Demographic and Epidemiological Patterns and Trends in the MENA Region

June 2019 Meeting Report

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SHOPS PLUS

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Submitted to:

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About SHOPS Plus: Sustaining Health Outcomes through the Private Sector (SHOPS) Plus is USAID's flagship initiative in private sector health. The project seeks to harness the full potential of the private sector and catalyze public-private engagement to improve health outcomes in family planning, HIV/AIDS, maternal and child health, and other health areas. SHOPS Plus supports the achievement of U.S. government health priorities and improves the equity and quality of the total health system.

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Contents

Acronyms

ANC	Antenatal care
ASSIST	USAID Applying Science to Strengthen and Improve Systems project
DHS	USAID Demographic and Health Surveys program
FP	Family planning
IHME	The Institute for Health Metrics and Evaluation
MCH	Maternal and child health
mCPR	Modern contraceptive prevalence rate
MENA	Middle East and North Africa
MEPI	Middle East Partnership Initiative
MICS	Multiple Indicator Cluster Surveys
NCDs	Noncommunicable diseases
SHOPS Plus	Sustaining Health Outcomes through the Private Sector Plus project
TFR	Total fertility rate
UHC	Universal health coverage
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

Acknowledgments

SHOPS Plus would like to thank Charles Lerman, health development officer at the USAID Bureau for the Middle East, for his support in shaping the program and for his technical insights that enriched the knowledge exchange. We appreciate the excellent work by the presenters, panelists, and moderators sharing emerging knowledge on demographic and epidemiological patterns and trends in the MENA region and generating an engaging discussion. Special thanks to all participants who shared their thoughts and perspectives.

Marianne El-Khoury, Elizabeth Corley, Alexa Smith-Rommel, Emma Golub, and Erin Brennan-Burke organized the meeting. Emma Golub prepared the report. Alexa Smith-Rommel took the photographs.

Introduction

On June 18, 2019, USAID, implementing partners, researchers, and other stakeholders convened in Crystal City to gain a deeper understanding of demographic and epidemiological patterns and trends in the Middle East and North Africa (MENA) region. Speakers from USAID emphasized that these trends will help inform strategies to support MENA countries to plan, manage, and finance their health systems—a core element of the Journey to Self-Reliance[1].

The meeting included sessions on the MENA region's past demographic and mortality trends, deeper dives into demographic and mortality patterns in three different country contexts, and emerging health system challenges and opportunities. Presenters were from the USAID Bureau for Global Health, the USAID Bureau for the Middle East, the Demographic and Health Surveys (DHS) program, the Institute for Health Metrics and Evaluation (IHME), the USAID Applying Science to Strengthen and Improve Systems (ASSIST) project, the UNICEF Regional Office for the Middle East and North Africa, the Arab Barometer, the Tunisian Ministry of Health, in addition to the USAID-funded Sustaining Health Outcomes through the Private Sector (SHOPS) Plus project. This report summarizes the proceedings. The agenda is found in Appendix A. Appendix B provides the speaker biographies. The presentations are available upon request.

Opening Remarks

Kerry Pelzman, deputy assistant administrator at the USAID Bureau for Global Health, opened the meeting with introductory remarks. Pelzman began by saying that the path to achieve improved health outcomes in the MENA region and around the world is the Journey to Self-Reliance, in which countries evolve in their capacity to plan, manage, and finance their own health development. The endpoint of this journey is a health system that provides accessible and equitable quality services, one that mobilizes domestic resources to fund key health functions, and one that offers financial protection. The path on this journey is not always straight. Several years ago, USAID considered winding down its health programs in Jordan and Egypt because of these countries' rapid progress in achieving their health goals. However, political and economic changes and shocks can alter demographic and health trajectories. USAID reconsidered assistance in Jordan in light of the influx of refugees and in Egypt due to the country's fertility trends.

Kerry Pelzman of USAID gave the opening remarks.

Successfully embarking on the journey to self-reliance is difficult without understanding and monitoring surrounding political, social, and economic landscapes. Some elements of these landscapes in the MENA region support positive demographic and epidemiological outcomes, for example, urbanization; increases in access to formal education; investment in modern healthcare provided by qualified private sector providers; and the establishment and expansion of health insurance systems.

[1] https://www.usaid.gov/selfreliance

However, other elements present challenges, such as political instability, forced migration, low female participation rates in the labor force, government underinvestment in healthcare, high levels of out-of-pocket spending, and weak data reporting.

