EMR-SDGs Learning Platform

First Regional Partnership Meeting

28-29 January 2020

Meeting Report

Contents

BACKGROUND

Partnership is an essential part of the processes underlying the 2030 sustainable development agenda, the current catalyst of all global development efforts. The EMR-SDGs Learning Platform is a pioneer regional network that focuses on health-related sustainable development goals (SDGs). The platform is a collaboration between the Alliance for Health Policy and System Research, WHO Regional Office for the Eastern Mediterranean (EMRO), and the Social Research Center of the American University in Cairo (AUC/SRC). Working as an offline network as well as an online virtual space, the platform aims at facilitating the implementation of the SDGs agenda related to health, through knowledge dissemination and sharing experience and lessons learnt across the region.

Three champion institutions, from three pilot countries, have welcomed the initiative and joined as first-tier partners in developing the EMR-SDGs Learning Platform: Egypt's Ministry of Planning and Development, Jordan's High Health Council, and Morocco's National Observatory for Human Development. Other institutions have also expressed interest in joining the network, including the Directorate for Sustainable Development and International Cooperation of the League of Arab States, Egypt's Central Agency for Public Mobilisation and Statistics and the ministries of health in Jordan and Morocco. Representatives from the these institutions as well as independent experts were hosted by the Social Research Center (SRC) in the American University in Cairo for a two-day meeting in order to commence their effective networking through discussing the strategic direction of the platform, reviewing its virtual site and laying the ground for the activities to be held throughout 2020.

MEETING OBJECTIVES

The goal of the meeting was to set the ground for the extensive developmental work of the platform, to be carried out during 2020. The vision is to build an effective partnership that could be further extended to cover a wide regional network of all stakeholders. To this end, the first partnership meeting was envisioned to contribute through building bridges and providing an efficient space for:

1. Introducing the virtual platform and reviewing its content.

2. Discussing how the champion institutions, individual experts, and other stakeholders from the three countries and the region at large can actively contribute to the platform as well as effectively benefit from it.

3. Presenting preliminary versions of selected knowledge pieces to be later completed and disseminated as tangible outputs of the platform.

MEETING FORMAT

The meeting included three sets of presentations:

1. Presentations from partner institutions. These covered the status of the health-related SDGs implementation in their respective counties, highlighting opportunities and challenges.

2. Presentations from three experts. These constituted preliminary versions of analytical pieces or policy briefs relevant to the health-related SDGs in the region, with a focus on innovative tools and frameworks.

3. A presentation from the EMR-SDGs learning platform implementing team, which focused on the structure and content of the virtual platform.

Each presentation was followed by extended discussion by the meeting attendees.

ATTENDEES

Country Delegates

Egypt

Howaida Barakat – Director, Sustainable Development Unit, Ministry of Planning and Development

Ismail Youssef – Director, Human Development Sector, Ministry of Planning and Development

Ibtsam Elgaafrawy – Professor, National Center for Criminology and Social Research

Nevine Awad – Director, Sustainable Development Indicator Unity, Central Agency for Public Mobilization and Statistics

Jordan

Mohamed Tarawneh – Secretary General, High Health Council

Muien Abu Shaer – Acting Director, Technical Affairs and Studies, High Health Council

Nimeh Barawi – Director, Planning Department, Directorate of Institutional Development and Quality Control, Ministry of Health

Anas Almohtaseb – Health Economist, High Health Council

Morocco

Nihou Abdelaziz – Director, Evaluation Department, National Observatory for Human Development

Hayate Koubri – Expert of Public Health and SDH, Ministry of Health

Mohamed Najib Guedira – Expert in Sustainable Development

League of Arab States Representative

Amal Khaled – Sustainability Researcher, Directorate for Sustainable Development and International Cooperation, League of Arab States

Experts and Researchers

Magued Osman – CEO, The Egyptian Center for Public Opinion Research (Baseera)

Zeinab Khadr – Professor, Cairo University

Sherine Shawky – Senior Research Scientist, Social Research Center, American University in Cairo

Wafaa Ahmed Mataria – PhD Student, Global Public Health, American University in Cairo

EMR-SDGs Team (SRC/AUC)

Hoda Rashad – Director, SRC (PI)

Ramadan Hamed – Senior Research Scientist (Co-PI)

Laila El-Zeini – Senior Research Scientist (Co-PI)

