



الباروميتر العربي
ARAB BAROMETER

Challenges of Health Care in the Middle East and North Africa

August 2019

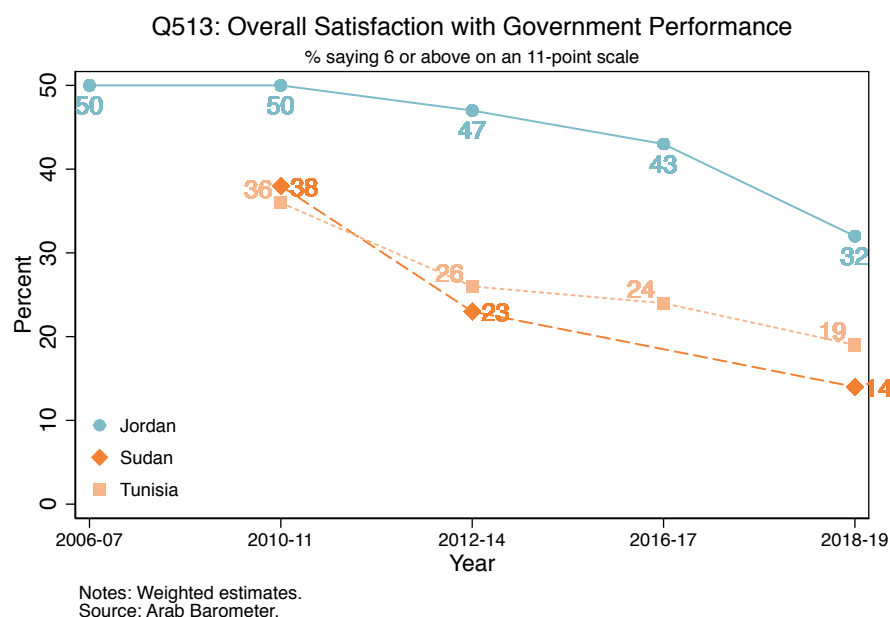


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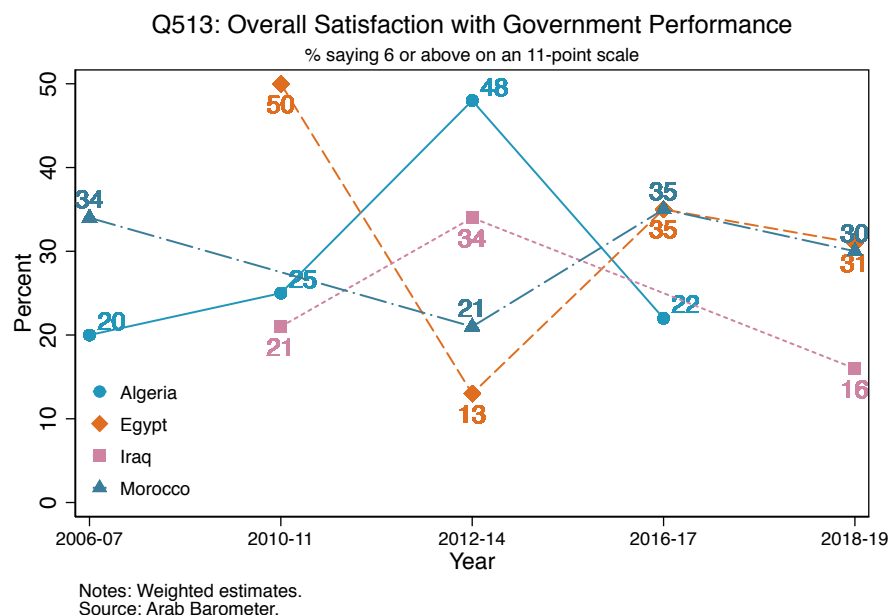
Overall Satisfaction with Government Performance

MENA publics are dissatisfied with overall government performance in their countries. In 2018-19, a quarter (21 percent) say they are completely satisfied or satisfied with their governments' general performance. In fact, there is not a one single country where satisfaction with government performance exceeds 50 percent since Arab Barometer started surveying in 2006-07.

Moreover, ratings have deteriorated over the last decade in a number of countries. For example, a steady downward trend can be observed in Jordan (-18 points) as well as Sudan (-17 points) and Tunisia (-24 points) since 2010-11.



