

C. MAJOR HEALTH PROBLEMS IN NORTH AFRICA

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Despite similarities among countries with common sociocultural and political heritage, health is highly influenced by major determinants such as income and its distribution. Arab countries fit into three major groupings: low income (eg, Mauritania), middle income (eg, Algeria, Egypt, Morocco), and high income (eg, Libya).

North African countries are at different stages of epidemiologic and demographic transition. Life expectancy at birth has increased in most countries as a consequence of socioeconomic development and improved health-service coverage. However, life expectancy is highly correlated with the level of economic development, and averages usually hide discrepancies between regions and social groups within countries.

Health systems in sub-regions experience a high burden of diseases (communicable and non-communicable) and are striving to control them. Countries are faced with emerging and reemerging diseases, such as malaria, HIV/AIDS, and tuberculosis, which are aggravated among poor and vulnerable populations. The burden of road traffic and home accidents is increasing in most

countries. Diseases related to environmental degradation are also on the increase, particularly in low- and middle-income countries.

Countries of the North African sub-region have different levels of healthcare financing. The health system in Mauritania is clearly underfunded, and most health systems suffer inequities in financing and access to health care.

In order to respond to the evolving health scenarios, countries are undergoing reform activities aimed at improving access, equity, and health system efficiency. The trend is towards reducing the burden of financing on government while promoting risk- and cost-sharing through social and community health insurance. Decentralization of service delivery is among the main features of health sector reforms. The private sector and non-governmental organizations are playing a growing role in both financing and delivery of health services. Such development is putting pressure on health systems, particularly on its steering and leadership role to secure better balance of public/private involvement and to better regulate the investment in health development.