Amr Abdellatif – Research and Training Officer

Eman Mostafa – Grant Technical Associate

Noha Gaafar Maghraby – Researcher

AGENDA

EMR-SDG Learning Platform

First Partnership Meeting

28-29 January, 2020

Social Research Center

American University in Cairo

New Cairo Campus

Research Building, Ground Floor

Day 1 – Tuesday 28 January, 2020

9:30 – 10:00	**Coffee**
10:00 – 10:30	**Partnership in Action: Introduction** Hoda Rashad & Wasiq Khan
10:30 –13:00	**SDGs in Practice: Country Voices** **Jordan**: Moein Fouad, Anas Ali, Nema Selim **Morocco**: Hayat Koubri, Najib Guedira, Nihou Abdel-Aziz **Egypt**: Howaida Barakat, Ibtissam El-Gaafarawy, Ismail Youssef Discussion
13:00 – 14:00	**Lunch**
14:00 – 16:00	**The Learning Platform: Launching and Feedback** SRC team Feedback

Day 2 – Wednesday 29 January, 2020

9:30 – 10:00   **Coffee**

10:00 – 12:00   **Filling Gaps: From Knowledge to Policy**
Magued Osman: **Localizing SDGs**

Discussion

Zeinab Khadr: **Health Equity**

Discussion

Wafa Mataria: **Universal Health Coverage**

Discussion

12:00 – 13:30   **Partnership Roadmap: Discussing Next Steps**
13:30 – 14:30   **Lunch**

DAY ONE

FIRST SESSION – PARTNERSHIP IN ACTION: INTRODUCTION

After giving the opportunity to all meeting participants to introduce themselves, their affiliations and their interest in sustainable development, Hoda Rashad introduced the EMR-SDG Learning platform as a collaboration between the Alliance for Health Policy and System Research, WHO Regional Office for the Eastern Mediterranean (EMRO), and SRC. She then explained the main purpose of the first partnership meeting and invited participants to critically review the online platform and to share their ideas on how to build a most useful learning platform.

SECOND SESSION – SDGS IN PRACTICE: COUNTRY VOICES

Delegates from the three pilot countries had the chance during this session to present their experience and share successes, challenges and lessons learnt.

Jordan

The country presentation of Jordan consists of three parts. In the first part, Muien Fouad Abusaer, after outlining the overall country presentation and its objectives, highlighted the significance of the Jordanian geographic location and the challenges it poses. After presenting main vital indicators, he discussed the recent expansion of data sources from general family health surveys to registries, surveillance systems and specialized surveys including those on maternal mortality, cancer, kidney diseases, and hearing disability among children. He portraited a detailed picture of the multisectoral health system in Jordan, stressing the relatively high public expenditure on health. The High Health Council, headed by the minister of health and including four other ministers in addition to several relevant institutions, acts as the governing body that coordinates the health system and develops the national health policy.

Mr. Abusaer provided an outline on the most 2016-2020 health policy in Jordan and its three distinct levels: national, institutional, and sectoral, and highlighted how it was organically included withing the SDGs through sectoral and intersectoral planning. Outcomes of the policy included several legislative and regulatory interventions such as the national medical liability law, relicensing, and mandatory accreditation. The Jordanian government is currently preparing a health funding strategy and developing regulations for health technology.

As part of its SDGs implementation roadmap, health policies in Jordan have built on its success in implementing the Millennium Development Goals (MDGs). The Ministry of Planning assumes a stewardship role in the SDGs roadmap, with the mandate to develop its institutional framework and assigning implementation, monitoring, and evaluation responsibilities. This was reflected in the first national voluntary report submitted by Jordan in 2017 and the commitment to submit the second national voluntary report in 2021.

When discussing the obstacles facing Jordan in achieving maximum implementation of its ambitious health goals and SDGs roadmap, the presenter put special emphasis on the Syrian crisis challenges. Since 2012, refugee waves from civil-war torn Syria has overwhelmed the Jordanian infrastructure and service provision as resident population size soared from six million in 2010 to more than ten million. Since around 90 per cent of Syrian refugees live at large within the Jordanian communities and only 10 per cent live in designated refugee camps, the overstress on the health care infrastructure is felt by the whole Jordanian society. With international assistance covering only a small fraction of the refugee health care needs, the Jordanian government has scrambled to develop effective response plans. The negative impact on the health system cannot be overstated. With health expenditure climbing due to such pressure, austerity measures have been introduced to guard against serious resource depletion. Another indirect impact of the Syrian crisis has been to delay the long-awaited demographic dividend peak from 2040 to 2060, according to the latest population projections. Uncertainties inherent in such population projection scenarios has also increased due to their dependence on the potentials for the return migration of Syrian refugees.

