**Final Report**

**Knowledge Synthesis**

**EMR - SDGs Learning Platform**

**Prepared by**

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# **INTRODUCTION**

The EMR-SDGs Learning Platform aims at contributing to the achievement of sustainable development goal 3 and other health-related targets, with a strong recognition of the indivisibility of the sustainable development agenda and of the paramount relevance of social justice and health equity. The platform is envisioned as serving two intertwined functions: providing welcoming space and mechanism for effective regional networking and working as a regional catalyst for knowledge generation and dissemination.

This report documents and synthesizes some of the main contributions to knowledge accumulated during the 18-month inauguration period of the EMR-SDGs Learning Platform. The 18-month inauguration project was designed as a pilot phase for the platform. Accordingly, at its inception, the platform mainly signaled out the Arab region and further focused its activities on a limited, but diversified, set of four pilot countries: Egypt, Jordan, Morocco, and Sudan. The platform has succeeded in partnering with vital and well-connected institutions in these four countries: the Ministry of Planning in Egypt, the Higher Health Council in Jordan, the National Observatory for Human Development in Morocco, and the National Population Council in Sudan. Networking was further strengthened with a partnership with the League of Arab States (LAS) Directorate for Sustainable Development and International Cooperation and through collaborations with other regional networks.

True to its dual mission as a networking hub and knowledge disseminator, the EMR-SDGs Learning Platform prioritized wide participation and partnerships as well as capacity building and the propagation of useful tools. While involving policy makers and regional experts, it reached out to involve young Arab researchers, practitioners, and activists, not just as consumers of knowledge but also as producers.

Activities carried out during the project lifetime that squarely fall within its knowledge-generation function include one partnership meeting, six commissioned analytical reports, six awarded research pieces, and two webinars. They also include a virtual portal containing relevant international and regional studies, knowledge, and tools; as well as a space for interactions and discussion around findings and think pieces shared with the platform community.

This synthesis report pools together relevant information from the many outputs of the platform activities, as well as draw on some international and regional findings posted on the virtual platform.

The following lists and briefly describes the diversified sources of knowledge creation and the many outputs and their sources.

**Summary list and description of outputs**

**A – Partner meeting**

- Presentations of representatives from partner institutions in the four countries of Egypt, Jordan, Morocco, and Sudan. These presentations discussed in the main features of the 2030 sustainable development agenda, especially its health-related components, in each of the four countries. Ongoing challenges were also discussed. (<https://emrsdgslearn.net/News/1>)

**B - Commissioned Reports**

The Commissioned Reports served two purposes. The first investigating comparative experiences and drawing lessons, while the second emphasized the development of tools responding to needs of implementation.

Within the first purpose, an investigation of governance issues was performed through critical readings of 9 voluntary reports, as well as an assessment of the achievement of health-related targets at sub-regional classifications accompanied by in-depth investigations of the achievements in the four partner countries.

Within the second purpose, three tools were developed.

The commissioned reports are:

1. Analysis of Voluntary National Reports (VNR). (<https://files.emrsdgslearn.net/uploads/VNR%20Reading%20Report%20Revised.pdf>)
2. Regional SDG Progress Report and a case study of Morocco. (<https://files.emrsdgslearn.net/uploads/health%20SDGs%20report%20final.pdf>)
3. Performance of Partner Arab Countries on SDG Health Related Goals. (https://files.emrsdgslearn.net/uploads/performance\_of\_the\_four\_partners\_countries.pdf)
4. Analytical Approach to move from Health-to-Health Equity in SDGs, with Case Study of Jordan JPFHS 2017.

(<https://files.emrsdgslearn.net/uploads/From%20health%20to%20health%20equity%20SDGsf.ppsx>)
5. A tool to localize SDG with illustration from Egypt. ( <https://files.emrsdgslearn.net/uploads/VID-20200809-WA0010.mp4>)
6. An overview of UHC with emphasis on UHC status in the EMR and the Arab region. (https://emrsdgslearn.net/Content/uhc)

**C - Research Awards**

The awarded research pieces, contributed by young, early- and mid-career researchers and practitioners, probed into a diverse set of topics with clear policy relevance. (reports: <https://emrsdgslearn.net/Content/Research%20Papers>

 and six policy briefs<https://emrsdgslearn.net/Content/policy>).

1. [Can Universal Health Coverage Systems Achieve Health Equity? Institutional Lessons Learnt from A Set of Countries To The Newly Born System In Egypt.](https://files.emrsdgslearn.net/uploads/UHC%20and%20Equity%20Lessons%20for%20Egypt.pdf)
2. [Measuring Performance Among Community Midwives in Low-Resource Settings: A Mixed-Methods Study in Sudan.](https://files.emrsdgslearn.net/uploads/Performance%20of%20community%20midwives%20in%20Sudan.pdf)
3. [Non-Communicable Diseases (NCD) In the Middle East And North Africa: What Macroeconomic Savings Can Be Expected From Achieving SDG Target 3.4?](https://files.emrsdgslearn.net/uploads/Cost%20of%20NCDs.pdf)
4. [Between Herd Immunity and Suppression: A Modelling Study Assessing Alternative Policy Responses To COVID-19 In Jordan.](https://files.emrsdgslearn.net/uploads/COVID19%20Policy%20in%20Jordan.pdf)
5. [Unpacking Readiness For M-Health in Emergency Settings.](https://files.emrsdgslearn.net/uploads/Unpacking%20Readiness%20for%20m-Health.pdf)
6. [COVID-19 And Health Services in Egypt.](https://files.emrsdgslearn.net/uploads/COVID-19%20and%20health%20services%20in%20Egypt.pdf)

**D - Webinar: Covid 19 Inequities in Arab Countries (**[**https://emrsdgslearn.net/News/21**](https://emrsdgslearn.net/News/21)**)**

1. Intervention of the National Observatory for Human Development in Morocco.
2. Research on Covid 19 Inequities in Morocco.

3. Findings of a study on Inequalities Related to Covid 19 in Egypt.
4. Covid 19 Inequity in Egypt, What do we know? and what should we do?
as well as,
5. Three Commentaries by the Director, Healthier Population Division, World Health Organization Regional Office for the Eastern Mediterranean; Regional Director UN women
Regional Office for the Arab States; and Regional Director, UNFPA Arab States Regional Office.
6. Unsolicited contribution from a scholar in Sudan.