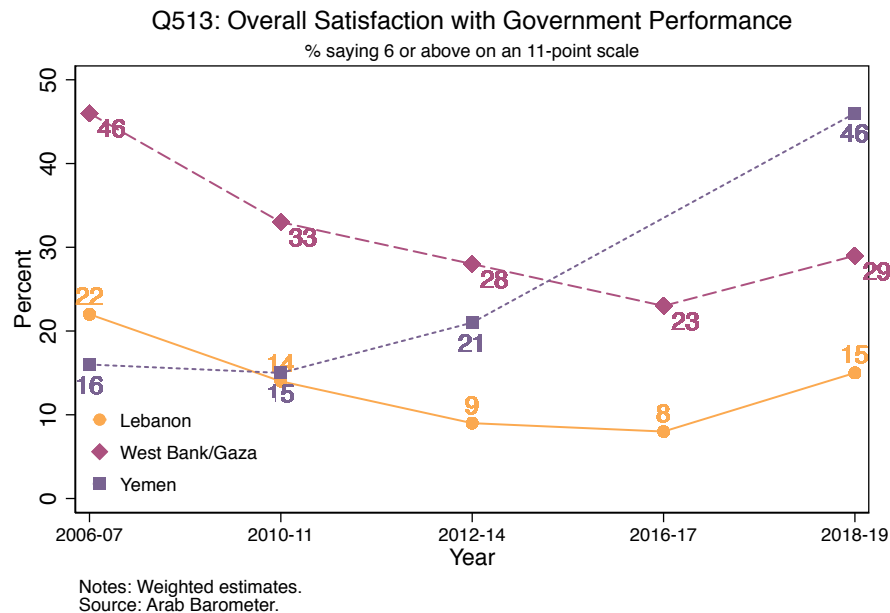
The trend is not constant in all countries, however, in countries like Algeria, Egypt, Iraq and Morocco: While satisfaction peaks in Algeria (48 percent) and Iraq (34 percent) in 2012-14, publics in both countries have since become less satisfied with government performance. Egypt observed a massive 37-point drop in satisfaction with government performance from 2011-12 to 2012-14, which reflects the loss of confidence from the time immediately after the revolution to the last days of the government of Mohamed Morsi. However, Egyptians were more positive about government performance in 2016-17, increasing to 35 percent, but a slight drop can be observed by 2018-19 when three-in-ten (31 percent) report being satisfied. Moroccan satisfaction with overall government performance dropped steadily from 2006-07 to 2011-14, before increasing by 14-points by 2016-17 and falling by five points to 30 percent in 2018-19.



During this period, only three publics have become more optimistic about their governments' overall performance. Palestinians became less satisfied from 2006-07 until 2016-17 (-23-points), but satisfaction has increased since, by 6 points to 29 percent in 2018-19. A similar pattern can be observed for Lebanese, although the overall level of satisfaction was much lower to begin with. Satisfaction dropped from 22 percent in 2006-07 to only 8 percent in 2016-17, but has almost doubled since then to 15 percent. Yemen stands out. While overall satisfaction with the government was lowest compared to all other countries in 2010-11 with 15 percent, Yemeni satisfaction has since increased despite the conflict. In 2018-19, almost half Yemenis say they are satisfied with overall government performance.¹

In sum, MENA publics are generally pessimistic towards the overall performance of their governments. Ongoing conflicts and reoccurring uprisings are just one indicator of this dissatisfaction. However, it remains an open question as to whether overall sentiment also translates into satisfaction and evaluations in specific policy areas?

¹This result may appear surprising, but must be viewed within the context of the current conflict. Given the ongoing civil war, Yemenis may be weary of criticizing their government. Alternatively, they may be satisfied with the government's efforts as it relates to the conflict, meaning they are applying different standards to their conditions than before.

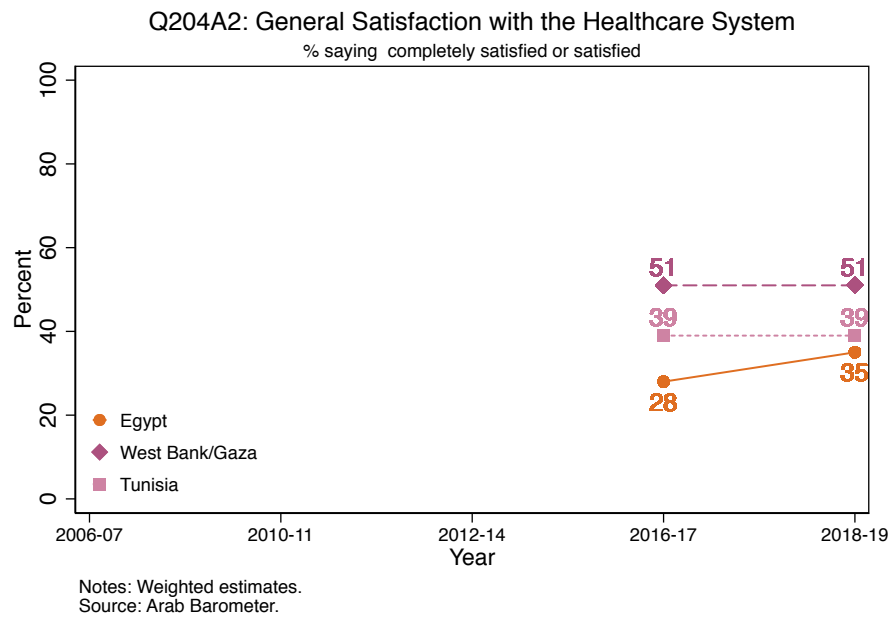
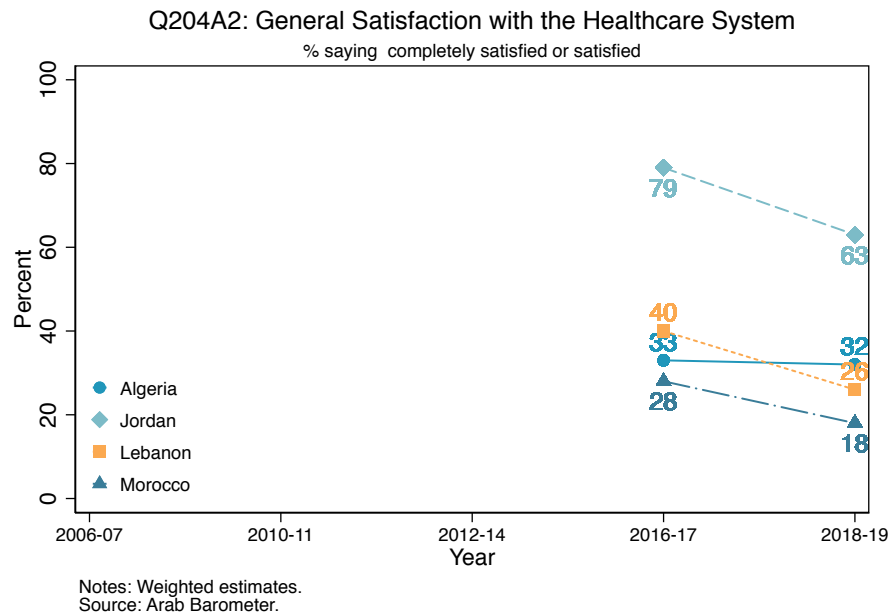