The second part of the presentation on Jordan, delivered by Anas Almohtaseb, focused on universal health coverage (UHC) and on health finance. He noted that Jordan's commitment to UHC was renewed with adopting the 2018 Salalah Declaration on UHC, reconfirmed during the UN General Assembly meeting in September 2019, and iterated in all relevant health policies and strategies. Services in Ministry of Health facilities are subsidized for 80 per cent of all Jordanians. Insurance coverage is extended to include free services to all children under 6 years old and senior citizens over 6 years and to cover maternity care and costly chronic disease treatments, such as Cancer, kidney dialysis, and AIDS. Out-of-pocket expenditure is relatively low and health insurance is enjoyed by the majority of Jordanian (72%) and resident population (70%). He also stressed the focus on investment in primary health care, institutional capacity building, and human resources for family health. This part of the presentation ended with a highlight of the remaining gaps, both legislative and financial. Lessons learnt from the Jordanian health system reform experience included: the centrality of political commitment, the benefits of incorporation within the sustainable development agenda, the necessity of cost management to achieve sustainability, and the positive rewards to investment in primary care and capacity building.

In the final part of Jordan's presentation, Nimeh Barawi discussed in more details the challenges for health system reforms in Jordan. She specifically highlighted the challenges to seamlessly integrating divergent institutions within a unified universal health insurance plan and to addressing noncommunicable diseases through primary health care and effective referral systems. She also discussed the need for new approaches to UHC that could use resources more efficiently, such as restricting free health care coverage of senior citizens above 60 years old to those who cannot afford to pay, progressive introduction of health insurance, and unification of

individual health files to avoid resource leakage. Finally, she stressed the need to incorporate an effective system for monitoring and evaluation and noted the centrality of poverty mitigation efforts to health protection and promotion.

Morocco

Hayate Kourbi delivered the presentation of the Moroccan delegates, which detailed the key achievements and main challenges facing Morocco in its implementation of the health-related SDGs, marching her audience through most relevant targets and indicators, with special focus on sexual and reproductive health (SRH) as an illustrative example.

A depiction of the Moroccan health system and development since 1950 shows a complex system that includes public, private, and civic sectors. In spite of the availability of medical centres that provide free care services (maternal, child and family care, care for noncommunicable diseases) and of health insurance policies covering the poor, schoolchildren, university students, and professionals, out-of-pocket expenditure still represents 50% of the total expenditure on health. Morocco recognizes UHC as the ultimate target that incorporates and presumes the achievement of all other targets. The underlying model guiding the Moroccan aspiration to achieve UHC and SDGs is that of integrative development, proactively adopting health in all policies and multisectoral approaches to health.

On the institutional and legislative level, the presenter highlighted the development of codes to regulate the inter-sectoral relationships as well as the integration of the social determinants of health in the health policy, through the Consultative Council for Health. In order to illustrate that multisectoral approach, she provided examples of ongoing partnerships between the ministry of health and other ministries, such as the ministry of youth and the ministry of family and social solidarity, in developing and implementing strategies addressing chronic diseases (diabetes, cancer) and disability. Other examples illustrated the focus on integrating other dimensions through the environment and energy sectors. The need for multisectoral approach was made especially clear in case of malnutrition which is highly related to poverty and marginalization. In this last illustrative case, the integration within the national initiative for human development was a straightforward approach. Other instances of addressing the social determinants of health included connecting tuberculosis control to housing condition interventions, addressing smoking, nutrition, physical exercises and other lifestyle factors within programmes for noncommunicable diseases.

In reviewing achievements and challenges, the presenter focused on the health information infrastructure. She highlighted as examples of positive achievements the initiation of surveillance systems, such as the suicide surveillance system included within the national mental health programme, and the partnership with the National Observatory for Human Development. She also recognized the challenges posed by the complex SDGs reporting system and the lack of data needed to compute many monitoring indicators.

Maternal mortality remains unacceptably high in Morocco. The Moroccan presentation, therefore, allocated a significant part to discuss the current approach in dealing with this persistent challenge. The backbone of the national efforts is the national sexual and reproductive health, which streamlined several past strategies to promote efficiency. Providing free medically assisted delivery services especially in remote areas was a main component targeting not only the overall level of maternal mortality but also its regional and socioeconomic differentials. Culture sensitivity was another positive attribute of the streamlined SRH programme. For example, an in-depth investigation of an intervention to include cervical cancer protection for girls aged at least 10 years old within the national immunization programme was carried out before authorizing that intervention.