**E - Webinar on Policies Needed to Support Achieving the Sustainable Development Goals, taking into consideration the many current challenges in the Arab Region** (<https://emrsdgslearn.net/News/29>)

1. Keynote address on the efforts of LAS.
2. Health-related SDGs progress in selected Arab countries.
3. Innovative solutions for the future.
4. What policies are needed or possible in the current geopolitical context of the Arab region.

**F – Knowledge shared on the virtual platform**

The knowledge shared covered a wide array of issues carefully selected to serve the learning edge and regional focus. The convening and interaction functions of the virtual platform was directed to emphasize the three central targets of SDG 3: NCDs, SRH, and UHC. In addition, the platform did recognize regional specificities and targeted informing and supporting stakeholders to adopt SDH framing and to mainstream equity.

Of particular relevance to the current synthesis are the ‘Featured for You’ section of the platform that emphasizes paradigm shifts in addressing health goals, as well as recent regional reports and analytical findings posted under topical concerns.

These diversified sources of knowledge creation and their many outputs are drawn upon to address the following questions:

1. **WHAT HAVE WE LEARNED?**
2. **WHAT ARE THE ENABLING FACTORS SUPPORTING THE ACHIVEMENT OF GOALS?**
3. **WHAT ARE THE KEY CHALLENGES?**
4. **WHERE DO WE GO FROM HERE?**

**I. WHAT HAVE WE LEARNED?**

The learning produced allowed an improved understanding of what is happening well and not well in relation to:

I.1 The governance features, and the elements conducive to success in the realization of goals.

I.2 The concerns with equity consideration and the adoption of the social determinants approach in the vision and implementation efforts.

I.3 COVID 19 and the turmoils in the region in relation to SDGs.

I.4 The progress and achievements of goals.

**I.1 The Governance of SDGs**

Five specific characteristics were investigated as evidence of good governance. These cover:

The institutional structure, stated vision, policy coherence, ownership and participation, as well as the national reporting on weakness and challenges.

Table (1), provides a summary comparison of key governance features in the four Arab countries. This is followed by a presentation of general main findings.

|  |
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| **Table (1): Summary of key dimensions of SDG governance in the four partner countries.**  |
|  | **Egypt** | **Morocco** | **Jordan** | **Sudan** [[1]](#footnote-1) |
| Institutional Structure | Egypt established the National Committee for Monitoring the Implementation of the Sustainable Development Goals under the prime minister office with a mandate to link, or align, the global SDGs agenda with the national strategy. By 2018, the rapporteur of this committee and the monitoring function has moved within the mandate of the ministry of planning and economic development. The role of the Ministry is clearly quite central but the standing of the national committee and its functioning are less clear. | In Morocco, the Higher Commission for Planning (HCP), a governmental agency for statistics and research, is the main body responsible for coordinating and monitoring SDGs-related efforts. the formal responsibility of carrying out the 2020 VNR has been assigned to a National Committee for Sustainable Development (NCSD), headed by the prime minister. Membership in NCSD includes, on equal footings, members representing governmental bodies as well as professional and non-governmental organizations. The monitoring framework allow the involvement of non-state actors. | The institutional framework for SDG implementation in Jordan includes two high-level bodies: the Higher Steering Committee, headed by the prime minister, and the Higher National Committee for Sustainable Development headed by the minister of planning and international cooperation. Both committees have members from the government as well as from the civil societies organizations and the private sector. The institutional framework is completed by the Coordination Committee, which is headed by the secretary general of the ministry of planning and international cooperation with membership from line ministries, governmental departments, and other stakeholders. | The implementation of the sustainable development agenda in Sudan prior to the 2019 political change was directed by a multi-institutional structure. The leadership was allotted to a High-Level National Mechanism, headed by the prime minister, who was also the first vice president. Under the supreme leadership, the co-ordination was assigned to the National Population Council, while oversight was provided by The National Assembly, the Council of State, and the National Audit Chamber. Following the revolution, the focal point of co-ordination has moved to the Ministry of Finance. |
| **Table (1): Summary of key dimensions of SDG governance in the four partner countries - Continued** |
|  | **Egypt** | **Morocco** | **Jordan** | **Sudan** |
| Stated Vision | VNR does not include a separate vision statement. | In its 2020 voluntary review, Morocco explicitly notes some of the guiding strategies for sustainable development endeavours. The salience of human rights to the vision is supported by the involvement in SDGs monitoring activities, including VNR preparation, of the National Council for Human Rights. | VNR does not include a separate vision statement. | The 2018 voluntary review by Sudan explicitly refers to the vision on which the quarter century 2007-2031 strategy (QCS) was anchored. |
| **Table (1): Summary of key dimensions of SDG governance in the four partner countries - Continued** |
|  | **Egypt** | **Morocco** | **Jordan** | **Sudan** |
| Policy Coherence | Egypt’s launched a detailed well-articulated national 2030 strategy. Also, after launching the strategy sustainable development units were established in different ministries and governmental entities as focal points for SDGs implementation. It is not clear, however, what leverage these focal points have on guiding policies and practices within their entities, or what kind of coordination exists between these focal units. It seems that the functions of these units relate more to providing data and information to the ministry of planning for monitoring and reporting. | Morocco is explicitly championing a human rights-based approach to sustainable development. Equity and leaving no one behind are also centrally linked to this approach and hence tend to be structurally addressed. It could be noted that Morocco is strongly aware of the need for treating the 2030 agenda holistically and for avoiding piecemeal incorporation. | Jordan’s VNR emphasises the incorporation of the SDGs within different policies and national plans (not surprising due to investment in building elaborate institutional structures). Jordan also is aware of the need for treating the 2030 agenda holistically and for avoiding piecemeal incorporation. | Sudan has adopted an integrative strategy where the 2030 agenda and the SDGs are linked to, and harmonized with, the national planning frameworks at the national, sectoral, and State levels. |
| **Table (1): Summary of key dimension of SDG governance in the four partner countries - Continued** |
|  | **Egypt** | **Morocco** | **Jordan** | **Sudan** |
| Ownership and Participation[[2]](#footnote-2) | Egypt has adopted inclusive approaches to set national priorities and to develop national vision, through workshops, working groups, and other techniques for stakeholder engagement, such as using mobile applications. | Recognizing the need for wider participation, Morocco assign monitoring and evaluation functions to an inclusive body, the National Committee for Sustainable Development. The role of the committee in guiding policies and coordinating SDGs implementation is not clear, though. | Jordan has adopted inclusive approaches in carrying out their reviews, mainly through conducting consultative workshops.  | Sudan also has adopted inclusive approaches, through workshops, working groups, and other techniques for stakeholder engagement. |

**General Main Findings on Governance of SDGs**

*The Institutional Structure*

Good governance of SDGs implementation requires strong, effective, integrative, and inclusive institutional structures incorporating clearly delineated responsibilities, through interconnected components.