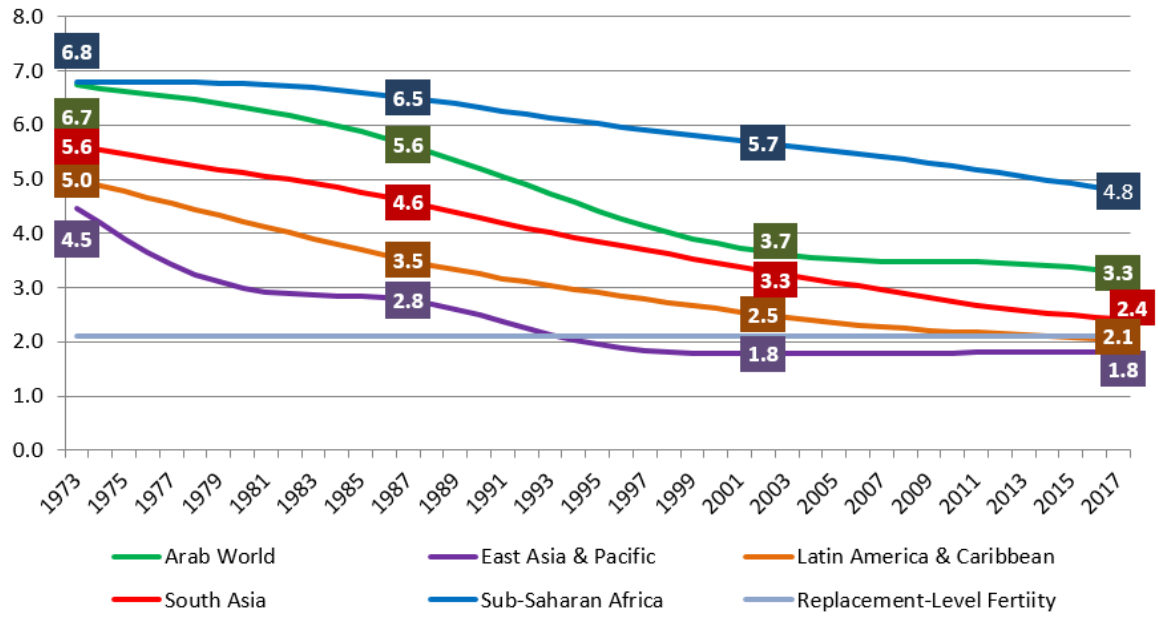
Pelzman described the objective of the seminar: to come together and forge a common understanding about past and current demographic and epidemiological patterns. Based on this understanding, USAID and partners can draw conclusions about likely future scenarios. This will enable USAID and partners to offer the best technical assistance to ministries of health and other key actors in the region.

"It is precisely in this kind of forum that we can come together and forge a common understanding about past and current demographic and epidemiological patterns and based on this understanding draw conclusions about likely future scenarios."

Kerry Pelzman,
Deputy Assistant Administrator, Bureau for Global Health, USAID

Following Pelzman's introduction, Charles Lerman, health development officer at the USAID Bureau for the Middle East, presented a cross-regional comparison of demographic and epidemiological patterns and trends. Similar to the rest of the world, the MENA region experienced significant progress on key demographic and health indicators during the 1980s and 1990s related to social and economic development. Since the early 2000s, however, trends have been sub-optimal, possibly related to war, internal conflict, forced migration, deteriorated health systems, and lack of government accountability. For example, unlike other regions, the total fertility rate (TFR) in MENA stalled starting in the early 2000s (Figure 1). If the TFR in MENA countries had continued to decline as it did in the 1980s, the countries would have achieved replacement level fertility (a TFR of 2.1) by 2013. Since fertility rates have stalled, however, the region is projected to have a TFR of 2.3 in 2060, based on 2003-2017 trends. It is uncertain why the TFR in the region have stalled.

Figure 1. Total fertility rates by region



Total fertility rate represents the number of children that would be born to a woman if she were to live to the end of her childbearing years and bear children in accordance with age-specific fertility rates of the specified year.
Source: World Bank Database, https://data.worldbank.org/indicator/SP.DYN.TFRT.IN?view=chart, Accessed: June 11, 2019.

An important factor to consider is economic liberalization and structural adjustment policies, which began in the late 1980s and continued into the 1990s. Prior to this shift, most states in MENA were responsible for the welfare of their people. When governments withdrew support, including to the health sector, the private sector took over many responsibilities. However, this transition in MENA led to the rise of crony capitalism and an increase in informal sector employment that did not include health benefits.

Another important demographic and health trend in MENA is the epidemiological transition toward noncommunicable diseases (NCDs). The burden of NCDs, including injuries, mental health disorders, and the dual burden of malnutrition, has increased.

In this context, the MENA region is experiencing continuing challenges related to population growth and aging, UHC commitments, and health financing requirements. Strengthening health financing, the private health sector, and responses to the rising burden of NCDs are all options that could support MENA countries' Journeys to Self-Reliance.

Session 1: Demographic and Mortality Trends in MENA

The first session began with a presentation from Shireen Assaf, senior research data analysis manager at the DHS program at ICF, entitled, "Comparative Levels and Trends of Fertility and Childhood Mortality Rates in MENA." Assaf presented an analysis of household data from 11 countries of interest to USAID in the region: Algeria, Egypt, Iraq, Jordan, Lebanon, Libya, Morocco, Syria, Tunisia, the West Bank and Gaza, and Yemen. The analysis focused on TFR and under-5 mortality rates. Assaf emphasized that limited, incomplete, and outdated data rendered it impossible to make comparisons across all MENA countries. That being said, trends and comparisons can be observed for some countries. The data for Algeria, Tunisia, and Lebanon[2] showed that these countries had the lowest TFR with Tunisia's (2.1) approaching replacement level. TFR is the highest in Iraq (4.5) and Yemen (4.4). In the West Bank and Gaza and Yemen, the TFR decreased significantly since the last DHS survey, while in Egypt and Iraq the TFR increased significantly. The new Jordan DHS survey showed a TFR of 2.7, a significant decrease from the last survey in 2012 when it was 3.5.

Yemen had by far the highest under-5 mortality rate: 53 deaths per 1,000 live births. All the remaining countries had a similar rate at around 20 deaths—except for Iraq, which reached 37 deaths in 2011. For countries that had data from two surveys available, only Yemen showed a significant change, with a large decrease in under-5 mortality. Given the current situation, however, it is expected that this trend has stalled or reversed.