In conclusion, the Moroccan presentation stressed again the need for intersectoral approaches to health. Hayate Kourbi was emphatic that adopting the SDGs framework was essential as far as the aim of reducing disparities was placed at the centre of the focus of the national health policy.

Egypt

Members of the Egyptian delegate made four separate but complementary presentations. The first three presentations reflected the Egyptian 2030 sustainable development vision as coordinated through the ministry of planning and economic development, while the last represented the perspective of the national statistical office.

Howaida Barkat, the first presenter from Egypt, outlined Egypt's experience in articulating and revising Egypt's 2030 vision with a focus on its health-related components. The 2016 version of Egypt's sustainable development (SD) vision was developed using a multi-stakeholder collaborative approach. That first version acknowledged three dimensions for SD: social, economic, and environmental, but treated them separately. Health, according to that formulation, was restricted to the social part. A later revision of Egypt's SD vision, which started in 2018, recognized the limitation of treating the three dimensions as separate strategic components.

The new edition of Egypt's SD vision adopted more closely the SDGs framework. Eight strategic goals, incorporating 47 targets, were articulated, with health included explicitly within at least two goals and implicitly within a host of others. The presenter highlighted that decentralization, a main component of the new edition, was reflected in several places in Egypt's strategy, such as procedures for local voluntary reports and a focus on localized capacity building. She also highlighted the emphasis on indicators and providing needed data through new channels as health offices' automation. She also emphasized, as evidence of a multisectoral approach, the links between the ministry of health and other ministries such as the ministry of social solidarity and the ministry of youth.

The second presentation on Egypt, delivered by Ibtsam Youssef, focused on health in the SDGs agenda and on health system reforms. The presenter started by highlighting accessibility, equality and quality as three pillars of UHC. She depicted the current status of health map in the country, highlighting the emerging of noncommunicable diseases concurrent with communicable disease incidences declining in general but with increasing variability. She then discussed the main challenges facing Egypt's health care system, namely, low coverage in poor and marginalized areas, low service quality, high out-of-pocket health expenditure, and lack of qualified medical cadres.

Ismail Youssef, from the ministry of planning, then took the floor to discuss two particularly important aspects of the Egyptian health-related SD vision: health investment and the comprehensive health insurance initiative. He noted that 37% of health investment comes from the private sector and stressed the integration between health care providers from different sectors, giving as an example how the ministry of health hospitals participated as teaching hospitals for new universities. Youssef then turned into discussing the investment in several health initiatives, including critical and urgent case management, and providing safety nets for vulnerable families in addition to other specialized initiatives. Regarding the comprehensive health insurance initiative, which represented the highest share of health investment, the presenter stressed the focus on universal coverage, Interdependence, quality assurance, health care development, governance, and on promoting wider participation in monitoring and evaluation.

The last presenter from Egypt's delegates, Nevine Awad, took the opportunity to announce that the second report on SDGs' indicators monitoring was issued in 2019 by the Central Agency for Public Mobilisation and Statistics. She explained that the report, adopting the latest available global methodologies, was just one example of several initiatives by the statistical authority in Egypt to provide the needed information to guide the implementation of the SD agenda. The sustainable development indicator unit, headed by Awad, is coordinating CAPMAS efforts in this regard.

General Discussion

At the end of the long and detailed presentations from the three participating countries, the audience had the opportunity to provide feedback and further insights, as well as to ask for few clarifications from the presenters. The following three major interventions were made.

Hoda Rashad started by commending the practice of having multisectoral partnerships within countries. She also took the opportunity to discuss the centrality of health in the sustainable development system, highlighting the still prevalent error of equating health with the absence of disease rather than with a good quality of life, noting that the latter, and correct, view of health implied that health could be an overall indicator of the success of development efforts.

This view raised legitimate concerns about what was really meant by 'health-related' goals and indicators. Particularly, there was the need to go beyond the focus on health care provision to address issues related to the social determinants of health and health inequity. She raised the question of how to include these dimensions in health strategies, stressing the need to treat inequity as social-based variations in individuals' abilities to enjoy a good quality of life rather than variations in the burden of morbidity. As such, health equity could act a crucial measure of good governance, not just in the health system but in all policies.

Rashad then discussed several of the observations made by the presenters, emphasizing some of the lessons that can be learnt. For example, she noted how the presentation from Morocco, which connected indicators to policies, showed how sustainable development should be about directing policies not just monitoring indicators. She also emphasized the advantage of adopting a regional lens, giving as examples of national and regional priorities that did not fall neatly within the global SDG agenda the issues related to the Syrian refugees in Jordan and the sub-Saharan African immigrants in Morocco.