The findings among different countries in the Arab region demonstrate that a number of new institutional structures were formed. These structures reflect country attempts to build effective mechanisms and to involve non-state actors. The assignment of leadership of these structures took many forms. They all report to senior levels. They mainly combine the functions of monitoring, co-ordination and reporting under one focal point ranging from Ministry of Planning, Ministry of Foreign Affairs, National Population Council, and Statistical Offices,etc. Also, many of them established national committees to support monitoring and co-ordination.

In general, the existent institutional structures appear to serve reporting purposes more than to, support guide corporate responsibility and coordinate the implementation efforts. Although institutional reform is a major component of an enabling environment, particularly in terms of effectiveness, inclusion, and delineation. The available pieces of information do not pay the needed attention to reporting on any evaluation of the functioning of these structures.

*Stated Vision*

Submitting a voluntary national review indicates that the country is embracing the vision of the 2030 agenda, and, hence, a typical VNR does not include a separate vision statement. However, if SDGs implementation is anchored on strongly-held national visions, statements of these visions are expected to find their way to be explicitly stated in VNRs. A minority of reviewed VNRs includes explicit vision statements, and scarcer are those visions that clearly, and verifiably, prioritize the ‘leaving no one behind’ ethos of SDGs vision. It should be noted, however, that one can easily document positive initiatives catering for the vulnerable and underprivileged in many Arab countries. Many of these are covered in the platform outputs and posted on the virtual platform. Some of these will be referred to in section I.2. Also, Morocco provides a good example through its explicit emphasis on promoting human rights and equity.

*Policy Coherence*

Evidence of policy coherence can be found in the mechanisms employed to align national strategies with the global SDGs agenda. There are some evidence of integration efforts found in Bahrain, Egypt, and Sudan. Also, discernible emphasis on treating the 2030 agenda holistically and avoiding piecemeal implementation through incorporating SDGs within different policies and national plans are observed in a number of countries. There are many noticeable efforts to align SDGs with national strategies that are particularly commendable. Also, the investment (e.g: Iraq and Jordan) in building strong and effective institutional structures has contributed to avoiding policy fragmentation. Morocco explicit human right and equity vision have benefited its policy coherence.

*Ownership and Participation*

While the push by the SDGs agenda towards inclusion and participation starts to be felt, not all countries include non-governmental representatives in their leading or monitoring bodies; and when they do, sometimes the contribution of non-governmental representatives is limited to consultation. Some good examples, however, exist. Egypt, Jordan, Kuwait, and Sudan, in attempts to guarantee broader ownership, have adopted inclusive approaches while setting their national priorities and developing their national vision. The full participation and ownerships of non-state actors in active implementation are not captured adequately in the VNRs and are yet to be materialized.

*Analysis of Weaknesses and Challenges*

Although all reviewed VNRs dedicate sections to listing and discussing challenges, they largely miss a unified approach to challenge analysis that probe deeper in the structural sources of the recognized challenges. Iraq and Kuwait provide good examples where structural challenges are highlighted.

**I.2 Equity and Social Determinants of Health (SDH)**

The platform recognized, from the start, the centrality of equity and SDH as a cornerstone of its contributions. The platform outputs documented many positive signals but also major shortcomings. The outputs also provided tools and shared analytical pieces to support the needed movement to mainstream equity and to integrate SDH in policies and actions for SDG3 and 10.

The findings indicate that the development discourse in the four partner countries speaks adequately to ‘leaving no one behind’. Examples of priority policy concerns addressed in the four partner countries, that reflect this positive discourse, include poverty alleviation, women empowerment, area upgrading, as well as situation of migrants in Jordan.

These concerns were manifested in both improved measurement and diagnosis, as well as, the adoption of a number of quite ambitious interventions and initiatives.

It is commendable that the adopted initiatives were not marred by the traditional over-emphasis on changing individual characteristics of the vulnerable. They incorporated addressing contextual challenges that are known to shape risky health behaviors. Many of the implemented efforts, did indeed, target better economic opportunities, improved provision of public resources and services, changing negative ideational norms particularly relating to women and migrants.

The key challenge in the implemented initiatives was the conceptual framing of the causes of inequalities. The ‘causes of the causes’ and the ‘justice framing’ that demand transformative fair structural opportunities to achieve a more just distribution of resources, power, opportunities, and voice for health and wellbeing were shown to be quite weak.

The platform findings did, however identify some openings that can be built upon to allow pushing the equity consideration to the forefront.

Morocco embracing equity and human rights framing in its articulated strategies has manifested itself in much improved data collection and diagnostic efforts to measure inequalities and their root causes. The volume of tools and research that were conducted and posted on the virtual platform to document different health inequities, as well as Covid inequalities is but one demonstration of these efforts.

Another opening is Egypt concern with pursuing social justice and balanced geographic growth. This goal was explicitly articulated in “Egypt’s vision 2030” which postulated “… setting welfare and prosperity as the main economic objectives, to be achieved via sustainable development, social justice and a balanced, geographic and sectoral growth”. Egypt concerns with geographic justice found its place in the Ministry of Planning extensive use of the term area justice: It was also demonstrated in the development of tools for localizing SDG goals that was posted on the platform.

To further capitalize on the openings in many Arab countries, the platform devoted ample room to push for the centrality of equity and of adopting the SDH approach. These objectives found their place in all platform activities and outputs. Also, these objectives comprised a large share of the learning contributions of the platform.

The platform learning contributions included showing think pieces supporting the needed conceptual framing. These pieces were the highlights of the ‘Featured for You’ section posted on the virtual platform. The articles in this section covered calling for a ‘paradigm shifts in measuring development’ by the Prime Minister of New Zealand, to the thoughtful commentary on ‘social immunization’ by lead scholars in the field, up to the many regional pieces warning of the risks of injustices and the necessity of a new future regional outlook of development anchored on equity and corporate responsibilities for health for all.

