he was instrumental in developing its educational programs. Prof. Siddiqi has also worked for, Ministry of Health, Pakistan, and the World Bank. Prof. Siddiqi has a fellowship in internal medicine, master's degree, and fellowship in public health from United Kingdom and doctoral degree from Heidelberg, Germany. He has worked for over two decades in health system development and has special interest in health system governance, quality and safety of care, private health sector and public private partnership. Prof. Siddiqi has over 50 publications and book chapters, is the reviewer of several international journals, and is on the editorial board of the Eastern Mediterranean Health Journal.*

### **Speaker: Dr Basem Al-Omari, United Arab Emirates, Abu Dhabi**

*Assistant Professor and Faculty Advisor, College of Medicine and Health Sciences, Khalifa University, Abu Dhabi, United Arab Emirates. Dr. Basem Al-Omari, PhD, MSc, BSc (Hons), FHEA, has had over 20 years of experience in clinical healthcare practice, management, and education. He worked in healthcare management and nursing practice in several prestigious NHS hospitals in the UK. He worked as a senior lecturer for many years in the UK before he moved to KU in 2019 as an assistant professor in Epidemiology and public health. Dr. Al-Omari has a well-established international profile in education with focus on teaching Evidence Based Medicine in the UK, Malaysia, China, and the UAE. Dr. Al-Omari has a PHD in public health and primary care sciences from the University of Northumbria, MSc in EBM from the University of Oxford, and BSc in professional nursing practice from London South Bank University. He also has many other higher education trainings in relation education, research, and evidence-based medicine. Dr. Al-Omari is a fellow at the higher education academy in the UK and a visiting professor at the Queen's Medical Research Institute in the University of Edinburgh. He has a broad range of research experience with special interest in evidence Based medicine, systematic reviews, and quantitative research. He is one of the first in the world to use the novel adaptive choice based conjoint method to study patients' preferences regarding osteoarthritis treatment.*

### **Facilitator: Dr. Musa T. Ajlouni, MPH, MA, PhD, Senior Health Systems Advisor; Consultant for WHO/EMRO**

*Dr. Musa Ajlouni is a senior advisor and consultant in healthcare management. He is a well-known national health system expert with over 40 years of experience in the Jordanian health sector, working for the Government, international organizations and NGOs. He was retired from the Royal Medical Services (RMS) in 2003 as Major General. During his service for over 30 years with the RMS, he has established expertise in hospital management, health planning, health information and medical records, health policy, health insurance, and human resource development. Dr Ajlouni is acting now as a member of the National Committee for Unifying the Public Health Sectors (MOH, RMS and University Hospitals). Dr. Mousa is a founding member of: the Jordanian Association*

*for Hospital Management, the Middle East and North Africa Health Policy Forum, and the Jordanian Public Health Forum. Also, he worked in many Jordanian universities for more than fifteen years as professor in healthcare management. He published three books and dozens of research papers in healthcare management and health policy.*

**Facilitator: Dr. Mohannad Al-Nsour – Executive Director GHD/EMPHNET**

*Dr. Al-Nsour is an internationally recognized expert in field epidemiology, research and public health systems. Dr. Al-Nsour has a PhD from the Glasgow University, Scotland, U.K., where he was a fellow with the International Agency for Research on Cancer (IARC). Dr. Mohannad Al-Nsour holds a Medical Degree from Ukraine and an MSc in Epidemiology from the American University of Beirut (AUB). Since 1999, Dr. Al-Nsour assumed several positions as a researcher, advisor, and director in Jordan. He also served as a consultant on several assignments with the US Centers for Disease Control and Prevention (CDC), the World Health Organization and the AUB. Before becoming EMPHNET's Executive Director, Dr. Al-Nsour was the Director of the Field Epidemiology Training Program (FETP) in Jordan (2006 -2009) and the Head of Surveillance Department of Balqa Health Directorate – Jordan. Dr. Al-Nsour also served as a CDC consultant for FETPs in the Eastern Mediterranean Region.*