Satisfaction with Healthcare Services

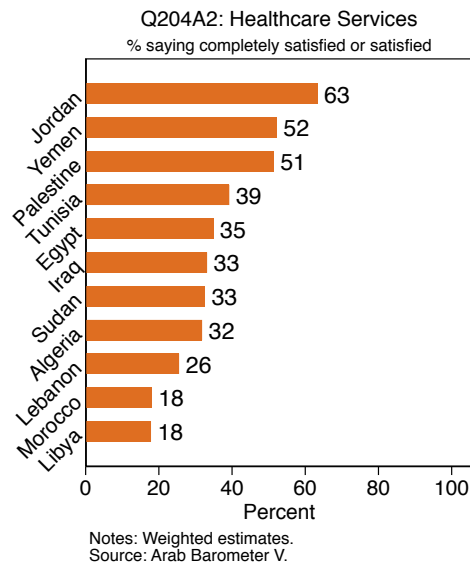
In 2018-19, 37 percent across MENA report that they are completely satisfied or satisfied with the healthcare system in their country compared with 42 percent saying the same about the education system.

Satisfaction with the healthcare system has dropped in Jordan (-16 points), Lebanon (-14 points), and Morocco (-10 points) since 2016-17. Meanwhile, there has been no substantive change in satisfaction with the healthcare system in Algeria (-1 percent). Overall, satisfaction with the healthcare system has been and remains highest in Jordan.

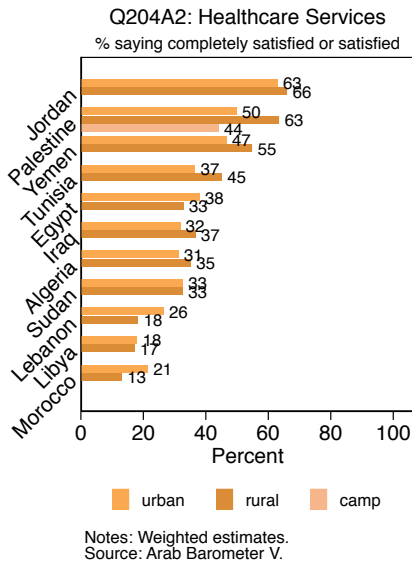
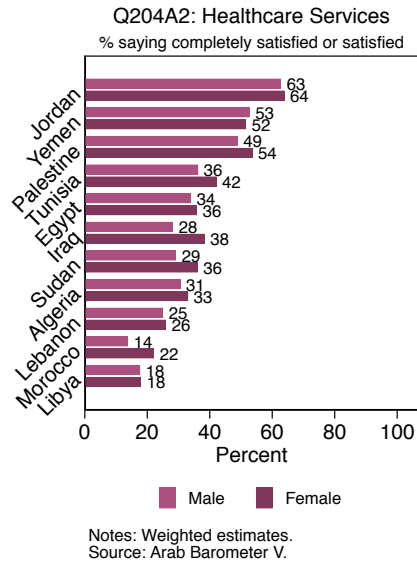
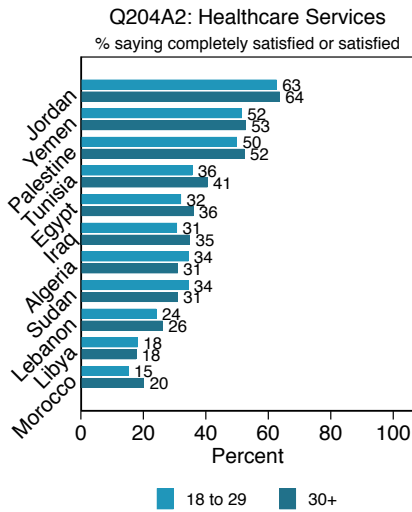
Little change can be observed in Tunisia and the West Bank/Gaza, where satisfaction with the healthcare system remains stable at (39 and 51 percent, respectively). Egypt stands out as the only country in which satisfaction with the healthcare system had increased since 2016-17 (+7 points).