Assaf's presentation was followed by one from Charbel El Bcheraoui, assistant professor of health metrics sciences at IHME, entitled, "Mortality, Morbidity, and Related Risk Factors in MENA: Findings from the Global Burden of Disease Study 2017." The presentation provided data on burden of disease trends in the MENA region. Findings showed that though the region's disease burden has largely been declining since 1990, the impact of armed conflicts is clear. For instance, mortality in Libya spiked drastically in 2011 when the first Libyan civil war began, and mortality in Syria has been rising since 2011. Additionally, some stable states have flattening or increasing mortality: Morocco has a consistently high mortality rate and Tunisia's has been steadily increasing since the mid-2000s.

Charbel El Bcheraoui of IHME and Sarah Bradley of SHOPS Plus listen to Shireen Assaf of the DHS Program present.

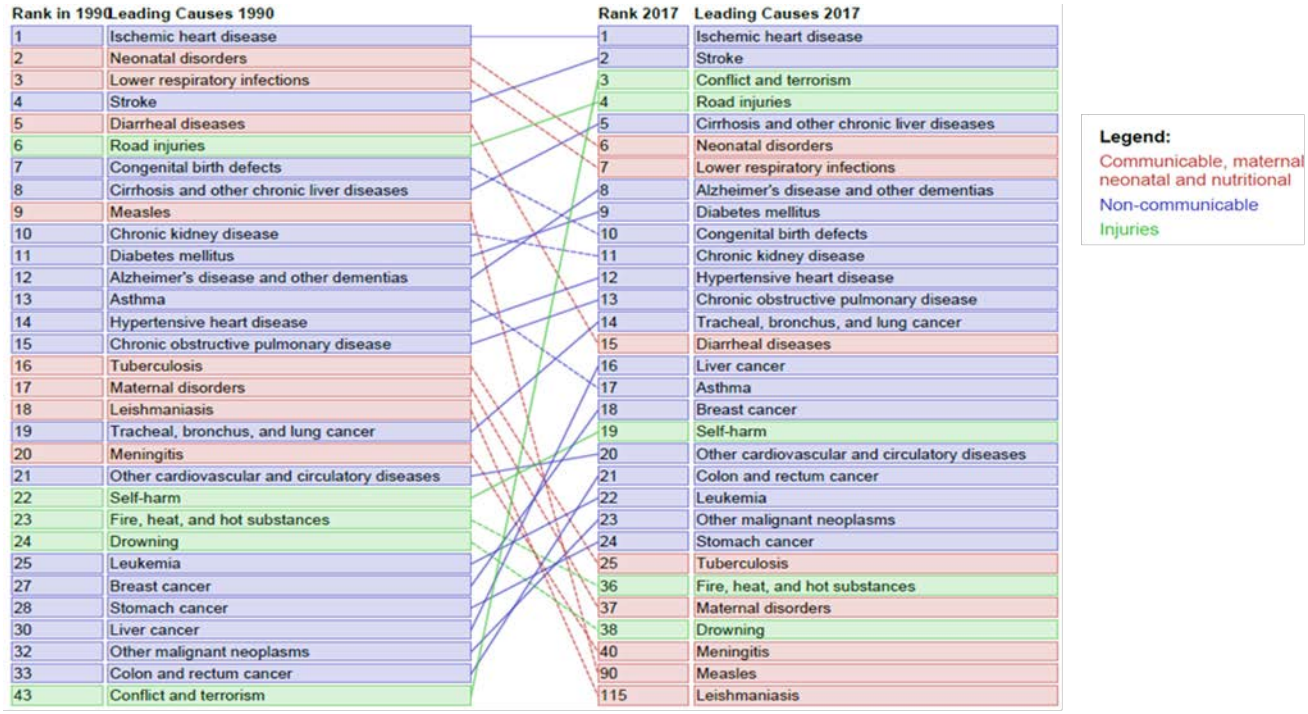
There are large differences in disease trends among countries, and the causes of disease burden and death vary. Most countries are experiencing the epidemiological shift toward NCDs, such as ischemic heart disease, stroke, diabetes mellitus, and cancers (Figure 2). However, in Yemen, the burden of NCDs is increasing while the country is still struggling with communicable, neonatal, and maternal disorders. The leading cause of death in Yemen in 2017 is ischemic heart disease, followed by neonatal disorders.

[2] The Lebanon data, from the UNICEF Multiple Indicator Cluster Surveys (MICS) surveys, provide data only on Palestinian refugees living in Lebanon.

The three leading risk factors in the MENA region are high blood pressure, high body-mass index, and high fasting plasma glucose. Others include smoking, particulate matter, and drug use. In Yemen, the top two risk factors are different: low birth weight and short gestation and child growth failure followed by high blood pressure. Regarding changes in disability-adjusted life years, the leading causes in 2017 are ischemic heart disease, conflict and terror, and neonatal disorders, followed mostly by other NCDs.

The NCD burden in this region is expected to keep growing. Based on these trends, investments are needed in both stable and conflict-affected countries.

Figure 2. Changes in causes of death in MENA, 1990-2017



Source: Institute for Health Metrics and Evaluation

Sarah Bradley, global research director for the SHOPS Plus project at Abt Associates, moderated the discussion in Session 1. In light of the paucity of available data, presenters and participants emphasized that data availability is crucial, as are data access and quality. For example, there are existing surveys that were inaccessible, and the data quality of some surveys used is questionable. Participants agreed the best course of action is to use what is available to produce the best possible estimates and include uncertainty intervals. Relatedly, participants discussed the need to foster a culture of data examination and evidence use for decision making in MENA.

