

## **EMR-SDG Learning Platform**

### **Webinar on COVID-19 Inequities in the Arab Countries (21 July 2020)**

#### **Summary**

##### **Organizer**

The webinar was organized by the EMR-SDG Learning Platform, a partnership project implemented by the Social Research Center of the American University of Cairo with support from the Alliance of Health Policy and System Research and the World Health Organization Regional Office for the Eastern Mediterranean Region. Partners include the Directorate for Sustainable Development and International Cooperation of the League of Arab States, Egypt's Ministry of Planning and Development, Jordan's High Health Council, and Morocco's National Observatory for Human Development. The EMR SDGs Learning Platform is both an offline network and online virtual space. The platform works to identify policies, approaches, and interventions in countries of the region that contribute to achieving the health-related SDGs. The EMR SDGs Learning Platform draws on a diversity of regional experiences, including multi-sectoral policies and approaches for health; advancing universal health coverage; strengthening the humanitarian-development nexus; and participatory governance towards achieving the health-related SDGs in the region.

##### **Context**

The once-in-generations COVID-19 pandemic is testing governments all over the world, especially in terms of their commitment to the third sustainable development goal: ensure healthy lives and promote wellbeing for all at all ages. Four months after WHO declared COVID-19 a pandemic, this webinar aimed at taking stock of the inequity challenges introduced by COVID-19 situation in Arab countries, and how governments and different stakeholders are recognizing such inequities, and, more importantly, what policies and actions are adopted to prevent and mitigate such inequities.

##### **Objectives**

1. Review available evidence, from registries and special surveys, on the social stratification related to the different dimensions of COVID-19 (e.g: awareness and adherence, health care related, mental and physical health, economic and livelihood impact, ...).
2. Identify ongoing and/or planned studies investigating COVID-19 inequalities in Arab countries.
3. Discuss different policy models adopted in dealing with COVID-19 and how they address vulnerabilities and inequities.
4. Draw main lessons, advised by evidence from successful experience within and outside the Arab region.

## **Contributors**

**Hoda Rashad**, Director, Social Research Center, the American University in Cairo (moderator)

**Magued Osman**, CEO and Director, the Egyptian Center for Public Opinion (Bassera), Egypt

**Adellatif Lfrakh**, Statistician-Demographer, ex-Director, CERED, Morocco

**Abdelfattah Hamadi**, Director, Information System Division, The National Observatory for Human Development, Morocco

**Maha El Adawy**, Director, Healthier Populations Division, World Health Organization Regional Office for the Eastern Mediterranean

**Moez Doraid**, Regional Director a.i. of UN Women Regional Office for the Arab States

**Luay Shabaneh**, Regional Director for Arab States in UNFPA

## **Participants**

Participation in the webinar was open. In total, 91 registered to attend and 55 attended the webinar. The list of participants is posted on the webinar page at <https://emrsgslearn.net/News/21>.

## **Webinar Overview**

### **Hoda Rashad - Introduction**

Hoda Rashad welcomed the audience, introduced the EMR-SDG Learning Platform and its activities, and explained the Webinar objectives. Rashad stressed the end goal of adequately placing the social determinants of health and their inequitable distributions at the center of the discourse on COVID-19 policies and actions adopted in our region. In particular, she noted the importance of building on and welcoming some potentially positive outcomes of the COVID-19 experience. One such outcome is that of health becoming, for the first time, a much more central and valued goal than the economy, especially as the price of limited investments in the preparedness of health care systems is strongly felt. Another is the highlighted centrality of government leadership and responsibilities. In addition, intersectoral collaboration had forced its way as a modality of effective actions. Rashad also outlined the potential risks imposed by COVID-19 as the limited resources and investments likely to be absorbed by the demands for vaccines/ drugs and short term health care needs and the development efforts, whenever back on track, are expected to prioritize the recovery of economy and neglect the pursuit of other SDG goals.