In 2018-19, the level of satisfaction with the healthcare system is highest in Jordan (63 percent), followed by Yemen (52 percent), and the West Bank/Gaza (51 percent). It is lowest in Lebanon (26 percent), Morocco and Libya (each 18 percent).



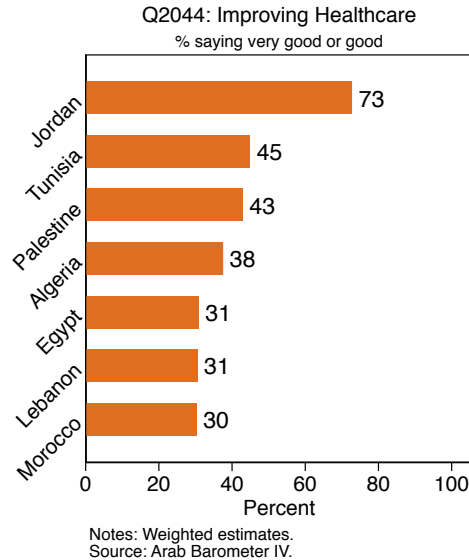
Little variation can be observed across common demographic characteristics such as age, gender, and urbanity. In general those who are 30 and above are more likely to report that they are satisfied with healthcare system than youth (18 to 29), with the exception of Algeria and Sudan, where youth appear to be more satisfied. In Libya, there is no substantive difference across age groups. Women tend to be more satisfied with the healthcare system compared to men, with the exception of Yemen. Once again no substantive difference across gender is found in Libya. We may expect that urban living coincides with a higher proportion of satisfaction with the healthcare system, as healthcare is presumably easier to access and available. This pattern holds for Egyptians, Lebanese, Libyans, and Moroccans. In Jordan, the West Bank/Gaza, Yemen, Tunisia, Iraq, and Algeria it appears that rural populations are more satisfied with the healthcare systems in their countries. In Sudan, no substantive differences can be observed by urbanity. It is possible that those in rural areas have lower expectations about health care quality, that they access it less frequently, or that governments have made a significant effort to improve access to these communities.



Evaluation of Government Performance on Improving Healthcare

Looking at MENA publics' evaluations with government performance of improving healthcare service, overall four-in-ten said that government is doing a very good or good job in 2016-17. Jordanians stood out to be the most optimistic with almost three quarters saying government is performing well in improving

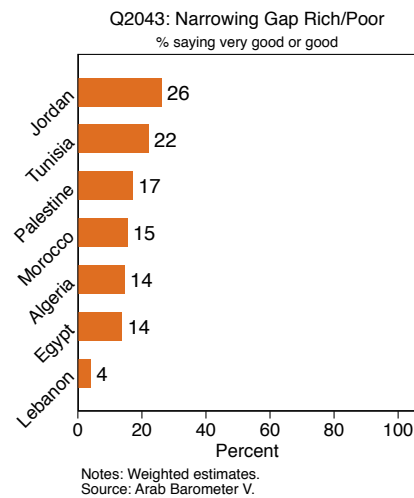
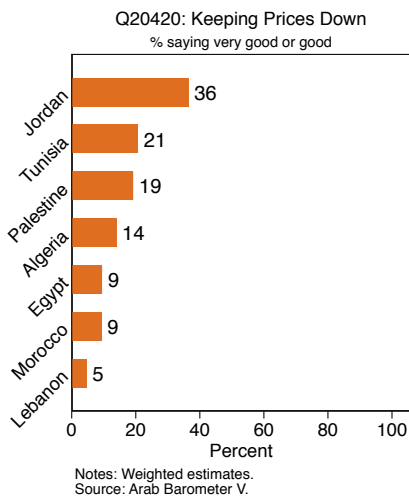
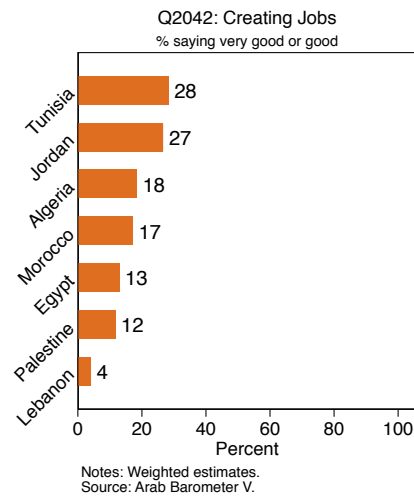
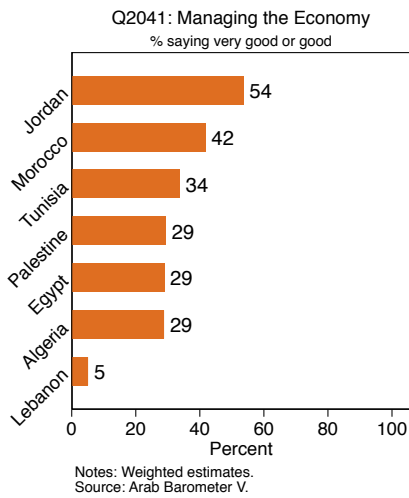
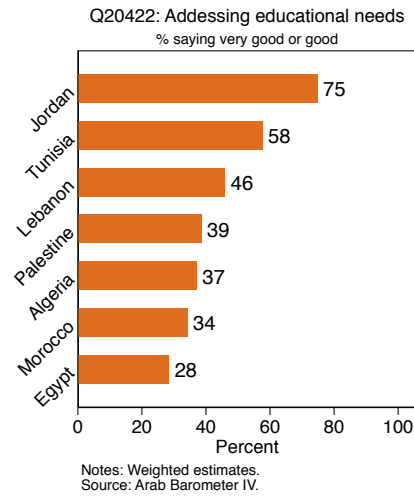
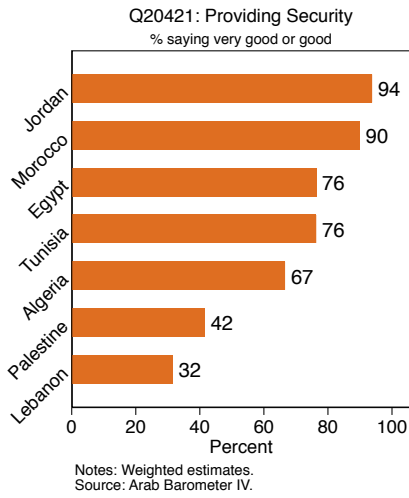
the healthcare system. Meanwhile, in no other country do ratings exceed 50 percent. Egyptians, Lebanese, and Moroccans are least optimistic with roughly three-in-ten saying government is doing a very good or good job on healthcare.