Magued Osman expressed his optimism that the regional platform for health-related SDGs could play an important role and not get lost amid a crowded field of platforms and portals focusing on SDGs. In order to achieve its potential, he advised the necessity of becoming producers, not just consumers, of knowledge. This requires a focus on the regional specificity highlighted by the three country presentations. As examples, he briefly addressed some of the issues especially relevant to the region. He noted that migration, including transitory migration, had unique features in Jordan and Morocco. The stage of the demographic transition in the region, including population aging, and its health impacts, was another issue that should receive special attention in the region.

Najib Guedira stressed the importance of embracing the radical changes introduced by the digital revolution, with a political will well-attuned to people's needs and invoking public trust. In response to the point raised by Hoda Rashad regarding the focus on morbidity, he noted that globally all health systems were focusing on disease, but the problem in the Arab region was ignoring the importance of health protection and disease prevention. He agreed with Rashad and Magued Osman about the need to focus on the common challenges in the region. These included: social justice, geographical as well as social variabilities, gaps in qualified cadres mainly due to the brain drain, health financing, and governance. In relation to governance, he noted that decentralization in the region was usually practiced through decentralization of management but with remained centralization of decision-making.

In conclusion, there was an agreement that great efforts were ongoing but there was still much to be done to respond to peoples' aspirations. There had been also an expressed recognition that the regional platform had the potential to promote knowledge sharing.

THIRD SESSION – THE LEARNING PLATFORM – LAUNCHING AND FEEDBACK

The last session of the first day was allocated to launching the new website: emrsdgslearn.net, a virtual meeting place and knowledge repertoire for regional stakeholders and those interested in health-related SDGs.

Laila El-Zeini, representing SRC team, introduced the website and its main features and components. She emphasized the fact that the website was still under construction and that suggestions and ideas for improvement were most welcomed, as the discussion of that important virtual hub was one of the main objectives of the first partnership meeting.

Two main features of the learning platform were especially highlighted: resources and networking. As a learning platform, the website aspired to be a one-place shop to promote and facilitate the accessibility of knowledge products and knowledge-generating tools. In addition to continually updated reports and policy documents, the platform provide links to training opportunities, data repertoires, and relevant manuals and handbooks. Resources related to a select list of topics are especially highlighted and made accessible using cross-referencing. The list of topics currently includes universal health coverage, social determinants of health, emergencies and conflicts, reproductive and sexual health, and gender and inequity. In addition to acting as a hub for accessing knowledge and linking to resources, the website, along with the accompanied social media accounts, works at facilitating networking and the sharing of knowledge and experience. This crucial function of the platform is promoted using a prominent 'Get Involved' function in addition to 'Community' and 'Ask Us' tabs. Select products from the networking activities are expected to feed into the resources through the 'Publications' tab as well as a regularly-published newsletter.

After the presentation of the virtual platform, meeting participants were given the chance to provide their initial thoughts about its proposed structure. Several participants provided welcomed critique and recommendations for improvement.

Magued Osman recommended an enhancement of the focus on new tools. He advised to avoid a patronizing voice through using language such as 'ask us', and to offer an Arabic version of the platform.

Anas Almohtaseb, Nihou Abdelaziz, and Hayate Koubri stressed the need to spell out the target users and the specific objectives of the platform. They encouraged continual efforts to achieve maximum interest and to solicit fruitful contributions.

Mohamed Tarawneh and Najib Guedira recommended extending the networking efforts through partnerships with national, regional, and international organizations and with the civil society and the private sector.

Wrapping up, Hoda Rashad stressed the common ownership of the platform by all partners and that SRC was mainly an implementer acting in a supportive role. She asked participants to take their time reviewing the virtual platform and sharing ideas and suggestions for improvement, with special attention to the regional specificity.

DAY TWO

FOURTH SESSION – FILLING GAPS: FROM KNOWLEDGE TO POLICY

This session included presentations of analytical pieces from three experts. These pieces were introduced as examples of knowledge products originating from the region that could benefit policy developers and implementers in the region in achieving health-related SDGs.

Magued Osman introduced a technique that can be used for developing SDGs targets at the local level, with an illustration from Egypt. Zeinab Khadr illustrated a novel methodology for monitoring health equity using data from Jordan. Wafaa Mataria presented a general framework for universal health coverage. These contributions are to be further developed in longer policy papers to be published by the learning platform. Following are short synopses of the three presentations and the discussions that followed.

