

Feasibility of Measuring Unmet Health and Social Care Needs in the WHO Eastern Mediterranean Region (EMR)

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Acknowledgments

- ▶ This research is part of a global initiative commissioned by the WHO Kobe Centre for Health Development (WKC).
- ▶ Aligns with WHO's global efforts to measure unmet health and social care needs, particularly for older adults.
- ▶ Supports WHO's Universal Health Coverage (UHC) agenda and the Sustainable Development Goals (SDGs) by promoting equitable access to health services for vulnerable populations.

Introduction

Overview of the Eastern Mediterranean Region (EMR):

- ▶ Countries: Afghanistan, Bahrain, Djibouti, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, UAE, Yemen, and the occupied Palestinian territory (including East Jerusalem).

Ageing Population Overview:

- ▶ Substantial improvements in health indicators, particularly in life expectancy at age 60.
- ▶ Fast transitions with varying degrees and speeds.

Why Measure Unmet Needs?

- ▶ Ageing population poses significant challenges.
- ▶ Disparities in healthy life expectancy and healthcare access persist.
- ▶ Non-communicable diseases (NCDs) are the leading cause of death among older adults.
- ▶ Systemic issues, sociopolitical instability, and COVID-19 exacerbate unmet needs.

Study Aims

- ▶ Identify and quantify unmet health and social care needs, focusing on the EMR.
- ▶ Understand health and economic burdens to individuals.
- ▶ Assess barriers to accessing care.

Methods

Mixed-Methods Approach:

- ▶ Rapid literature review of 22 studies.
- ▶ Call for evidence via a 20-question survey.
- ▶ Review of data and key indicators.
- ▶ Limited data analysis

Methods - Literature Review

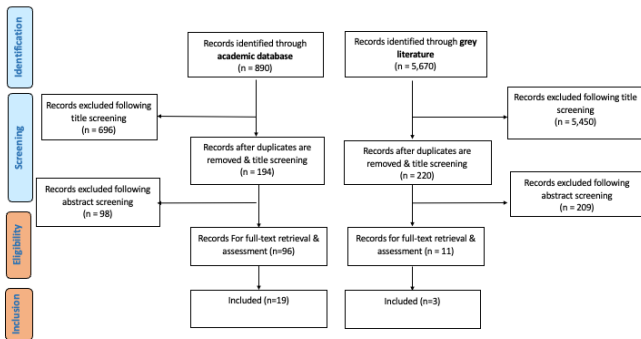


Figure: PRISMA flowchart depicting selection of studies for review.

Findings – Unmet Health Care Needs

- ▶ Prevalence ranges from 4% to 84%, depending on population and setting.
- ▶ Example: 84% unmet needs among Syrian refugees in Lebanon.
- ▶ Data is scarce and not generalizable.

Findings - Universal Health Coverage

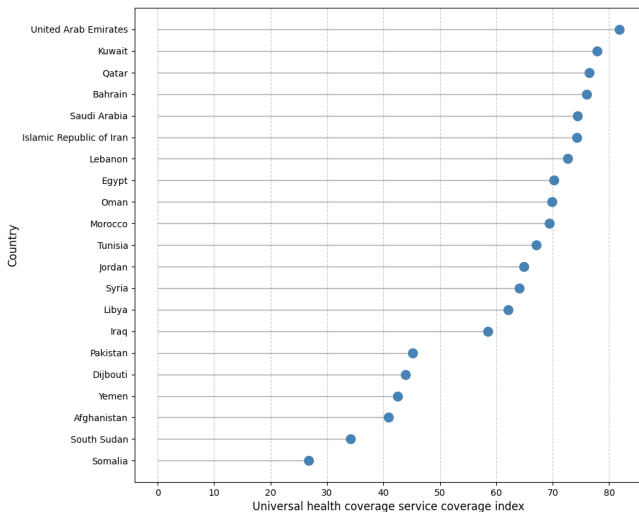


Figure: Service coverage index for essential health services in the countries and territories of the EMR.