As a point of comparison, citizens across MENA are relatively dissatisfied with their governments' performance on most policy areas, with the exception of security provision and addressing education needs. Areas related to economic well-being and reducing economic inequality receive the lowest ratings, falling below 50 percent in nearly all countries. It is noteworthy that evaluations are most positive in Jordan across a variety of policy areas and least positive in Lebanon, with the exception of addressing educational needs.

MENA governments, it appears, should invest more in policy domains beyond security. This might be one key to increase the quality of living and, inherently, optimism and satisfaction about living in the MENA region.

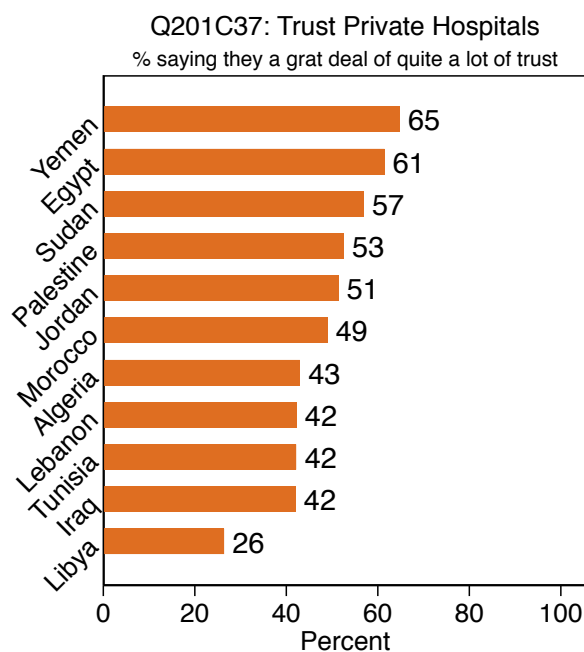
Arab Barometer - Wave V
Topic Report - Health Care



Trust and Perceived Corruption in Healthcare

One crucial aspect of healthcare is whether or not people access and trust private healthcare institutions, but also if they perceive the healthcare system to be free of corruption.

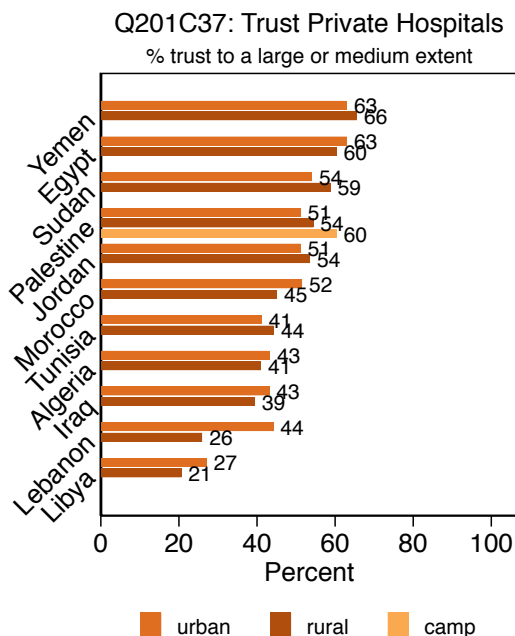
Arab Barometer data from 2018-19 reveals, nearly half across MENA say that they have a great deal or quite a lot of trust in private hospitals (48 percent). Those in Yemen are the most trusting – almost two thirds say they trust private hospitals – followed by the Egyptians (61 percent) and Sudanese (57 percent). Least trusting are Libyans with only a rough quarter saying that they trust private hospitals. This may reflect the fact that the private sector was essentially non-existent under the Qaddafi regime.



Notes: Weighted estimates.
Source: Arab Barometer V.

