

New report provides groundbreaking insights into the state of health inequities in the Eastern Mediterranean Region

Cairo, 31 March 2021 – Health inequities in the Eastern Mediterranean Region are startling. They have long prevailed and the COVID-19 pandemic is only adding to the heavy burden of inequality according to a new report developed by the Commission on the Social Determinants of Health in the Eastern Mediterranean Region, with support from the Alliance for Health Policy and Systems Research and Institute of Health Equity at University College London.

The report “Build back fairer: achieving health equity in the Eastern Mediterranean Region” provides ground breaking insights into the state of health inequities in the Region and urges countries to take action to address the social determinants of health to reverse the worsening trend of inequity – aggravated by the COVID-19 pandemic, ongoing conflict, mass movements of people, environmental challenges, gender inequities and unemployment.

“There is no biological reason for the startling differences in life chances for people in our Region. Inequalities in health are evident from the beginning of life: under-5 mortality ranges from 7 to 128 per 1000 live births, life expectancy ranges from 54 to 79 among men, and from 57 to 80 among women. Inequities in power, money and resources prevail. These are what we call the social determinants of health, and we need to address these to improve people’s health,” said Dr Ahmed Al-Mandhari, WHO’s Regional Director for the Eastern Mediterranean. “As this report shows, the impact of COVID-19 will increase inequalities unless immediate mitigation and adaptation measures based on equity are introduced,” he said.

The report looks at how COVID-19 infection and mortality are related to occupation, socioeconomic position, and pre-existing health conditions, which are often related to lower socioeconomic status. Although WHO’s Eastern Mediterranean Region has had a relatively low number of deaths from COVID-19 as compared to other regions, containment policies are set to have a long-term impact on health, and in particular on those who are already among the poorest and most vulnerable groups.

Conflict and insecurity affect more than half of the countries in the Eastern Mediterranean Region, which accounts for the majority of the world’s conflict-related deaths. This is in addition to a heavy burden of conflict-related injuries and resulting disabilities and high rates of communicable and noncommunicable diseases and poor mental health, which all have a vastly negative impact on opportunities to improve health equity.

Health inequities are directly related to a lack of social justice and without measures to ensure a more equitable distribution of wealth and greater willingness of governments to increase expenditure on health and to address the social determinants of health, health inequities in the Region will only increase.

Unemployment and poor working conditions also pose serious challenges to health. Workers in the informal economy, which lacks government oversight, are deprived of employment rights and protections, and the consequences of poor working conditions are also disastrous for long-term health. Women, children, economic migrants and refugees are among some of the vulnerable groups working in this informal sector.

According to the Gender Inequality Index (2018), published by the United Nations Development Programme, the Region had the third highest levels of gender inequalities among all regions – gender inequalities also have a critical influence on outcomes related to health, education, employment and income.

While recognizing the importance of diversity in culture and religion the report examines how societies address health inequities and related issues, such as displaced populations and migration, and looks at how religious misinterpretation can stigmatize certain groups of patients and result in poorer health outcomes. The report claims that cultural and societal beliefs which propagate stereotypes also hinder development and limit the scope of opportunity for people to achieve their full health potential.

Climate and the environment are also indicators for poor health outcomes and with significant increases in temperatures and decreasing precipitation, the most affected are again those who are the most vulnerable, those living in poverty and/or cramped urban settlements, including migrants and refugees.

WHO's Regional Director Dr Al-Mandhari noted that, "In recognizing the inequities in health and their social determinants 'building back fairer' will mean making health and social systems more equitable to achieve our regional vision of health for all by all. The way ahead entails ensuring universal coverage of basic health services and establishing mechanisms for financial protection to shield people against the negative consequences of ill-health. And ending discrimination against women is a prerequisite for better social determinants of health in any society. These social determinants need to be addressed in the COVID-19 response and in responses to conflict, and in addressing underlying inequities and bringing together conflicting sides we can pave the way to build back better, build back fairer".

The report, prepared by global and regional experts led by the Chair of the Commission and leading global voice on health equity Professor Sir Michael Marmot, was presented to stakeholders today in Cairo. The meeting was also addressed by WHO's Director-General Dr Tedros Adhanom Ghebreyesus, WHO's Regional Director Dr Ahmed Al-Mandhari Her Excellency Minister of Health and Population of Egypt Dr Hala Zayed, His Excellency Minister of Health of Oman Dr Ahmed Bin Mohamed Al-Saidi, and UNICEF's Regional Director for the Middle East and North Africa Mr Ted Chaiban.