### **Magued Osman – Inequalities Related to COVID-19 in Egypt**

Magued Osman presented the findings of three studies conducted by the Egyptian Center for Public Opinion Research (Baseera) on COVID-19 within the Egyptian reality. Data were collected through

phone surveys from a nationally representative sample of 3017 individuals in the age category 18 years and above distributed across all Egyptian governorates during the period from 8 to 18 June 2020, used to study the prevalence of COVID-19 in Egypt. The General Public Knowledge, Attitude and Practice (KAP) toward the Novel Coronavirus Survey was administered to a nationally representative sample of 2157 individuals in the age category 18 years and above distributed over all Egyptian governorates and to a nationally representative sample of 1518 Egyptian woman in the age category 18 years and above. Inequality was assessed by comparing social categories based on ownership of goods (private car and full-automatic washing machine). According to the findings, those in the middle economy status have the highest rate of infection of COVID-19 until Mid-June 2020 (13.2 Cases/1000 population).

Osman also presented some of the general public KAP related to COVID-19, where 100% of the middle and high economic categories heard about the virus vs. 99.4% of the low economic category heard about it. While COVID-19 decreased 69% of the household's income, the low economic category scored the highest affected percentage of those with decreased in income (73.3%). For Egyptian women KAP, the presentation showed quite similar results for women in the different economic categories practicing precautionary measures associated with COVID-19 (like washing hands, being in crowded places... etc). Again, women in the low economic category were the most affected by COVID-19 in terms of decreasing the household's income (76%).

### **Abdellatif Lfrakh – Inequalities Related to COVID-19 in Morocco**

Abdellatif Lfrakh focused on the case of Morocco by presenting an overview of the epidemiological situation in Morocco, using statistics from epidemiological monitoring, field research, as well as results from research on the effect of the Corona virus on the economic, social and psychological situation of the searchable amid residency, and the measures taken to face the pandemic in Morocco.

With respect to the epidemiological situation in Morocco, 90.5% of Moroccan families have not registered any confirmed case within their family milieu or their acquaintances. This percentage is higher in rural areas (94.8%) than in urban areas (88.4%). Epidemiological Monitoring Statistics included stratigraphic variables that could be used to study differentials, with data available at the Directorate of Epidemiology and Disease Control. Unfortunately, these data were published according to administrative division (regional authority) and rarely according to age or gender.

Lfrakh referred to two official field research studies on COVID-19 in Morocco. The first one was a situation research on the impact of Covid-19 on the contracting activity conducted on 4000 organized enterprises, which aimed of assessing the direct impact of the crisis resulting from the spread of the Covid-19 epidemic on the status of enterprises in Morocco. The second was a research on the effects of Corona virus on the economic, social and psychological status of families, where

the first and second round were, respectively, conducted on 2347 and 2169 families belonging to different socioeconomic classes, classified according to type place of residence (urban/rural). Lfrakh then presented some of the results of research on the effect of Corona virus on the economic, social and psychological status of families according to the place of residence, where the urban population scored higher percentages in knowing the symptoms of Covid-19 and in doing the preventive practices to protect against the Corona virus. The availability of hygiene products, protection materials and medicines in the household during quarantine demonstrated significant differences between the rural and urban percentages. Furthermore, almost a third of families (34%) did not have any source of income because their activities were interrupted during quarantine (35% among rural families and 33% in urban families). One in every five families received assistance from the state to compensate for the loss of work, with a great disparity between urban and rural populations as well as among the three social classes. Of the total number of families with one or more members of the family suffering from chronic diseases, about half of them (47.5%) were unable to obtain health services, 46% in the urban area and 53% in the rural area. Of the 29% of families with transient diseases, 40% did not have access to health services, 38% in the urban area and 44% in the rural area. Of the total number of families with children of vaccination age (11% of Moroccan families), 36% were forced to abandon vaccination of their children, 43% in the rural environment and 31% in the urban environment. On the other hand, excluding fear, the psychological consequences of quarantine were more severe in urban areas than in rural areas.

Lfrakh ended his presentation by reviewing some of the measures taken to combat the Covid-19 pandemic. These measures were divided into three areas: health, economic, and social. In each of these areas, initiatives by public institutions, the private sector and members of civil society have so far helped reduce the damage from the epidemic.