Localizing the SDGs – An Example from Egypt

After an introduction about the move from the MDGs to SDGs and the major importance allocated in the latter to equality and leaving no one behind, Magued Osman explained why it is important to localize the setting of targets as well as the implementation efforts of SDGs. Moving from why to how, he introduced a proposed methodology to set quantitative targets for SDG indicators at the local level. He illustrated the methodology using data from Egypt on the governorate level about poverty eradication and contraceptive prevalence rate. After discussing the details of the new methodology, he briefly discussed some of the challenges facing the localization of SDGs.

The presentation received a positive feedback from the audience along with requests to share the details of the methodology on the learning platform. There were, however, some concerns about the availability and reliability of data on the local level and about the feasibility of decentralization of planning and decision making.

From Health to Health Equity – the Case of Jordan

In her presentation, Zeinab Khadr introduced a novel multilevel methodology adopting a social determinant of health inequity (SDHI) framing. The methodology was applied to 85 health indicators in Jordan, classified into five broad groups: child health and wellbeing, NCDs and adult health, reproductive health, health system performance, health system capacity, and health insurance coverage. She clarified how the SDHI framing emphasized the unfairness of upstream determinants of health and showed how the adoption of a multilevel methodology implied that

the unfairness of access to health resources intersected across macro political and economic structures and policies and social arrangements as these forces operated at community and social grouping levels. After explaining the methodology, she presented the main findings from the application to Jordanian data and discussed the implications of these findings.

The audience feedback was emphatic about the need to share the methodology on the learning platform. There was also some discussion about the policy analyses required to provide valid interpretations of the study findings.

Universal Health Coverage – Introduction and Framework
Wafaa Mataria gave an overview of UHS, explaining what it meant, and its three dimensions: population coverage, health services coverage, and financial coverage. She then summarized the global consensus on how to achieve UHC and how to monitor the progress towards that achievement, with a special focus on UHC service coverage index. She followed that overview with a detailed discussion of the challenges commonly faced in achieving UHC. She ended the presentation with providing available information of UHC status in the region and offering some recommendations differentiated according to national contexts.

The presentation was followed by an extended discussion among the audience that highlighted both the centrality of UHC and the challenges facing its realization. The remarks made during this discussion include: what proper financial policies could be used to address the high out-of-pocket health expenditure; how to set priorities, for example in determining the essential health care basket; the need to transcend crude indicators of level of coverage to equity-relevant indicators revealing who and what was covered and also to measures of impact; why it might be better to measure health expenditure per capita not as a fraction from GDP. The need to recognize that health went far beyond the health system was a common observation.

FIFTH SESSION – PARTNERSHIP ROADMAP: DISCUSSING NEXT STEPS

The second and last day of the partnership meeting ended with an open discussion about future directions. The participants agreed on the following concrete next steps:

- Partners will take the time to try and test the virtual platform and then share feedback and recommendations.
- SRC team will work to improve the functionality of the platform and increase its utility.
- Partners will actively contribute to the newsletter and will receive it ahead of its wide dissemination.
- Experts will finalize the analytical pieces and share them with partners and on the platform.
- Partners will target the network expansion through directing different stakeholders to the platform and advocating its potential role as a regional learning and networking hub.

SUMMARY OF MAIN MESSAGES FROM THE MEETING

After the meeting, Anas Almohtaseb, the health economist affiliated with Jordan's High Health Council, shared an insightful summary, in Arabic, of the meeting discussion and conclusions[1]. He specifically highlighted the following two main messages:

- There is an urgent need for a strategic shift in addressing health as far more than just the absence of disease. This, in turn, necessitates:

    o A full integration of the social determinants of health in any health strategy.

    o Multisectoral planning and all-of-government implementation approaches.

- The sustainable development framework is built on the centrality of equity and leaving no one behind, and hence should be anchored on social justice and governance reform. This is facilitated when:

    o Targets and indicators are conceptualized and assessed at sub-national levels.

    o Measures of inequality are fully integrated and prioritized into any reporting framework within the sustainable development agenda.

    o Partners in development, including the champion institutions involved in the EMR-SDG Learning Platform, must play the role of value-change leaders who highlight the risks associated with inequities and alert governments to those risks through innovative tools and techniques.

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[1] The summary report is posted on the EMR-SDGs Learning Platform website along with the several presentations shared at the meeting.