The platform complemented the conceptual framing with concrete findings and tools for the purpose of encouraging the implementation efforts to be anchored on equity and SDH. The findings (as will be discussed in section I.5) did emphasize the severity of health inequities and the negative trend in a number of health indicators. Also, the platform illustrated how to move from health-to-health equity, how to measure inequity, how to investigate Covid-19 inequalities, and how to use UHC as a vehicle for achieving equity.

In terms of SDH, it is well recognized that the social underpinnings of health are well catered for in the range of SDG goals and targets. The pursuit of these goals and the success in achieving their targets are contributions to health. Such pursuit was not investigated in the platform activities and outputs. However, it is appreciated that these social goals are part and parcel of the National Development Agenda. The missing component is the interlinkages of social targets and the health outcomes. The health sector continues to be assigned the sole responsibility for health, and the social sectors are not accountable for health. The health in all policies, the health impact assessment and the corporate responsibility for health and its very much related intersectoral bodies and mechanisms are totally absent.

**I.3 Covid-19 and the Turmoils in the Region**

The platform design was careful to reflect contextual specificities by going beyond the main topics of concerns in SDG 3 and 10. The virtual platform allowed a special section for war and emergencies.

Covid-19, unexpectedly, pushed itself on the platform. It influenced the process adopted and the contents of the interaction and analytical studies. The platform was conscious to the many negative implications Covid-19 would have on SDGs efforts and attempted to constructively engage with these impediments. The large number of Covid-19 related outputs in the summary list provided earlier reflect this active engagement. The following points to some key impediments discussed in the platform activities and outputs.

These include:

* Measurement challenges and inaccurate estimates of the prevalence of infection.
* The neglect of Covid-19 inequalities in studies and actions adopted.
* The sole focus on vaccines and over medicalizing of Covid-19 policies and interventions.
* The threats to the SDGs agenda and the depletion of resources and energy for the realization of very much needed social goals.

The interactions and findings confirmed the operation of these impediments. They also availed think pieces, recommended approaches, illustrative tools, and even opportunities that can be built upon (such as virtual space, M-Health, preparedness of the health system…) to counter the negative impacts of Covid-19.

The engagement with Covid-19 required placing it within the grave constraints of the geopolitical context in the Arab region.

The discourse on geopolitical context started with contrasting the stark geographic inequities among sub-groups of neighboring countries.

Figure (1) shows a group of oil rich Gulf countries with adequate public and health services neighboring some of the poorest and least advanced countries in the region, as well as a group of countries torn by conflicts.

**Figure (1): Sub – groups of neighboring countries manifesting contextual inequalities**



The discussion covered the grave costs of physical and economic change in the region ($6.7-8.1 billion in an estimate of the World Bank). Lebanon escalated crisis following the Beirut blast was translated into estimates of serious financial and social burdens, including:

* Currency devalued by around 80%
* Extreme capital control measures
* Hyperinflation: food price inflation ≈200%
* Shortages of essential medicines
* Lay-offs and emigration of health personnel
* Poverty rate at 55% in May 2020
* Extreme poverty ≈23%

The discussion of root causes of some regional conflicts and sufferings did not shun away from voicing internal blames. For example, in the case of Lebanon the key intervention in the Zoom meeting highlighted both the sectarian political system, and the mismanagement on both economic and political fronts.

The two SDG goals (16 and 17) and some of their targets gained prominence as key contributors to health through their role in securing peace, justice and strong institutions, as well as through partnerships targeting developing countries with very much needed developmental co-operation. Selected targets within these two goals that are quite relevant to health are listed in figures (2) and (3).

The key message to health professionals in the Arab region, is that they should transcend their traditional role in SDG 3 and engage in advocacy for SDG 16 and 17.

**Figure (2)**

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**Figure (3)**

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9/19 targets refer to developing countries

* [**Implement all *development assistance* commitments**](https://en.wikipedia.org/wiki/Sustainable_Development_Goal_17)
* [**Mobilize *financial resources* for developing countries**](https://en.wikipedia.org/wiki/Sustainable_Development_Goal_17)
* [**Assist developing countries in attaining *debt sustainability***](https://en.wikipedia.org/wiki/Sustainable_Development_Goal_17)
* [***Invest in least-developed* countries**](https://en.wikipedia.org/wiki/Sustainable_Development_Goal_17)
* [**Promote *sustainable technologies* to developing countries**](https://en.wikipedia.org/wiki/Sustainable_Development_Goal_17)
* [**Strengthen the *science, technology and innovation capacity* for least-developed countries**](https://en.wikipedia.org/wiki/Sustainable_Development_Goal_17)
* [**Enhanced *SDG capacity* in developing countries**](https://en.wikipedia.org/wiki/Sustainable_Development_Goal_17)
* [***Increase the exports* of developing countries**](https://en.wikipedia.org/wiki/Sustainable_Development_Goal_17)
* [***Remove trade barriers* for least-developed countries**](https://en.wikipedia.org/wiki/Sustainable_Development_Goal_17)

**I.4 The Progress and Achievements of Goals**

The findings are summarized in the following three sections. The first covers the general achievements for some sub regional classifications. The second focuses on the achievements in the four partner countries. The third deals with the inequalities in health indicators.

1. **Achievements at sub regional classifications**

The analysis of progress and achievements covered four sub classifications of the Arab region. These are provided in table (2)

**Table (2): Arab countries classifications in four sub-regions**

|  |  |
| --- | --- |
| Maghreb countries (MC) | Morocco, Tunisia, Algeria |
| Oil rich countries (ORC) | Kuwait, Saudi Arabia, Qatar, United Arab Emirates, Bahrain, Oman |
| Least developed countries (LDC) | Sudan, Yemen, Somalia |
| In conflict countries (CC) | Syria, Libya |

The analysis was based on the SDG health indicators annexed to WHO health statistics reports (2016 and 2020 reports).

The levels of the SDG health indicators for the four sub – regions were compared to their levels for the Eastern Mediterranean Region (EMR) and to their global levels.