The participants deliberated the implications of the Session 1 presentations on health systems. Participants made several observations, including that strengthening health systems in MENA will require more of a focus on governance. Going forward, governance and obtaining commitments from governments are necessary. Another recommendation was for investments to focus on human resources for health and ensuring that these human resources are available, equipped, and well trained to be responsive to the population's needs.

Finally, the participants discussed fertility rates and the effects of war and conflict on fertility. It is crucial to ask what MENA populations want in terms of fertility and children and to consider

social norms. The DHS collects data on MENA populations' perceptions of contraception and fertility preferences. The data show that actual fertility rates are still higher than desired fertility rates.

Conflict, instability and war certainly have effects on health indicators, as is evident in the Arab Spring uprisings and other recent events. Wars can indirectly lead to situations where there is increased fertility, due to lack of access to regular health care and trusted counseling or to unreliable supply of contraceptives.

Session 1 Key Takeaways

- There is a paucity of health data on the MENA region. Limited, incomplete, and outdated data render it difficult to make comparisons across all countries. However, trends and comparisons can be observed for some countries.
- In some countries (Jordan, the West Bank and Gaza, and Yemen) the TFR decreased significantly since the last DHS survey. In other countries (Egypt and Iraq) it increased significantly.
- Under-5 mortality is steady at around 20 deaths per 1,000 live births for most countries, except in Yemen, where it is 53 deaths per 1,000 live births and is likely to increase.
- Though the disease burden has largely declined for most countries since 1990, the impact of armed conflicts is clear. Moreover, in some stable countries, the mortality rate is flattening or increasing.
- The burden of NCDs in MENA has increased and is expected to continue increasing. More investments in NCD prevention and treatment are needed.

Session 2: A Closer Look at Three Distinct Country Contexts

Session 2 started with a presentation by Mahmood Shakir, monitoring officer, United Nations Children's Fund (UNICEF) Regional Office for MENA entitled, "Findings of the 2018 Iraq MICS Survey." This very recent survey collected household data on maternal and child health (MCH) indicators including fertility, child mortality, nutrition status for children under 5, antenatal care (ANC), care during delivery, vaccination, and drinking water source. The survey showed that the TFR in Iraq decreased from 4.5 in 2011 to 3.6 in 2018. The TFR is lower among wealthier women, women who have achieved an upper secondary level of education, and women who live in Kurdistan as opposed to South and Central Iraq. Under-5 mortality and neonatal mortality both declined as well, from 37 in 2011 to 26 in 2018 (under-5 mortality) and from 20 in 2011 to 14 in 2018 (neonatal). Furthermore, stunting and wasting indicators showed improvement from 2011 to 2018 and fewer children were overweight and underweight.

ANC improved in 2018 both in terms of coverage and content. An estimated 67.9 percent of women in 2018 had four or more ANC visits, compared to 49.6 percent in 2011. More women had institutional deliveries in 2018 (86.6 percent) compared to 2011 (76.6 percent), and 95.6 percent of women had some form of skilled assistance during delivery. These improvements could have supported the reduction in neonatal mortality. One indicator that did not show significant improvement was the immunization rate: The 2018 survey found this to be 49.4 percent, not greatly improved from 46.5 percent in 2011.

Following this close look at Iraq, event participants learned about recent data from Tunisia in the "Findings of the Tunisia Health Examinations Survey" presented by Olfa Saidi from the Tunisian Ministry of Health. Saidi presented findings from a 2016 survey, the objective of which was to analyze the health status of the Tunisian population, determinants of health, use of health services, and the perception of service quality. Tunisia has seen some progress, particularly regarding the health of mothers and children. Levels of immunization coverage and ANC are high. About 99 percent of women received a prenatal consultation during their last pregnancy. The survey found the modern contraceptive prevalence rate (mCPR) to be 47 percent. About 6 percent of women use traditional methods.

Jacob Adetunji, senior demographer at USAID posed a question during Session 2.

Tunisia faces a high burden of morbidity related to NCDs, and major risk factors include smoking and lack of physical activity. Diabetes prevalence almost doubled from 7.5 percent in 1996 to 15.5 percent in 2016. The obesity prevalence doubled from 13.3 percent to 26.2 percent during the same time period. The prevalence of hypertension likewise increased from 22.5% to 28.7%. The survey found that social inequalities and the cost of care pose challenges to health. An estimated 28.4 percent of households were exposed to catastrophic health expenditures—an increase from 12 percent in 2005. Saidi noted that it is important for Tunisia to promote