Private hospitals are more likely to be located in urban areas across MENA. A greater familiarity with private clinics would be expected to be linked with greater trust. Indeed trust varies widely depending on where people live. Yet, while urban populations in Egypt, Morocco, Algeria, Iraq, Lebanon, and Libya are more likely to exhibit trust in private hospitals, rural populations in Yemen, Sudan, Jordan, and Tunisia are more trusting. In the West Bank/Gaza it is people living in refugee camps who are most trusting, followed by rural and urban populations.

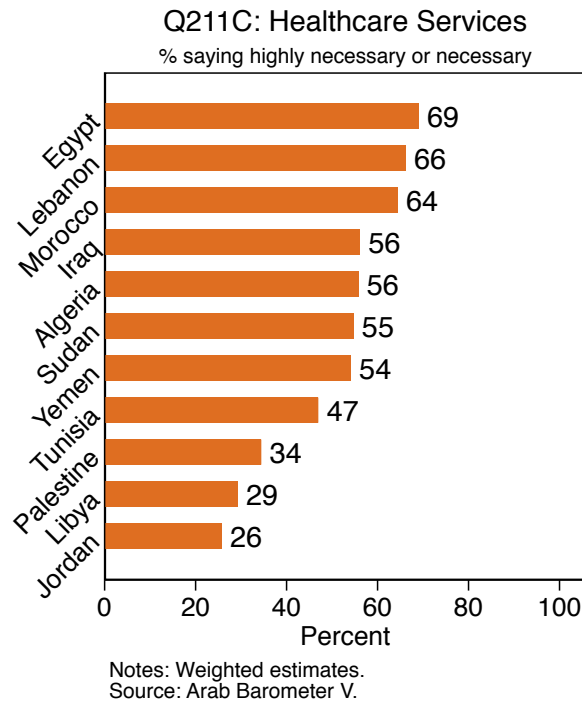
One potential explanation might be that public hospitals are associated with relatively low quality service and treatment in these countries and private health-care is per se believed to be better and is more trusted.



Notes: Weighted estimates.
 Source: Arab Barometer V.

One major issue across MENA is high levels of perceived corruption. In all countries surveyed, at least 70 percent perceive corruption to be commonplace in state institutions. In the fifth wave and for the first time, Arab Barometer asked whether or not people believed that paying a bribe (*rashwa*) to receive better healthcare services was necessary. Overall, more than half in the MENA region (51 percent) say that paying *rashwa* for better healthcare services is highly necessary or necessary.

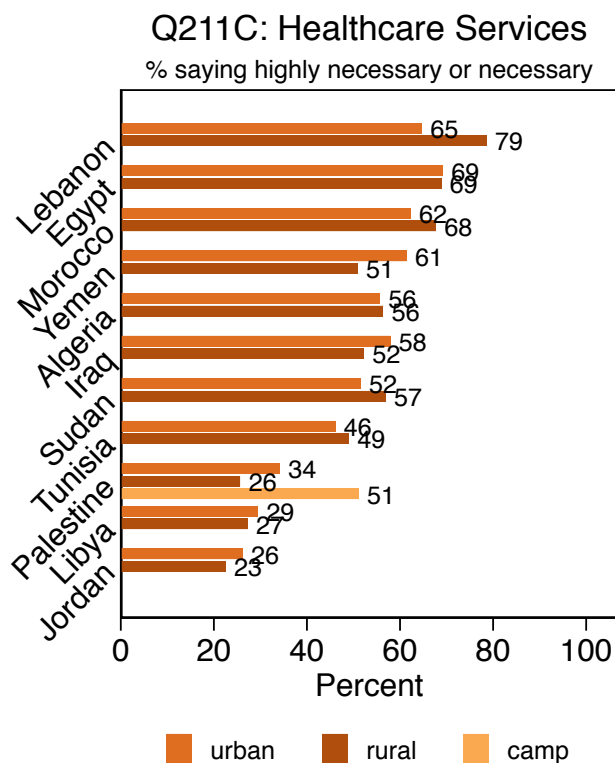
However, there is some substantive variation across countries. Egyptians (69 percent), Lebanese (66 percent), and Moroccans (64 percent) appear to be the most pessimistic about fair access to healthcare: Roughly two thirds in each of these countries say it is highly necessary or necessary to pay *rashwa* to receive better healthcare services. People in the Palestine (34 percent), Libya (29 percent), and Jordan (26 percent) are least likely to think that it is necessary to pay a bribe for better healthcare services.



Major difference can once again be observed across urbanity. While rural populations in Lebanon, Morocco, Sudan, and Tunisia are least pessimistic about corruption in healthcare – i.e. a larger proportion says that paying *rashwa* for better healthcare services is necessary – it is urban populations in Yemen, Iraq, Libya, and Jordan who think this is the case. There are no substantive difference across urban and rural populations in Egypt and Algeria, however. In Palestine, those in refugee camps are twice as likely to say *rashwa* is necessary compared to rural populations and 17-points more likely to say this compared to urban populations.

This widespread perception of corruption in the health care sector suggests there remain substantial challenges to improving the health care system overall. Specifically, the findings emphasize the urge to fight corruption and invest more in policies aimed at improving the lives of ordinary citizens.

In addition, as the next section demonstrates, it is often those who are disadvantaged who suffer from unequal access to services, such as healthcare.



Notes: Weighted estimates.
 Source: Arab Barometer V.