### **Abdelfettah Hamadi – Further Information on Morocco**

Abdelfettah Hamadi added more to the case of Morocco by presenting a review of some available results on social inequalities related to the dimensions of the Corona pandemic in Morocco, referring to ongoing and planned studies on the Corona pandemic. He also presented further information on the adopted Moroccan policy in dealing with the Corona pandemic and discussed some of the lessons learned from the Corona pandemic experience.

Hamadi presented a framework of the channels of impact on the Moroccan economy and families livelihood framework, as quarantine had costed the Moroccan economy, every day, 0.1 points of GDP for the year 2020, or a loss of one billion dirhams per day. Families experienced total or partial loss of employment and source of income, in addition to the decrease or loss of remittances from Moroccans residing abroad. He stated that human development in Morocco was on the way to decline this year for the first time since 1990, as the Corona pandemic exacerbated

social inequalities. He also showed data on poverty, social inequalities and COVID-19 pandemic in Morocco, and compared the living standards development according to social groups, before and during the COVID-19 pandemic, documenting how the crisis was considered anti-poor in the Moroccan context. Several ongoing and planned studies on the corona pandemic were mentioned by Hamadi; among which are the study on the impact of the pandemic on poverty and social inequalities in partnership with UNICEF, and the study on the impact of the pandemic on poverty and social development in partnership with the Ministry of Finance and Economy.

The presentation also tackled some major actions and measures taken in response to the health crisis with the objectives of prioritizing maintaining the health and safety of citizens and reducing the number of victims of the epidemic, supporting companies whose activities have witnessed decrease or halt and providing the needed family support. Hamadi listed some lessons learnt from the corona pandemic experience, such as the necessity of a fundamental review for the performance of the economy and public policies, the need to strengthen social protection systems and public social service infrastructure, and the importance of the human factor in any government initiative or program.

### **Maha El Adawy – Discussion**

Maha El Adawy discussed how inequities increased immensely since COVID-19 had been declared a global pandemic. She highlighted how COVID-19 affected essential health services and the daily life from the economic point of view, where the poor, who had less health care access to start with, would have even lesser access during the crisis. She explained that this urged the need to work with the ministries of health around the region (the 22 countries) to ensure essential health services (maternal health, child health, immunization, and other primary services) continued, noting how these services were affected because the resources (human or financial) were shifted and because of fear and stigma as people became afraid to seek primary health service because of the infection risk.

El Adawy noted that women are hugely affected; as in addition to domestic violence, women who tended to work more in informal sector were not able to access their work or benefit from social protection, as only 15 out of the 22 countries had social protection policies offering compensatory packages for informal workers. She also talked about people with disabilities and how they especially suffered from this pandemic.

Another point added by El Adawy was on the poor access to information, for example where to get services if all hospitals are full, what the role of the private sector is, etc. She also tackled the important issue of countries in emergency in the region, like Yemen for example, and how they were dealing with the pandemic, while suffering from lack of access to basic health care.

## **Moez Doried – Discussion**

Moez Doried discussed the situation from a gender perspective, stressing special problematic areas. First of which was the silent pandemic of violence against women and the multiplications of incidents of gender-based violence including domestic violence and sexual abuse. This was documented by governments and UN Women monitor through many indicators, such as the increasing requests through hotlines in many countries, in addition to the rapid survey sponsored by UN Women and conducted by Baseera Center in Egypt, for example.

Doried stated that women constitute 70% of health workers around the world, and 80-90% of nursing staff in our region. He referred to the increased prominence or the ascendance of health services and health care and the emerging opportunity to capitalize on this towards directing more investments into health services, which continues to receive low shares of public expenditure in Arab countries.

Regarding economic participation, Doried mentioned that ESCWA estimated that about 1.7 million jobs at least will be lost at the ESCWA region. The majority of these jobs were occupied by women (700,000 jobs). Moreover, the adverse impact hit harder the informal sector, where women constituted two thirds of workers.