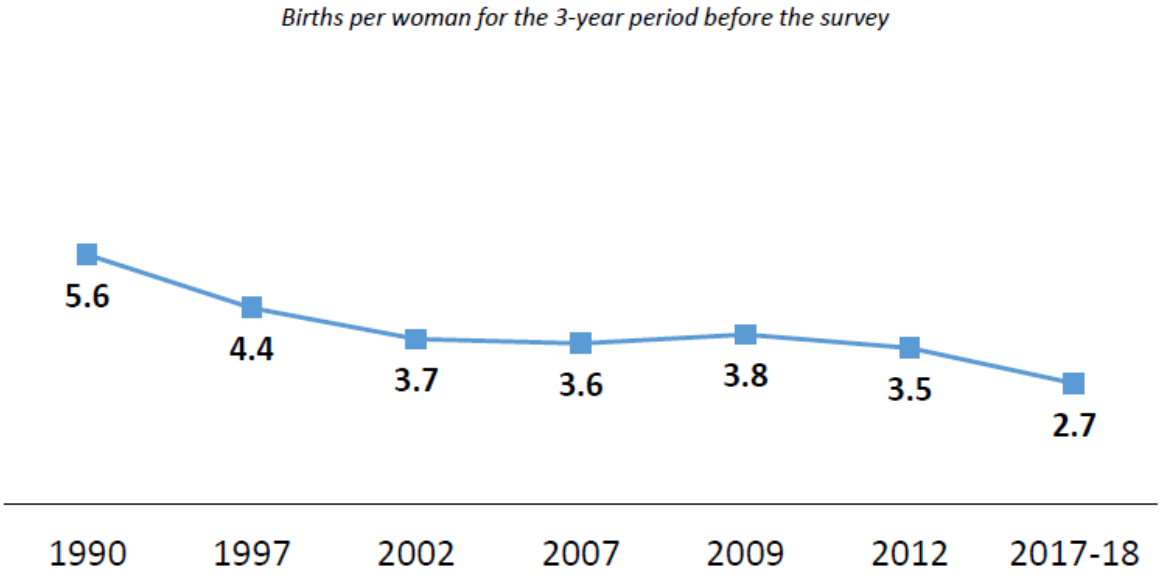
equity through UHC and improving access to quality care, improve governance of the health system, and take a multisectoral approach to more effectively respond to health problems.

Yodit Bekele of the DHS program presented findings from the recent survey in Jordan.

In the last presentation, Yodit Bekele, survey manager at the DHS Program shared "Key Findings of the 2017–2018 Jordan Population and Family Health Survey," a deep dive into the seventh and most recent Jordan DHS. Bekele shared new data on fertility, family planning (FP) use, and MCH. It is notable that the percentage of Syrians in the survey was lower than expected. However, that nationality was self-reported by survey respondents, and the survey did not include refugee camps.

Bekele shared that the TFR in Jordan decreased from 3.5 (in 2012) to 2.7—the first significant decrease since the 2002 survey (Figure 3). Women get married at a median age of 22.7 years and have their first birth at 24.6 years. Fertility is higher among Syrians (4.7) than Jordanians (2.6). Paradoxically, the survey also found an overall reduction in contraceptive use since the last survey. The mCPR among married women is 37 percent, compared to 42 percent in 2012. The most commonly used modern method is the IUD (21 percent).

Figure 3. Trends in fertility (Jordan)



Source: Demographic and Health Surveys, multiple years.

Under-5 mortality remains low in Jordan at 19 deaths per 1,000 live births, though this has stagnated and is generally higher among children of Syrian mothers. Institutional delivery and having a skilled provider present at delivery are both nearly 100 percent. However, the C-section delivery rate is high in Jordan (26 percent). There was a decrease in the basic vaccination rate; 7 percent of children in 2018 did not receive vaccinations compared to 1 percent in 2012.

Tom Pullum, director of research at the DHS Program at ICF, moderated the discussion for Session 2. Participants discussed the neonatal and child mortality trends in Jordan. Women are having sufficient ANC visits and are delivering in health facilities; thus, it is uncertain why neonatal mortality is high and child mortality is stagnating. These rates should be decreasing in line with the other improvements.

A participant asked whether some of the unexpected findings from the Jordan survey could be related to data quality issues and/or the low participation of Syrians. Yodit Bekele of the DHS explained that this version of the survey was loaded with more questions and conducted by a new data collection team that had not conducted previous DHS surveys in Jordan. Despite these aspects, however, the DHS has not found data quality issues in this round.

Session 2 Key Takeaways

- Between 2011 and 2018, Iraq saw significant improvements in MCH indicators, including fertility and under-5 mortality, both of which decreased.
- As of 2016, Tunisia faces a high burden of morbidity related to NCDs and high levels of the major risk factors.
- While fertility in Jordan decreased from 2012 to 2018, so did modern contraceptive prevalence. This paradoxical relationship requires more explanation. While under-5 mortality is low, it has stagnated and is generally higher among Syrians. It is uncertain why the under-5 and neonatal mortality rates are not decreasing along with the other improvements.