Findings - Utilizing data from World Values Survey, waves 6 and 7

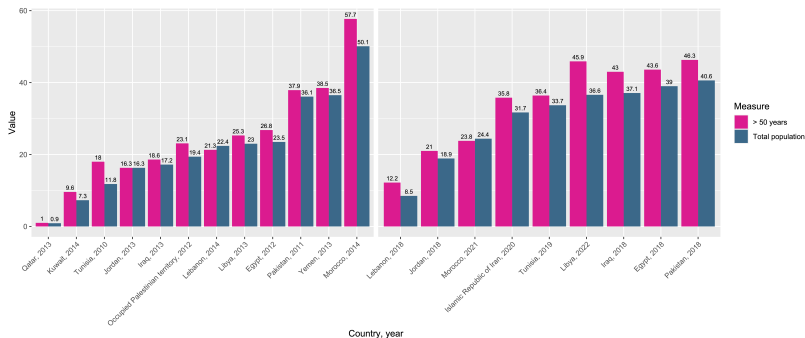


Figure: Prevalence of unmet health care needs of the older population (50+ years) in different countries of the EMR.

Findings – Social Care Needs

- ▶ Only two studies directly addressed unmet social care needs.
- ▶ Prevalence ranges from 9.5% (Iran) to 58.9% (Palestinian cancer patients).
- ▶ Significant gaps in research and data availability.

Drivers of Unmet Needs

Key Factors:

- ▶ **External:** Conflicts, COVID-19 pandemic.
- ▶ **System-Level:** Service availability, affordability, infrastructure.
- ▶ **Meso-Level:** Workforce shortages, cultural barriers.
- ▶ **Individual-Level:** Age, sex, income, education, health literacy.

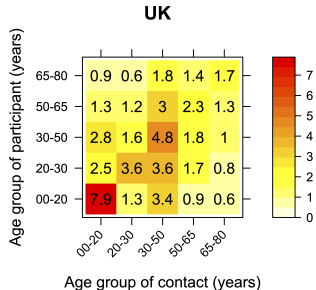
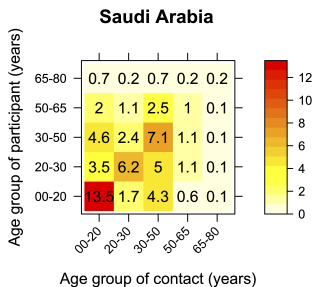
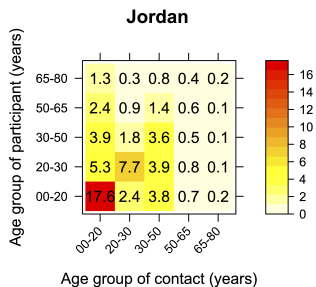
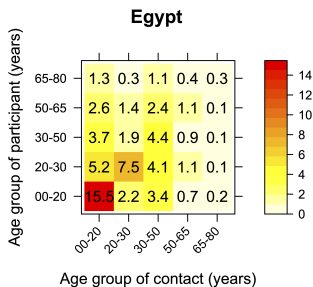
Data Challenges

- ▶ Only three out of 22 countries report ongoing research.
- ▶ Limited survey coverage.
- ▶ Challenges in accessing existing data.

Opportunities and Alternative Methods

- ▶ Studies like AL-SEHA (Egypt) and LSAHA (Lebanon) offer potential.
- ▶ Proposals for indirect measures and modeling using socioeconomic indicators.
- ▶ Emphasise the importance of social connections in addressing unmet needs.

Alternative Methods - Social Connections



Recommendations

- ▶ Incorporate older population needs into national development agendas.
- ▶ Align with Sustainable Development Goals (SDGs): poverty reduction, health, inequality.
- ▶ Develop targeted policies to reduce vulnerabilities.
- ▶ Collaboration and standardized data collection are crucial.
- ▶ Leverage existing indicators and country-level data to gain insights and inform policies.

Thank You!

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