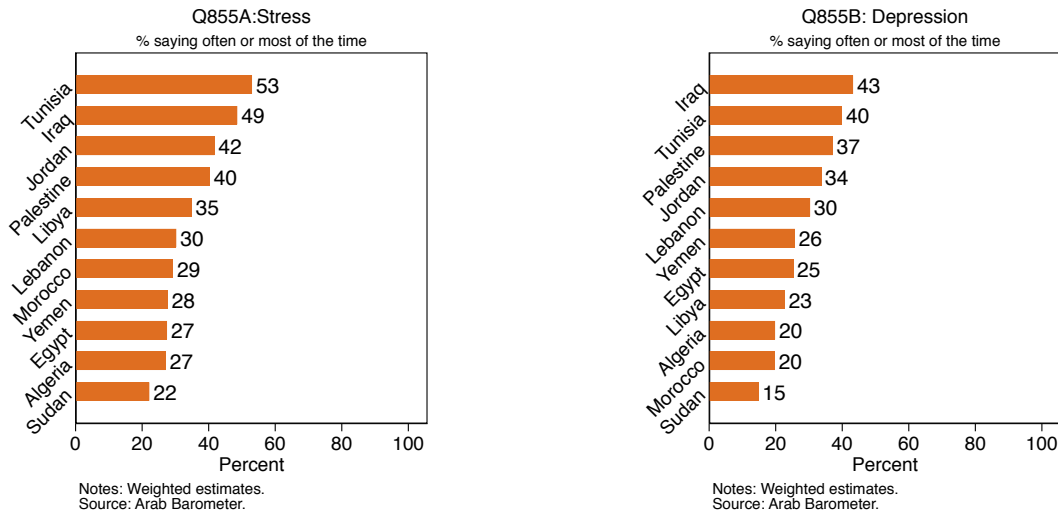
Prevalence of Mental Health Problems

In order to better understand healthcare issues in the MENA region, Arab Barometer includes questions about potential issues regarding mental health as well as the prevalence of those living with disabilities in the region. These results suggest additional challenges for governments across the region to tackle.

Across the region, roughly one third (35 percent) state that they are frequently feeling stressed; about three-in-ten (29 percent) say they suffer from depression. Tunisians (53 percent), Iraqis (49 percent) and Jordanians (42 percent) are mostly likely to report stress that they experience often or most of the time. Meanwhile, Egyptians (27 percent), Algerians (27 percent), and Sudanese (22 percent) are least likely to experience frequent stress.

Iraqis (43 percent) and Tunisians (40 percent) are also at the top of the list looking at prevalence of depression, followed by Palestinians (37 percent). By comparison, Algerians (20 percent), Moroccans (20 percent), and Sudanese (15 percent) are least likely to report feeling depressed.

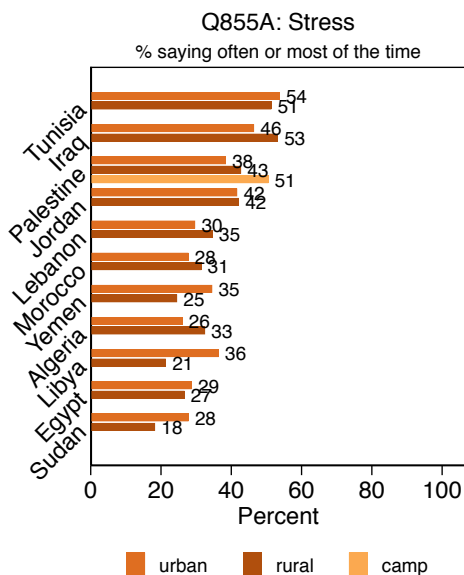
Higher proportions of Iraqis and Palestinians could probably be explained by recent experiences of war and ongoing conflicts. It remains open what drives stress and depression in Tunisia, although it may be related to the challenges associated with the country’s ongoing transition.



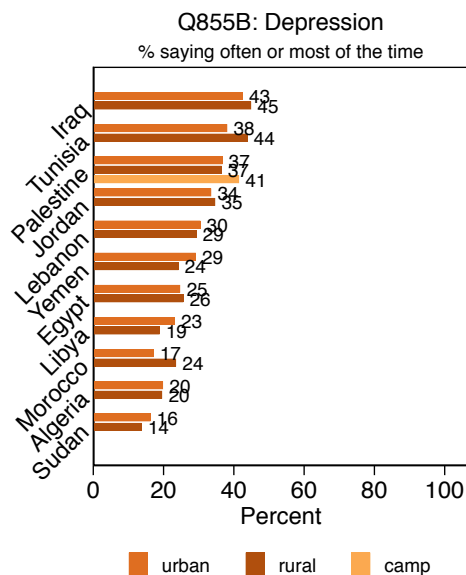
Variation is to be expected by urbanity, as it is likely that urban populations could be more stressed due to the challenges of life in the city. At the same time rural populations may have a higher likelihood of depression due to less opportunity and potential economic hardship. However, Arab Barometer only finds limited support for these assumptions.

Urban populations in Tunisia, Yemen, Libya, Egypt and Sudan are more likely to report stress. Meanwhile, rural populations in Iraq, Lebanon, Morocco, and Algeria display are higher likelihood to report stress. There is no substantive difference across urban and rural populations in Jordan. Unsurprisingly, people in refugee camps in Palestine are more likely to report stress, followed by rural and then urban populations.