Session 3: Emerging Health System Challenges and Opportunities in MENA

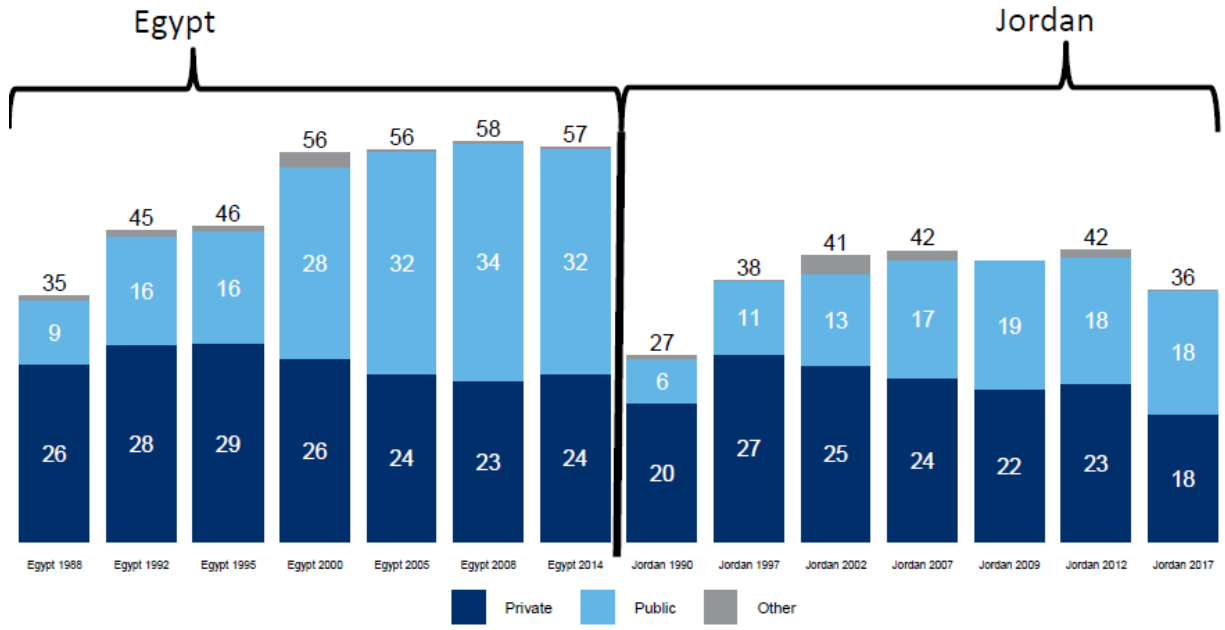
Tamar Chitashvili, director of MNCH/RH/FP/NCD at the USAID ASSIST project at the University Research Corporation, launched Session 3 with a presentation entitled, “Rapid Assessment of the Service Delivery and Health Systems Challenges in Emerging Priority Areas in 10 Middle East Countries.” The presentation focused on NCDs and health systems implications. About 70 percent of total deaths in MENA and 22 percent of premature deaths are caused by NCDs. Some countries—Lebanon, Jordan, and Morocco—have made progress in managing NCDs. Across the region, there is good national capacity for formulating NCD policies and strategies; however, there is limited evidence on implementation. In addition, the study identified critical data gaps in NCD service delivery, such as absence of data on compliance with evidence-based high impact NCD prevention, early detection, and treatment interventions. Thus far, efforts to prevent NCDs and risk factors at the primary care level have been ineffective, partly due to low utilization of primary healthcare services. The capacity and organization of outpatient mental health services is also weak.

The MENA region has the second lowest levels of funding for NCDs globally. Countries lack sustainable funding from their governments for NCDs. The risk of catastrophic expenditures from surgical care is high in all countries except Iraq and Jordan. Considering the study findings, the objectives for reducing the burden of NCDs in MENA include designing and implementing an integrated package of primary healthcare services that includes NCDs through a multisectoral approach, creating a national strategic drive on quality and resiliency, strengthening local capacity, improving the availability and quality of data around NCD care processes, and assessing and addressing the health needs of displaced populations.

Sarah Bradley of SHOPS Plus shared data about the role of the private sector in “Trends in Sources of Family Planning in Egypt and Jordan.” Understanding where women obtain their FP methods can help country policies and programs better target resources to increase contraceptive access and choice. The private health sector is an important source of healthcare across the MENA region. Yet, in Egypt and Jordan, the share of users obtaining FP from the private sector is decreasing (Figure 4). The largest decrease is in the role of NGOs, including faith-based organizations. More specifically, the private sector’s role is decreasing among the wealthiest FP users and increasing among the poorest users, which is unexpected. In an equity-driven total market approach, the FP market is segmented such that the wealthiest users pay for care, thus reducing the burden on the public sector. The public sector is then able to use its limited resources to serve as many poor women as possible. The private sector’s role is also decreasing among young people, which is different than trends in other regions.

Sarah Bradley of SHOPS Plus presented findings on the private health sector.

Figure 4. Trends in mCPR in Egypt and Jordan, by source



Source: Demographic and Health Surveys, multiple years.

These trends have several implications. Decreased private sector provision of FP could threaten market sustainability; new players are less likely to enter the market if they do not have a wide enough user base. Governments may not be able to meet increased or even continued demand in the public sector with decreased donor support. In this context, it is critical to consider how Egypt and Jordan can best be supported on their journeys to self-reliance.

The last presentation in Session 3 was “Trends in Public Attitudes Toward the Public Health System in Middle East Countries” by Kathrin Thomas, research associate at Arab Barometer. Thomas presented on the largest public opinion survey ever carried out in the MENA region, compiled by Arab Barometer with support from the Middle East Partnership Initiative (MEPI) and the BBC News Arabic. The survey showed that less than one-third of people report to be satisfied with general government performance in 2016–2017, a drop since the last survey. There is little satisfaction with performance on specific policy areas including healthcare, with the exception of security. About 4 in 10 say that government performance on providing basic healthcare service is very good or good in 2016–2017. There is a downward trend in positive evaluations of healthcare performance in Algeria, the West Bank and Gaza, and Yemen. Jordan stands out as being the most satisfied with government performance, especially regarding healthcare. Interestingly, rural populations seem to be more satisfied than urban. There is moderate trust in private hospitals, but the majority of respondents think that bribes are necessary to receive better healthcare. Three in 10 across the MENA region report frequent stress and depression, and roughly 1 in 10 households reports a member with a disability lasting 6 months or longer. Notably, there are cross-country and demographic variations, especially across age, gender, and urbanity.

Charbel El Bcheraoui of IHME moderated the discussion in Session 3. Following the three presentations, participants discussed a recent paper on the demographic dividend that stated that investments in education and health (other than FP) may be more important in decreasing fertility than investing in contraception directly. Some participants responded that investing in education and healthcare, particularly interventions to decrease infant and child mortality, are always crucial, independent of any effect these investments may have on fertility rates.

Farley R. Cleghorn, global head of the health practice at Palladium, shared thoughts during Session 3.

