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Assessing Multisectoral Collaborations in the COVID-19 Pandemic Response in Selected Arab Countries

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List of acronyms

AED	Arab Emirati Dirham	NSC	National Security Council
BD	Bahrain Dinar	NWS	Northwest Syria
CSO	Civil Society Organization	OCHA	United Nations Office for the Coordination of Humanitarian Affairs
EMR	Eastern Mediterranean Region	PHEIC	Public Health Emergency of International Concern
EOC	Emergency Operations Centres	PoE	Points of Entry
FMoH	Federal Ministry of Health	PPE	Personal Protective Equipment
GDP	Gross Domestic Product	RandD	Research and Development
HAICA	High Independent Authority for Audio-visual Communication	SOP	Standard Operating Procedures
HRH	His Royal Highness	SPCC	Sudanese Platform for Combating Coronavirus
HDI	Human Development Index	SR	Saudi Riyal
ICU	Intensive Care Unit	STC	Southern Transitional Council
IHD	The Idleb Health Directorate	TND	Tunisian Dinar
IMF	International Monetary Fund	UAE	United Arab Emirates
IOM	International Organization for Migration	UHC	Universal Health Coverage
IPC	Infection Prevention and Control	UN	United Nations
JD	Jordanian Dinar	UNDP	United Nations Development Programme
KSA	Kingdom of Saudi Arabia	UNFPA	United Nations Population Fund
LBP	Lebanese Pound	UNHCR	United Nations High Commissioner for Refugees
MERS-CoV	Middle East Respiratory Syndrome Coronavirus	UNICEF	United Nations Children's Emergency Fund
MOPHP	Ministry of Public Health and Population	UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
NCC	National Committee for COVID-19	USD	United States Dollar
NCEMA	National Emergency Crisis and Disasters Management Authority	WASH	Water, Sanitation and Hygiene
NCRA	National Coronavirus Response Authority	WFP	World Food Programme
NCSCM	National Centre for Security and Crises Management	WHO	World Health Organization
NFIs	Non-Food Items		
NGO	Non-governmental Organization		

Background




The COVID-19 pandemic is challenging health systems and economies around the world. A public health crisis of such magnitude cannot be solved by the health sector alone, nor can any single agency working alone control and mitigate its impact. An effective response requires concerted multisectoral efforts that involve public, private and civil society actors within and beyond the health sector (Chen and Yang, 2020; Patel and Jernigan, 2020). In response, countries around the world are taking unprecedented measures to combat the spread of the disease, while ameliorating its devastating impact on the economy and labour market.

Tackling the multisectoral nature of health challenges requires structured multisectoral coordination among state and non-state actors, all of which are critical for shaping a more effective response to the pandemic. The approach of multisectoral action for health is widely recognized (Larsen *et al.*, 2014), with many previous national and international applications including for malaria elimination, tobacco control, HIV/AIDS prevention, Finland's community-based cardiovascular disease prevention project (North Karelia Project), and Singapore's Health Promotion Board (Salunke and Lal, 2017). Multisectoral collaborations to address the COVID-19 pandemic are increasingly being explored in a number of countries including China, Ethiopia, Indonesia and Nigeria (Ali *et al.*, 2020; Health Cluster, 2020; Chen *et al.*, 2020). Nonetheless, successful initiatives in this area remain a challenge, with little formal understanding of the general principles that contribute to effective multisectoral collaboration.

In the Arab States region, it remains unclear to what extent macro-level multisectoral policies and programmes have been adopted in the pandemic response, including the mechanisms and governance arrangements in place and the key sectors and actors involved. This study, therefore, aims to:

- Assess the extent to which 'multisectoral' collaborations have been employed in the national COVID-19 pandemic response in selected Arab countries;
- Explore barriers and enablers to using the multisectoral approach to respond to COVID-19; and
- Generate recommendations on how to promote multisectoral approaches for public health emergency responses in the Arab region for current and future public health crises.

For the purposes of this study, we focused on nine Arab countries. The selected countries represent different income groups (according to World Bank categorization) and reflect the three different groupings of the Eastern Mediterranean Region (EMR*) countries based on population health outcomes, health system performance and level of health expenditure (World Health Organization Regional Office for the Eastern Mediterranean [WHO EMRO], 2015). Additionally, they fit the Human Development Index (HDI) distribution. The nine selected countries are as follows:

 <p>High-income countries/ Group 1 countries/ Very High Human Development Index (HDI)</p> <p>BAHRAIN SAUDI ARABIA UNITED ARAB EMIRATES</p>	 <p>Middle-income countries/ Group 2 countries/ High HDI</p> <p>JORDAN LEBANON TUNISIA</p>	 <p>Low-income or fragile countries/Group 3 countries/Medium or Low HDI</p> <p>SUDAN SYRIA YEMEN</p>
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* WHO's Eastern Mediterranean Region covers: Afghanistan, Bahrain, Djibouti, Egypt, the Islamic Republic of Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, the Occupied Palestinian Territories, Qatar, Saudi Arabia, Somalia, South Sudan, Sudan, Syrian Arab Republic, Tunisia, the United Arab Emirates and Yemen.

Analytical Framework

A multisectoral approach refers to deliberate collaboration among various stakeholder groups (e.g. government, civil society, and private sector) and sectors (e.g. health, environment and economy) to jointly achieve a policy outcome (Salunke and Lal, 2017). While the multisectoral approach is advocated as one of the strategies to address complex health and development challenges, there is limited clarity about the process and execution of multisectoral collaboration in practice (Mahlangu, 2019).

To formalize multisectoral collaboration for this study, we constructed an analytical framework that builds on existing frameworks for multisectoral approaches and action with respect to health, policy analysis and social development (WHO, 2012; Juma *et al.*, 2016; Kruvillia *et al.*, 2018; Mahlangu Goudge and Vearey, 2019; Sanni *et al.*, 2019; WHO, 2018; WHO, 2020a), drawing on policy responses to the COVID-19 pandemic (Chen, Cao and Yang 2020; Fisher 2020; Haug *et al.*, 2020; Oxford 2020; WorldoMeter). The framework encompasses key components and elements critical to a process of multisectoral collaboration (Table 1).

Table 1: Analytical framework for multisectoral approach to pandemic response

CATEGORIES	ELEMENTS	INDICATORS
TRIGGERS		Political, social, economic, health context driving the multisectoral collaboration on a particular issue
INSTITUTIONAL MECHANISMS AND PROCESSES	Coordination	Mechanisms for coordination, e.g. interministerial committees, cabinet committee chaired by the Prime Minister, ministerial linkages, cabinet committees and secretaries, parliamentary committees, interdepartmental committees and units

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