Regarding depression, urban populations in Lebanon, Libya, and Sudan are more likely to report they feel frequently depressed. Rural populations in Iraq, Tunisia, Jordan, Egypt, and Morocco are more likely to report being depressed than their urban counterparts. No differences can be observed across urban and rural populations in Algeria and Palestine. However, regarding the latter, again people in refugee camps have a higher prevalence to report depression.



Notes: Weighted estimates.
 Source: Arab Barometer V.



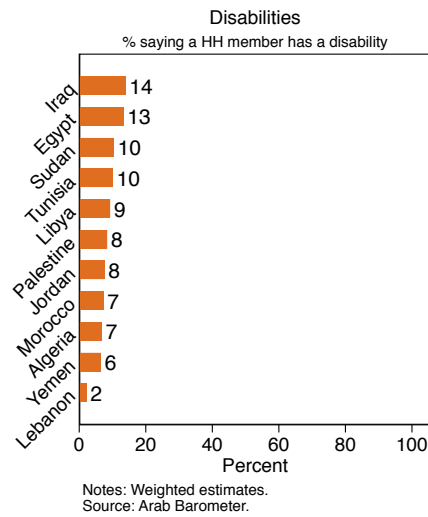
Notes: Weighted estimates.
 Source: Arab Barometer V.

People with disabilities

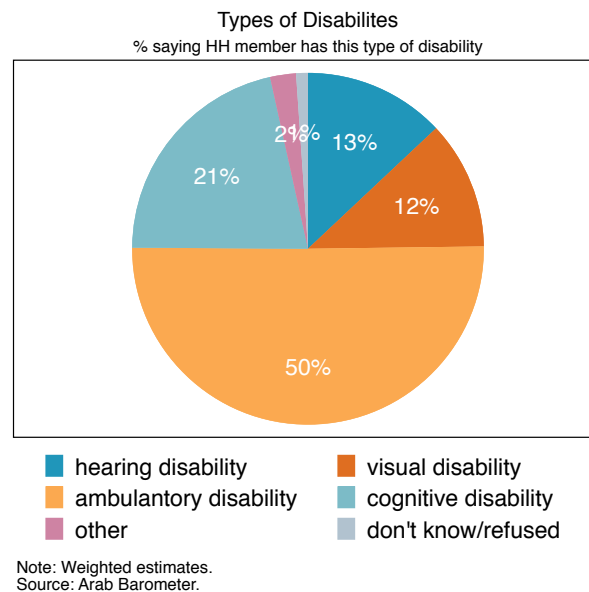
Finally, this report turns to the prevalence and types of people with disability across the region, who often have limited access to services from the state. They also have special needs regarding healthcare provision and access.

Across MENA, roughly 9 percent say that a member of their household has a disability that lasted longer than 6 months. Iraq (14 percent), Egypt (13 percent), Sudan and Tunisia (each 10 percent) display the highest proportion of disabilities; Morocco and Algeria (each 7 percent), Yemen (6 percent), and Lebanon (2 percent) have the lowest proportion of households in which at least one member suffers from a disability.

These results are not entirely surprising, given that especially Iraq is a war torn country in which we would expect a higher proportion of people with disabilities.



It is interesting to look at the kinds of reported disabilities as well. Among those households that reported a member with a disability, half say the handicapped person has an ambulatory disability. Approximately two-in-ten (21 percent) report cognitive disabilities, followed by hearing disabilities (13 percent), visual disabilities (12 percent), and other kinds of handicaps (2 percent).



In sum, it appears that mental health concerns and disabilities may pose additional pressure on MENA governments to act and improve health care systems, availability, and access in the region.

Conclusions

This report has outlined satisfaction of MENA publics with healthcare policy, but also perception towards provision, availability and equal access to healthcare services. The findings suggest that many people are not satisfied with the healthcare services in their countries. It is noteworthy that healthcare along with education is yet one of the more satisfactory policy domains to many. Only security is evaluated much better than any policy area.

Private health services appear to be especially trusted by MENA publics, while government-regulated domains receive worryingly low ratings. In addition, many deem it necessary to bribe healthcare personnel to receive better services. This may not be surprising given the extremely higher perception of corruption in all countries surveyed.

While these results suggest the challenges of basic healthcare remain significant issues in MENA, the findings further suggest high prevalence of stress and depression, which may put further pressures on the MENA healthcare systems.

In addition, one often neglected group may be unheard: people with disabilities. Roughly one-in-ten across the region reports to live in a households with a member that has a long-lasting disability. MENA governments may be advised to invest not only in better provision, availability, and equal access to healthcare, but also to support families that care for a disabled household member.



About Arab Barometer

The Arab Barometer is a nonpartisan research network that provides insights into the social, political, and economic attitudes and values of ordinary citizens across the Arab world.

We have been conducting rigorous, and nationally representative face-to-face public opinion surveys on probability samples of the adult populations across the Arab world since 2006. The margin of error is ± 3 percent.

The Arab Barometer is the largest repository of publicly available data on the views of men and women in the MENA region. Our findings give a voice to the needs and concerns of Arab publics.



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