The health and health related SDGs indicators have been aggregated into sub-themes as follows:

* Life expectancy at birth (LEB) and healthy life expectancy at birth (HLEB)
* Reproductive and maternal health
* Infant and child health
* Communicable disease
* Non communicable diseases, maternal health and environment risk factors
* Injuries and violence
* Universal health coverage and Health systems

The findings can be summarized as follows:

* The four sub – regions have made some progress towards achieving health SDGs. However, the rate of this progress varies widely among the four sub – regions.
* The ORC and the MC showed similar levels for almost all the health-related SDGs indicators despite the vast differences in financial resources for health. These indicators are:
* Life expectancy at birth and health life expectancy at birth
* Adolescent birth rate
* Births by skilled personnel
* Children nutrition
* Communicable diseases, non-communicable diseases and death due to environmental causes
* For the other health indicators, the analysis showed that the Maghreb countries are on the right track to achieve the SDG targets.
* By contrast, CC and the LDC are still facing important challenges to honor the 2030 agenda commitments.
1. **Performance of four partner countries on SDG health related indicators**

The following findings confirm the diversity of performance levels, highlight the challenges facing Sudan, and that, despite progress in general, the road ahead still calls for making better use of the enablers and addressing the many challenges that will be covered in sections II and III.

The analysis aims to compare between the four countries and the specified SDG targets if available using the most recent WHO World Health statistics (2020). If no specific target was set for the SDG indicator, the comparison was made against the Eastern Mediterranean Region and the global levels.

Table (3) offers an overview of this comparison. The lighter shade indicates that the country is on the right track to achieving the SDG health indicator, while the darker shade highlight indicates that the country is lagging far behind the EMR and/or the global levels of the indicator.

At a first glance, table (3) shows a clear gradient among the four countries. Jordan exhibits the highest performance among all the four countries with only two exceptions. Jordan road traffic mortality rate exceeds both the EMR and the global level. Also, Jordan lags behind in international Human capacity index compare to other 3 countries as well as the EMR and global levels.

Morocco comes in second rank with only three indicators falling behind the average level of EMR or the global level. The first relates to new TB cases per 100,000 where Morocco scored the highest rate among the four countries (99 per 100,000). Similar to Jordan, road traffic mortality rate was also high in Morocco (19.6 per 100,000) exceeding slightly the rates for EMR or the global level. The third ill performance indicator for Morocco was the density of Medical staff (Medical doctors, nurses and trained midwives). This indicators was only 21.2 per 10000. This level is lower than the EMR (24.6 per 10,000) and far lower than the global level which calls for 53.2 medical staff per 10,000 population.

Egypt ranks third among the four countries with ill performance on six of the 20 indicators examined in this comparisons. Egypt shows a high level of adolescent birth rate (51.8 per 1000 (15-19)) that exceeds both the EMR level as well as the global level (46.5 and 42.5 per 1000 (15-19)). Additionally, stunting affects almost one quarter of the children under 5 year. Although it is slightly lower than the EMR level (24.2%), it exceeds the level of the global level (21.3%). NCD claims the lives of 27.2% of Egyptians aged 30-70 years and the probability of dying from NCD in Egypt is far higher than those of the EMR and global levels. Suicide mortality rate in Egypt show slightly higher level than its level in EMR but was lower than that for the global level.

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| Table (3) SELECTED INDICATORS |
| SDG health related indicator | **Egypt** | **Jordan** | **Morocco** | **Sudan** | **Comparison group** |
| **EMR** | **Global** | **SDG target** |
| Life expectancy (M/F)(2016) | 68.2/73.0 | 72.7/76.0 | 74.8/79.2 | 63.4/66.9 | 67.7/70.7 | 69.7/74.2 | -- |
| Maternal mortality ratio (per 100,000 LB), 2017 | 37 | 46 | 70 | 295 | 164 | 211 |  |
| Proportion of births attended by skilled health personnel (%) | 92 | 100 | 87 | 78 | --- | 81 | 100 |
| Adolescent birth rate (per 1000 15-19), 2010-18 | 51.8 | 27 | 19 | 86.8 | 46.5 | 42.5 |  |
| U5M (per 1000 live births), 2018 | 21 | 16 | 22 | 60 | 47 | 39 | 25 |
| Neonatal mortality (per 1000 LB), 2018 | 11 | 9 | 14 | 29 | 26 | 18 | 12 |
| Stunting in children under 5 (%), 2010-19 | 22.3 | 7.8 | 15.1 | 38.2 | 24.2 | 21.3 | zero |
| New HIV infections (per 1000 uninfected population) | 0.04 | 0.01 | 0.03 | 0.13 | 0.07 | 0.24 |  |
| New Tbc cases (per 100,000), 2018 | 12 | 5 | 99 | 71 | 115 | 132 |  |
| Dying from NCD between 30-70 (%), 2016 | 27.2 | 19.2 | 12.4 | 26 | 22.0 | 18.3 |  |
| Suicide mortality rate (per 100,000), 2016 | 4 | 2.9 | 2.9 | 8.1 | 3.9 | 10.6 |  |
| Mortality rate- HH & ambient air pollution (per 100,000), 2016 | 108.9 | 51.2 | 49.1 | 184.9 | 125 | 114.1 |  |
| Mortality rate-unsafe WASH (per 100,000), 2016  | 2 | 0.6 | 1.9 | 17.3 | 10.6 | 11.7 |  |
| Mortality rate-unintentional poisoning (per 100,000), 2016 | 0.2 | 0.6 | 0.6 | 3.9 | 1.5 | 1.4 |  |
| Mortality rate- homicide (per 100,000), 2017 | 3.8 | 2.8 | 2.1 | 6.0 | 5.1 | 6.3 |  |
| Road traffic mortality rate (per 100 000 population) | 9.7 | 24.4 | 19.6 | 25.7 | 18 | 18.2 |  |
| UHC: Service Coverage Index, 2017 | 68 | 76 | 70 | 44 | 57 | 66.0 | 100 |
| IHR Core Capacity Score | 83 | 43 | 75 | 57 | 66 | 63.0 |  |
| Medical staff per 10,000, 2014-18 | 23.8 | 51.4 | 21.2 | 9.6 | 24.6 | 53.2 |  |
| DTP3 coverage among 1 year old (%), 2018 | 95 | 96 | 99 | 93 | 82 | 86 |  |

Source: World Health Organization. (‎2020)‎. World health statistics 2020: monitoring health for the SDGs, sustainable development goals. World Health Organization. <https://apps.who.int/iris/handle/10665/332070>. License: CC BY-NC-SA 3.0 IGO

1. **Health inequality in Arab countries: Levels and trends**

The call for equity across all dimensions of human lives and the recognition of the importance of “leaving no one behind” have been acknowledged explicitly in the sustainable development goals. This call has its roots, in terms of health, starting with the 1946 WHO constitution in the definition of health and the call of health as basic human right. It is indeed surprising that the concern with health inequality has only recently gained significant attention among researchers and policy makers round the world. Unfortunately, the investigation of health inequality in the Arab region continues to be limited.