Participants inquired as to whether the private sector trends observed were commonly seen across regions or were unique to MENA. In MENA, there is comparatively more of a shift toward the public sector. Unlike other regions that have seen public sector growth, implants (which are provided almost exclusively through the public sector) play no role in the MENA region. In addition, there is concern in MENA—perhaps more than in other regions—about hormonal methods. The majority of contraceptive use in Egypt and Jordan is driven by one method, the (nonhormonal, copper) IUD. A substantial number of IUD users obtain their IUDs in the private sector, but even among IUD users, the role of the private sector has decreased.

Regarding the information on public attitudes, participants pointed out that it is surprising that confidence in health services was as good as indicated, given some alarming conditions. Participants speculated that perhaps some patients do not know what to expect of quality health services. Additionally, perhaps rural populations have limited access to healthcare. Gaining a more granular understanding would be beneficial. It might help to ask survey respondents different questions, such as whether they feel safe in healthcare institutions. Participants thought that data from facility-based surveys, such as service provision assessments, would be helpful to provide more definitive answers on health facility readiness and the quality of services provided, which could shed light on reasons behind the unexpected findings.

Session 3 Key Takeaways

- 70 percent of total deaths in MENA and 22 percent of premature deaths are caused by NCDs. Thus far, efforts to prevent NCDs and risk factors at the primary care level have been ineffective. The MENA region has the second lowest levels of funding for NCDs globally.
- The share of users obtaining FP from the private sector in Egypt and Jordan is decreasing. However, while the private sector's role is decreasing among the wealthiest FP users, it is increasing among the poorest users, which is unexpected and a sign that the market is not well segmented. The overall decrease in private sector provision of FP could threaten market sustainability.
- Less than one-third of the MENA population are satisfied with general government performance in 2016–2017, a drop since the last survey. About 40 percent are satisfied with the government's performance providing basic healthcare services.

Wrap-Up and Concluding Remarks

Charles Lerman of the USAID Bureau for the Middle East wrapped up the event with concluding remarks. Lerman stated that while there is a need for more and better data, it is more important currently to be able to explain the available data and trends that have been observed. Lerman underscored the need to better understand the "why" behind the trends through qualitative data and exchanges with MENA country governments, private sector actors, and other local key stakeholders. It is important that to the degree possible, the data collected by this group of experts are used effectively to develop policies and strategies.

Charles Lerman of USAID concluded the event.

Given demographic and epidemiological trends and the environment of declining donor funding, MENA country governments will need to commit more funds to health. Governments need to assess their current and future needs and the resources they should be committing moving forward. The data presented in this seminar and the discussions that ensued can help donors, implementing partners, country governments, and other practitioners better understand what needs to be achieved for MENA countries to plan, manage, and finance their health systems and advance on the Journey to Self-Reliance.

"We understand the what—now we need to understand the why."

Charles Lerman,
Health Development Officer, Bureau for the Middle East, USAID

Appendix A. Agenda

8:00	**Registration and Light Breakfast**
8:30	**Opening Remarks** **Kerry Pelzman** | Bureau for Global Health, USAID **Charles Lerman** | Bureau for the Middle East, USAID
9:00	**Session 1: Demographic and Mortality Trends in MENA** **Shireen Assaf** | Demographic and Health Surveys Program, ICF *Comparative Levels and Trends of Fertility and Childhood Mortality Rates in MENA* **Charbel El Bcheraoui** | Institute for Health Metrics and Evaluation *Mortality, Morbidity, and Related Risk Factors in MENA: Findings from the Global Burden of Disease Study 2017* Moderator: Sarah Bradley (SHOPS Plus)
10:15	**Coffee Break**
10:30	**Session 2: A Closer Look at Three Distinct Country Contexts** **Mahmood Shakir |** UNICEF Regional Office for Middle East and North Africa *Findings of the 2018 Iraq MICS Survey* **Olfa Saidi |** Principal Investigator for 2016 THES, Tunisian Ministry of Health *Findings of the Tunisia Health Examinations Survey* **Yodit Bekele |** Demographic and Health Surveys Program *Key Findings of the 2017–2018 Jordan Population and Family Health Survey* Moderator: Tom Pullum (DHS)
12:00	**Lunch**
12:20	**Session 3: Emerging Health System Challenges and Opportunities in MENA** **Tamar Chitashvili |** USAID ASSIST Project, University Research Corporation *Rapid Assessment of the Service Delivery and Health Systems Challenges in Emerging Priority Areas in 10 Middle East Countries* **Sarah Bradley |** SHOPS Plus Project, Abt Associates *Trends in Sources of Sick Child Care and Family Planning in Egypt and Jordan* **Kathrin Thomas |** Arab Barometer *Trends in Public Attitudes Toward the Public Health System in Middle East Countries* Moderator: Charbel El Bcheraoui (IHME)
1:50	**Wrap-Up and Concluding Remarks** **Charles Lerman** | Bureau for the Middle East, USAID

Appendix B. Presenters' Bios

Shireen Assaf, Senior Research Data Analysis Manager, Demographic and Health Surveys Program, ICF

Dr. Assaf has a PhD in Statistical Sciences and an MS in Population Health. She has more than 15 years of experience in research and applied statistics related to health and development issues and has experience in Yemen, Morocco, Lebanon, and Palestine. Her publications cover FP, quality of health care services, fertility transitions, and gender-based violence. Dr. Assaf works on the DHS analysis team, leading and co-authoring analytical reports, co-facilitating analytical workshops, and co-leading the Fellows program.