On the gender dimension and the issue of women taking up to 5 times household unpaid work compared to men, UN Women have been conducting surveys in several countries that showed increase in allocated time for household core work that is nearly equal between men and women (where women already have had higher baseline of allocated time for household core work making the marginal increase greater for men). Doried highlighted how this was an opportunity to leverage on towards sustainable change in behavior.

Finally, Doried emphasized that we were still in the emergency response phase. Thus, data on the incidence of infection were still fluctuating. Also the implications, with respect to health and survival, as well as economy and employment, remained uncertain and evolving.

## **Luay Shabaneh – Discussion**

Luay Shabaneh highlighted several points on what could be done to ensure that governments were not going to face the same challenges once again as this pandemic was not going to end soon. He raised concerns about how to convince the governments of the extreme importance of preparation for shocks, and not only of services delivery. Also, how it was important to inform governments that responses must be people-centered and to advocate for having people as a priority all the times.

Shabaneh added that during this pandemic, we lost multilateral cooperation and we lost the global solidarity across countries and even within the same societies. He emphasized the need for investments not only in the health systems, but also in the needs of the people, particularly women,

adolescents, and other vulnerable groups. He concluded by noting that the important question we need to focus on now, was what we could do in terms of research and advocacy to look beyond this pandemic.

### **Further Comments and Questions**

- In a spoken intervention, Rowaida Al Maaitah from Jordan expressed concerns about education in the time of COVID-19. She discussed how inequities related to the readiness of the teachers, students, infrastructure and logistics needed for virtual learning adopted during the pandemic. She also noted female students lesser engagement in the education process during the pandemic, compared to men who perform much less household chores.
- There was a question to Magued Osman on the lack of information on domestic violence in Egypt. He responded by noting that these information existed, as domestic violence was a main topic of the survey supported by UN Women, but were not presented due to the time limitation.
- Another question to Osman was on the lack of information on older people. He noted that the limited sample size did not allow in-depth study of the older people. He also mentioned that the findings documented age differences among the broad age groups used in the study (18-29, 20-49, 50+)
- A question to Adbellatif Lfrakh inquired about the reasons for the high increase of cases in Morocco during June, as documented by WHO. He explained the increase by two factors: the increase in the number of tests performed and the easing of the quarantine measures.
- Another question to Lfarakh was whether a panel design was employed to capture changes over time. He responded in the affirmative detailing the panel design of the two-wave phone-based survey.

### **Closing Remarks and Key Messages**

Thanking speakers and the audience, Hoda Rashad wrapped up the webinar by noting how it represented an opportunity to hear different voices, to prob the evidence base, and to insist on and support more equitable policies.

Below are some of the webinar's key messages:

- Different perspectives are essential. In addition to the focus the virus epidemiology and vaccine prospects, it is crucial to identify the effects of COVID-19 on increasing inequities, whether in emergency settings or in the normal day to day life. These inequalities not only exacerbate the short-term impact of the pandemic but could also have serious health, social, and economic implications on the long run.

- Inequities are not inevitable. They can be avoided, but only through serious, persistent, and effective policy measures.
- It is wise to look at what this current pandemic poses not just in terms of risks but also opportunities to consolidate and capitalize on in order to be prepared for future crises and to build back better by leveraging emerged opportunities and mitigating risks.
- For mitigating the risks and leveraging the opportunities, we need to be data driven. Enhancing data availability, accessibility, and quality should be assigned a high priority.
- As has been made clear by the cases of Egypt and Morocco, the data situation is promising. There are options to develop an information base and to collect evidence. More work is needed to improve these options, to make information more accessible, and to use it to better inform policy.
- We need a radical shift to make gender statistics more extensively compiled, processed and then analyzed and used to inform decisions and policies.
- The COVID crisis has made an opportunity to establish health of the populous more firmly as a corner stone of national security in line with the long-established paradigm of human security.
- Regional networks and partnerships, including the EMR-SDGs Learning Platform, represent an excellent opportunity for lesson sharing and for building solidarity in addressing the pandemic and other common concerns.