The Covid-19 pandemic has alerted many Arab countries to the close links between social conditions and Covid-19 infection inequalities. Relevant recent reports, posted on the virtual platform, allowed an evidence-based assessment of inequalities challenge in this domain, but also to the need for better data and tools of measurement.

The reports documented the severity of health inequities and the negative trend in a number of health indicators. These signaled that the overall improvement in health measures was not fairly distributed among social groups and highlighted the urgency of action. The following briefly highlights some of the findings:

* The level and severity of inequalities in the three countries of Egypt, Morocco and Sudan are much higher than the corresponding level of inequalities in Jordan. The measures of inequality are much higher than the cut-off point of 10% for several indicators across the stratifiers investigated. This measure reaches as high as 24.4%, 19.6 and 27.2 for Egypt, Morocco and Sudan, respectively.
* The geographic area inequality for Egypt and Morocco is more severe than wealth and gender inequality. Also, the severe level of geographic area inequality in Egypt and Morocco affects a larger number of indicators than wealth and gender.
* The indicators reflecting severe levels of inequality encompass both impact and risk factors of both social and biological nature. However, the consistency between the inequalities in risk factors and impact measures is not demonstrated for all stratifiers. Clearly, the available SRH impact measures do not capture the broad range of social and mental dimensions of health that are expected to be more affected by some of the risk factors (for example data on mutual aspects of heath, that are known to be linked with violence, is missing).
* Jordan SRH measures do not reflect a degree of inequality that was considered severe (above 10%) except for wealth stratifier and the two indicators of infant mortality and marital physical violence during pregnancy
* The inequality measures show very high health system performance and capacity inequality for Egypt, Morocco and Sudan. The degree of significant inequality in system performance ranges from 10.0% to 34.2%.
* For Jordan, the degree of significant health system inequality is again reflected on in the wealth stratifiers and is ranging between 13.5% to as high as 35.2%. Oman limited available information, point that even in countries where important achievements are realized on the physical health front, health system inequalities could be a concern. This concern is only captured in geographic variations but disappears on the wealth front.

**II. ENABLERS**

These diversified sources of knowledge creation have confirmed the relevance of the supporting environment and of factors that transcend healthcare systems. The analysis identified four enabling factors that, when invoked, could provide strong support to national efforts towards the achievement of the sustainable development agenda. These are discussed in what follows:

## **II.1) Political Will, Ownership and Commitments**

The necessity of political will is well recognized. This is, indeed, the reason behind seeking the endorsement of development goals (first the millennium development goals in 1990, followed by the sustainable development) by heads of states and governments in 2005. Political will is essential in every and each context. It is even more essential under autocratic and partial-democratic political systems.

The 2030 sustainable agenda is all compassing. It entails comprehensive changes that transcend any specific sector. All-of-government policies are not simply efficient add on to the agenda; they are essential part of it. Specifically, health-related targets are not achievable without a social determinants of health framing. Ownership of, and commitment to, the agenda by leadership at the highest level of government are, hence, necessary conditions for successful implementation.

Ownership of the agenda was manifested in a number of self-reinforcing governance features.  The establishment of SDGs specialized structures, the development of national strategies, the inclusion of non-state actors in the discussion and review of progress, the production of Voluntary and National Reports are all very positive governance features enabling effective implementation.

In terms of implementation evidence from the analytical reports on the achievement of health-related targets in the Arab region show countries with moderate levels of per capita national income on track to achieving health targets at paces comparable with oil-rich Gulf States. High-level political commitment as documented, for example, in Egypt and Morocco, provides one plausible explanation of that observation. The centrality of political commitment is also confirmed by lessons from other countries. Strong adaptive political will and leadership is what found to be common of the historical experiences in the three countries (Brazil, Germany, and Turkey) whose health coverage systems are used as benchmarks to guide Egypt’s new system in a research piece supported by the platform.

**II.2) Demonstrated Concerns with Social Justice**

The sustainable development agenda introduces a new paradigm that mainstreams equity and upholds leaving no one behind as a main cross-cutting goal.

Some countries in the region are internalizing this change of focus. Morocco, with a very strong human-rights based vision of development, and of health, provides a good example of adopting the new paradigm.

The many outputs from Morocco demonstrate how a clear vision translates to establishments of high-level structures (such as the National Observatory for Human Development that was an active partner in the platform), collecting and analyzing data (the presentation on Covid-19 inequality tools and findings is but one example), as well as equity-focused efforts. These are expected to lead eventually, to real achievements on the equity front.

Egypt national strategy embraces social justice, and its implementation efforts encompass a large number of initiatives and interventions.  Area justice is very prominent in SDGs efforts and encouraged the development of SDGs localization tools (This was presented as a prototype for a didactic presentation developed within the EMR-SDGs knowledge-dissemination and capacity building mission). In addition, gender empowerment is clearly a cornerstone of Egypt efforts.
Notwithstanding these well conceptualized efforts, the findings did demonstrate that the conceptual framing of social justice and its manifestations across the Arab region remain at the level of alleviation of sufferings and addressing the most vulnerable. The region can indeed pride itself on the large number of initiatives targeting the vulnerables. These range from Egypt internationally acclaimed efforts to cater for the impact of Covid-19 on vulnerable women(cited in regional fact sheet published by UNDP and UNwomen and posted on platform as the best country in the West Asia and North Africa region in terms of the number of procedures implemented); Jordan efforts to adopt initiatives to cater for health status of migrants (reflected in the increased volume of new data sources and analytical pieces posted on platform; to innovative approaches to support poor households in Sudan (as described in the second webinar).

**II.3) Centrality of SDG’ Health Priorities in the Development Agenda**

The health dimensions identified by SDG as priorities such as Universal Health Coverage (UHC), Sexual and Reproductive Health (SRH), and Noncommunicable Diseases (NCDs,....) have all received increased attention in the implementation efforts of different countries. The many regional outputs listed on the platform reflect such prioritization. UHC in particular is activity pursued and the platform interactions focused on comparative analysis of experiences and tools to support implementation.
The national presentation to the platform partnership meeting highlights how Morocco recognizes universal health coverage (UHC) as the ultimate target that incorporates and presumes the achievement of all other health-related targets. The underlying model guiding the Moroccan aspiration to achieve UHC, and SDGs in general, is that of integrative development, proactively adopting health in all policies and multisectoral approaches to health. Jordan policy brief was another example on how UHC can be used as a vehicle for equity.