Yodit Bekele, Survey Manager, Demographic and Health Surveys Program

Ms. Bekele has an MPH in Epidemiology and more than 14 years of experience in global health. She previously worked with Doctors without Borders conducting exploratory missions and nutrition surveys. She was responsible for monitoring and evaluation in various health programs related to HIV/AIDS, malaria, kala azar, and nutrition. Ms. Bekele works on the DHS survey implementation team, where she is responsible for surveys in Chad, Haiti, Ethiopia, Jordan, and Benin. She is currently preparing to implement surveys in Gabon and Madagascar.

Tamar Chitashvili, Director of MNCH/RH/FP/NCD, USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project, University Research Corporation

Dr. Chitashvili is a medical doctor and public health professional with more than 15 years of experience in integrated healthcare, sustainable health systems development, and population health. She was chief of party for the USAID ASSIST project in Georgia. She is now based in the United States and leads the project's MNCH/FP/RH and NCD portfolio. Dr. Chitashvili holds MD and MSHP degrees and is an associate member of the American Congress of Obstetricians and Gynecologists.

Charbel El Bcheraoui, Assistant Professor of Health Metrics Sciences, IHME

Dr. El Bcheraoui is Assistant Professor of Health Metrics Sciences at IHME and Senior Evaluation Advisor at the Institute for Translation Health Sciences at the University of Washington. He has more than 14 years of global health research and implementation expertise and a PhD in Biological Anthropology. He works with the Regional Malaria Elimination Initiative, Salud Mesoamerica Initiative, and Global Fund Prospective Country Evaluation. His recent work is on the effect of war in Yemen on MCH and building resilient power systems to help machine-dependent patients in emergencies.

Sarah Bradley, Senior Associate, SHOPS Plus Project, Abt Associates

Dr. Bradley is the Global Research Director for USAID's flagship private sector health project, SHOPS Plus. She is a demographer with 16 years of experience conducting international public health research, including as a Senior Research Associate for the DHS program. She holds a master's of health science from the

Johns Hopkins Bloomberg School of Public Health and a PhD in demography from the University of California, Berkeley.

Charles Lerman, Health Development Officer, Bureau for the Middle East, USAID

Dr. Lerman has worked for USAID for 17 years and has a PhD in demography. He serves as a Health Officer in the USAID/Washington Bureau for the Middle East. He also served as the USAID Office of Health Director in Ukraine, Azerbaijan, and South Sudan and the Senior Tuberculosis Advisor in the Office of Population and Health, USAID/Bangladesh. He has held positions through the University of Michigan, Johns Hopkins University, and the World Bank and worked with the American Red Cross, international NGOs, and the private sector. He spent most of his career in South and Southeast Asia but has experience in East and West Africa and East Europe/Caucasus.

Kerry Pelzman, Deputy Assistant Administrator, Bureau for Global Health, USAID

Kerry Pelzman is a Senior Foreign service Officer with 30 years of experience in public health, two-thirds with USAID. She has served in six USAID missions, covering health, education, and capacity development, including in South Africa, Afghanistan, India, Iraq, the Regional Mission for Central Asia, and Russia. Prior to joining USAID in 1998, Kerry was an international health consultant; worked to implement a FP program in Togo; managed public health education programs for the New York City Department of Health; and served as a U.S. Peace Corps Volunteer in Mauritania.

Tom Pullum, Director of Research, Demographic and Health Surveys Program, ICF

Dr. Pullum is Director of Research at DHS. He oversees the analysis of DHS data beyond the country reports, such as the analytical studies, comparative reports, further analysis reports, and methodological reports. He focuses on maternal mortality, the measurement of child vulnerability, and the adaptation of demographic methods to statistical frameworks and software. He joined DHS in 2011, following a lengthy career in academia at the University of Washington and the University of Texas at Austin. He has a PhD in sociology.

Olfa Saidi, Principal Investigator for 2016 THES, Tunisian Ministry of Health

Dr. Saidi is Chief Engineer of Statistics and Data at WHO Regional Office for the Eastern Mediterranean. She was the principal investigator for the 2016 Tunisian Health Examinations Survey (THES), which was conducted by the National Institutes of Health with support from WHO and Tunisian Ministry of Health. She is also the Tunisian focal point on UHC and cause of death indicators for WHO. Her recent research covers the modeling of NCDs, implementation of health examination surveys, and electronic health management information systems.

Mahmood Shakir, Monitoring Officer, UNICEF Regional Office for Middle East and North Africa

Mahmood Shakir works as a Monitoring and Evaluation Officer with the UNICEF MENA office, where he coordinates with government counterparts, subject matter experts, and technical staff from UNICEF to manage MICS round six in Iraq. He has more than 17 years of experience at UNICEF and has worked in monitoring and evaluation, household survey design, coordination, and implementation. He joined UNICEF in 2000 as a database assistant under the Iraq Oil for Food program. Post-2003, he worked to manage the influx of tons of purification material to the country and helped with the distribution to water treatment plants across Iraq. He has a BSc and an MS in Electronics and Communications Engineering.

Kathrin Thomas, Research Associate, Arab Barometer

Dr. Thomas is Senior Research Specialist on the Arab Barometer at Princeton University. She has worked as Research Associate in Survey Methodology at City, University of London; the Austrian National Election Study at the University of Vienna; and the University of Aberdeen. Kathrin has a PhD in Politics from the University of Exeter, where she was an Early Stage Marie Curie Researcher on the Initial Training Network on Electoral Democracy. She has designed, managed, and analyzed large public opinion surveys. She worked on the Global Barometer, European Social Survey, Comparative Study of Electoral Systems, International Social Survey Program, World and European Values Studies, and other election studies.

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