**II.4) Structures and Mechanisms to Capitalize on Regional Commonalities**

Effective collaboration is beneficial not just within countries but also between countries. Peer learning and lesson sharing assume prominent roles in the SDGs reporting framework. The feasibility and relevance of collaboration and peer learning across the Arab region are underscored by the findings of the comparative analytical reports and case studies and in peer discussions during the partnership meeting and open webinars. Now and again, the commonalities in experiences and challenges present themselves in contrast to stark economic, political, and social diversity. Indeed, the regional diversity helps accentuate these commonalities and opens potential avenues for collaboration and emulation.

In her keynote address at the second open webinar, the director of Sustainable Development and International Cooperation of the League of Arab States stressed the relevance of such collaboration. It is promising to learn of the several ongoing pan-Arab initiatives, which demonstrate the potential role to be played by the Arab sustainable development committee in unifying the regional vision and pushing the SDGs agenda.

**III. CHALLENGES**

**III.1) Shortcomings in SDGs Governance**

The positive features discussed above, in terms of political will, ownership and commitments as well as their manifestations, are facing a number of shortcomings.

As documented by the reviews of the SDGs implementation in the Arab region and in selected case studies, the features listed above as enabling factors for good governance are far from being adequately capitalized on. When partners from the four partner countries (Egypt, Jordan, Morocco, and Sudan) were invited to present the situation of health-related SDGs implementation in their countries, the need to identify challenges and setbacks was stressed. Based on these presentations, on the analytical report of the achievements of health-related targets, on the case studies addressed in rewarded research pieces, and on the comparative reading of VNRs, three main challenges are identified: weak institutions, and non-realization of full inclusiveness and effective participation, as well as data shortage.

* **Weak institutional structures**

The analytical report on governance in SDGs implementation documents large within-regional differentials in the commitment to institutional development. Differences in the supremacy level of the leading institutions guiding, coordinating, and monitoring implementation efforts are reflected downstream in differential effectiveness in adopting holistic approaches to policy making. The lack of supremacy is not seen as a reflection of lack of political will and investment in the 2030 agenda, it is believed to be a symptom of chronic institutional weakness and lack of awareness of, and attention to, institutional importance.

National monitoring of SDGs implementation occurs within its institutional structure. Typically, then, it misses one of the weakest channels in this implementation – the institutional structure itself. The outsider reading of the voluntary national reviews could unearth such weaknesses. Existent institutional structures tend to serve reporting purposes more than to help guiding and coordinating implementation efforts. Successful SDGs implementation requires strong, effective, integrative, and inclusive institutional structures. This prerequisite is still largely missing in the region.

Institutional weakness is not only a problem at the coordination multisectoral level, but also at the implementation and sectoral level. Those who work in the region painfully see changes in leadership, at almost any level, typically resulting in overturning of the institution’s direction and collaboration systems, an unfailing indicator of weak institutions. Under such circumstances, stability can only be accomplished with minimum leadership change, that is through stagnation.

The analytical report of the achievements in reaching health-related targets clearly shows countries in conflict lagging. It is important to note that one-way conflict does interfere with development is through the destruction of existent institutions and the severance of people’s trust in public institutions.

* **Non – realization of full inclusiveness and effective participation**

Another constraint is that the participation of non-state actors, in institutional committees and in consultations, does not extend to the active implementation front.

The ethos of leaving no one behind is typically understood to refer to outcomes of the SDGs agenda, yet it could equally refer to the agenda’s implementation process. Partnership, inclusion, collaboration, and representation are concepts that fall at the heart of the global agenda.

The non – state actors contributions to implementation remain at the periphery. Research bodies in the region are facing a constraining environment in collecting data and accessing information. The marginalization of research bodies and community actors reinforce another challenge that appears very salient in any regional discussion of developmental challenges. The unprecedented data requirement of the SDGs indicators framework poses severe challenges to almost all countries in the world. Regardless of several ongoing correction measures, this is especially the case in a region where data collection, disaggregation, and dissemination have already been severely under par.

 **II.2) Persistent and Growing Inequities**

Health equity assumes a high standing, in the discourse and activities supported by the EMR-SDGs Learning Platform, reflecting the SDGs underlying vision and the adoption of the social determinants of health framing.

The consideration of inequities poses several challenges at different levels. First and foremost, at the conceptual level, the centrality of fairness as a cornerstone of good governance and as a necessary feature for social cohesion and development is absent in the region agenda. Also, the appreciation of the responsibility of upstream forces in producing and sustaining the “systematic preventable and unjust health differences among social groups” is almost non-existent.

Generally, leaving no one behind remains as an add on to the development vision and continues to be anchored on a moral human right rationale. The challenge is for equity to assume its hoped – for primacy, and to anchor it on a justice multilevel social framing incorporating the causes of the causes.

For researchers, the challenges are the lack of data to document inequalities and to relate them to contextually sensitive, as well as stratification processes, and the lack of skills to measure inequities and to link them to national policies. In addition to lacking such informed knowledge, policy makers also face the challenge to develop and implement feasible and effective policies to mitigate and to correct for identified inequities.

The many findings posted on the platform, despite the shortage of data and information, support a picture of persistent and growing inequities that are not placed at the forefront of attention and of policies and action.

## **III.3) Political Instability, Conflicts and Covid-19**

This challenge is very salient to both policy makers and regional reviewers. Armed conflicts are not new in the Eastern Mediterranean region, which hosts the largest fraction of the global number of refugees and displaced people. The last decade, however, has greatly aggravated this situation as decades of political stagnation in several countries overturned into political havoc and civil unrest. With the increasing refugee flows, countries spared such fate, such as Jordan, have nevertheless suffered its consequences. Resources that are already scarce are further depleted, and long-term economic and social problems are further aggravated.

**Covid-19** hit the world and severely interfered with efforts to achieve the SDGs as no other previous adverse event has ever done. There is a strong speculation that Covid-19, and its adverse consequences, will remain with us for a long time. The pandemic poses its new unique challenges, but it also interacts with and exacerbates the other challenges listed above.

The platform paid special attention to the influence of contextual realities on SDG agenda, the sufferings of the vulnerable, and the pursuit of equities. Recommendations for the future were part and parcel of the platform deliberation.

## **III.4) Preparedness of the Health System and Stewardship Role of Health Sector**

The health system is clearly struggling to meet its obligations, to cater for the overwhelming demands of unexpected emergencies whether as disease outbreaks or conflict torn countries. The limited political leverage of the health sector and shortage of resources are well known serious impediments to its performance.

Furthermore, the recent call on the health sector to play an additional stewardship role to hold social sectors accountable to health and wellbeing, and to push equity to become a measure of social and development success is an unsurmountable challenge.

Addressing the many health system constraints and challenges and investing in its ability to lead the equity lens and SDH approach should be considered the route to the realization of the ultimate sustainable development goal of “Health and Wellbeing for All”.

**IV. Future Directions**

The future directions require strengthening the enablers, recognizing and dealing with challenges, as well as discovering a silver lining within existent limitations. The many platform outputs proposed concrete recommendations. The following complements these by highlighting four important self-reinforcing tracks.

It is probably appropriate to point out that the findings of the recently established WHO EMRO commissions on Social Determinants of Health are expected to provide further ammunition to the following recommendations.

**IV.1 A Visionary Approach to Development**

The placement of health and well-being at the heart of the development agenda is finding its place on a number of fronts. However, this placement remains quite blurred and fails to invoke the necessary policy commitments and actions.

The adoption during 2011, of the UN resolution that called for all public policies to be judged by their impact on health is but one of the fronts. The call to track happiness and wellbeing of people that accompanied this resolution remains at the level of international reporting that ranks countries by the degree of happiness of its people. These reports capture their five minutes of fame in media discourse but soon disappear from the lime light.

The national ownerships of the level and distribution of well-being as well as the policy actions implied in such a distribution are quite muted.

The WHO repeated and untiring call for the centrality of well-being to development continues to be largely an institutional quest not embraced by other influential bodies.

A telling example of this blurred placement of well-being is demonstrated in the difference between the portrayal of SDG goals by WHO and other constituencies provided in figure (4)

**Figure (4): SDG goals and placement of Goal 3**

Source: Commonly used graph Source: WHO publication

The importance of a visionary approach driving the SDGs was given its due attention in the platform interactions and tools. One example of the adoption of this visionary approach at a country level was provided through posting on the virtual platform the intervention of the Prime Minister of New Zealand at the World Economic Forum, is posting the noted how New Zealand has explicitly implemented the “health in all policies” principle through its living standard framework and innovative well-being budget.

The platform also showed how the visionary discourse found its way in many development strategies in Arab countries and in a number of initiatives These are openings that should be built upon to consolidate the anchoring of all SDG policies on a broad comprehensive and human rights-based development vision.

**IV.2 Endorsing Social Immunization as an Effective Vaccine**

The SDH framing is never questioned even by those who are wedded to the biomedical model of health. However, the widespread appreciation of the influence of social determinants of health does not necessarily lead to opting for the social route as the way to alleviate and, more importantly, to prevent the unjustified high burden of ill health. The historic well-known frosty and dismissive reaction to the pioneering Black report is operating today as it was during the 1980’s. The following quotation (posted on the platform) provides an illustrative example of the mindset that continues to prevail: “I must make it clear it will be seen that the Group has reached the view that the causes of health inequalities are so deep-rooted that only a major and wide-ranging programme of public expenditure is capable of altering the pattern. I must make it clear that additional expenditure on the scale which could result from the Report’s recommendations – the amount involved could be upwards of 2 billion pounds a year – is quite unrealistic in present or any foreseeable economic circumstances, quite apart from any judgment that may be formed of the effectiveness of such expenditure in dealing with the problems identified. I cannot, therefore, endorse the Groups’ recommendations.”

What is currently needed is an endorsement of social immunization as a feasible vaccine with proven efficacy. The term “Social Vaccine” was used recently by two distinguished scholars (Fran Baum, Sharon Friel) to make a case that dealing with Covid-19 pandemic and the inequities it has revealed and exacerbated, requires not just medical interventions but a radical transformation. They rightly stated (as posted on “Featured for You” section of the platform) that: “Conceptualization of demands for healthy policies and the achievement of the policies as a social vaccine have a couple of advantages. First the conceptualization brings the social into the medical realm and so gains some of the power and prestige that the institution of the medicine has gained in our society. Second the metaphor works to reduce the political nature of social determinants of health and points more to the evidence behind the policies by drawing on the recognized effectiveness of vaccines in combatting infectious disease”. The road ahead required building a very much needed consensus on the feasibility of implementing social transformations and on the effectiveness of intervening on the upstream levels in achieving ‘health and well-being for all’ goal.

**IV.3 Prioritizing SDG 16 and 17**

The SDG integrated agenda is driven by an understanding of self-reinforcing influences of the many determinants of health. Among these, Goals 16 and 17 are instrumental in addressing the many challenges identified earlier. Goal 16 of ‘peace, justice and strong institutions’ speaks directly to internal impediments. The goal targets the need for effective, accountable and transparent institution, responsive and representative decision-making, reduction of corruption and bribery, and promoting the rule of law and the equal access to justice.

Goal 17 is in total contrast with the very negative model of current international relationships. The disrespect of national sovereignty, the military interferences both directly and indirectly, the sanctions and occupations are clearly undermining and curtailing the achievements of SDG goals. Goal 17 on ‘partnerships for the goals’ lists the targets that capture the ‘normal’ of international relations and development collaboration.

The platform explicitly identified the SDG power of these two key goals and the importance of their prioritization.

**IV.4 Whole of Government Accountability to Health Equity**

Moving from health promotion and the health system responsibility for health-to-health equity and the corporate responsibility of whole of government and whole of society to health are yet to materialize.

The three tracks identified earlier should manifest themselves in the effective implementation of ‘health equity in all policies’ and ‘health equity impact assessment’. Such effective implementation requires a value change on the role of fairness in good governance, a knowledge change on the priority social policies and actions with demonstrated highest impact on health equities, a policy implementation change driven by strong accountable institutions and conducive international relationships.

1. Sudan’s VNR was dated before the 2019 revolution and, hence, cannot be considered as representative of the current national direction. [↑](#footnote-ref-1)
2. Egypt, Jordan and Sudan regard the inclusive approach as necessary to guarantee broad-based national ownership. [↑](#footnote-ref-2)