Progress report on

Strengthening primary health care and achievement of health for all
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1. Introduction

This progress report responds to the request of the Regional Committee for the Eastern Mediterranean in its 50th session (EM/R50/R.12) to report on progress made in strengthening primary health care and the achievement of health for all. Various countries have opted to revitalize primary health care through different innovative mechanisms, such as health sector reform, decentralization/regionization, development of a family physician/practice system, packaging of essential care and reorganizing the health care delivery system. The main efforts are summarized below.

Afghanistan has focused on strengthening its district health system and developing the essential package of care, ambulatory care and referral. Djibouti has developed a carte sanitaire and minimum package of services, and reviewed hospital utilization patterns. In the Islamic Republic of Iran, four provinces piloted a number of interventions to increase the effectiveness and efficiency of health care delivery and methods of financing, such as the diagnosis-related grouping technique in selected provinces and hospital autonomy. The Islamic Republic of Iran has also embarked on designing a model for involving the community in managing public sector health services. The Regional Office provided technical support to the Islamic Republic of Iran to develop guidelines for communication skills and ethical practice for family physicians. In its efforts to develop the district health system based on primary health care, the Islamic Republic of Iran has also designed a model for intersectoral collaboration in Tabriz Province.

Morocco has opted for strategic planning and for greater decentralization of authority to the regions. The country has been divided into main regions with decentralized management in respect to financing, organization and executive powers. Two models, in Fez and Casablanca, supported by WHO, are instrumental in the realization of the regionalization policy. These two models both focus on improving managerial processes at the different levels of care in the two regions. The national initiative for human development will also be an important input towards better performance and equity in health care delivery in all the regions.

Pakistan has launched integrated primary health care programmes in five model districts. In this regard, consensus-building among district and provincial policy-makers and managers was achieved through preparation of a Planning Commission Proposal on capacity-building for provincial and district staff, as well as technical material for paramedics and lady health workers. It is expected that care will be further accessed through the home health care approach which was launched in the model districts and which will expand through the lady health workers and trained birth attendants. Capacity for monitoring and evaluation at grass roots was also focused upon in Pakistan. Existing operational tools for monitoring and supervision, especially at the basic health units (BHUs) and rural health centres (RHCs) were developed in the five model districts. A vital horoscope for registration and reporting of vital events by lady health workers will be operational in the five model districts as well as another 10 districts of Sindh province. In these 15 districts, primary health care performance assessment will be conducted at all levels.

Afghanistan and Djibouti have started training of community health workers in selected districts to extend access to primary health care. Yemen has started designing a process for integration of all vertical programmes in selected districts and an essential package of services has been drafted.

Lebanon has developed five axes to strengthen primary health care. The five axes highlight development of the infrastructure, especially health centres, continuity of care, intersectoral collaboration, community participation and quality of primary health care.

Further steps were taken at a regional level in organization of health care delivery based on primary health care. A questionnaire on primary health care was developed by the Regional Office covering different aspects, including organization, management, access, strategic planning, decentralization, payment schemes, continuity of care, ambulatory care, referral and family practice. The results of this exercise will provide a basis for supporting countries in their strategic thinking of health care delivery based on primary health care. Several countries have embarked on e-care as an important and innovative approach to increase access, quality and efficiency in certain primary health care settings,
especially for remote health care coverage. It can also improve the quality of care and best practice. It is increasingly clear that reorganization of health care delivery should be based on a building block which goes down to the roots of health care delivery. One of the best such basic blocks which has been proved to provide effective and efficient health care delivery is that of family practice. The Region is witnessing different initiatives in this area. Situation analysis of utilization of health services, medical practice patterns and development of clinical pathways has been the starting point in Islamic Republic of Iran, Jordan, Lebanon, Morocco and to some extent Iraq. Egypt, with support from WHO, has reviewed its family health model in respect to its operational logistic and technological aspects as well as accessibility, community participation, decentralization and financing.

In recent years primary health care coverage has been challenged by a new burden of disease imposed by emergency conditions, such as cardiovascular events, roads traffic injuries and violence, which warrants a revision of emergency medical services. This new burden places the availability and effectiveness of emergency medical services in the Region firmly in the spotlight. The continuing emergency situations in Afghanistan, Iraq, Pakistan, Palestine, Somalia and Sudan have further dramatically heightened the demand for emergency medical services. In order to review emergency medical services utilization patterns, the Regional Office commissioned quick surveys in eight countries of the Region. The proportion of emergency medical services visits out of total hospital outpatient visits was substantial, ranging from 33% to 81%. However, it was reported that not all those who visited the emergency departments qualified as emergency cases. The estimate of non-urgent visits ranged from 15% to 70%. This finding indicates the need for further qualitative and quantitative studies to know the causes and relation to issues such as equity, quality, availability and access to primary health care. The survey also showed disparity in policies, organization, coverage and quality of emergency medical services. The concept of public–private mix and partnership have come to the fore as an important issue for equity and access to primary health care, and emergency medical services in particular.

An intercountry consultation on emergency medical services, held in November 2005, specified emergency medical services targets, and experts from the Region agreed upon eight axes to foster emergency medical services in the Region. These eight axes relate to policy and planning; expanding infrastructure; out-of–hospital services; continuity of care; developing competencies; continuous performance assessment; raising awareness of emergency medical services; and improving response to large-scale disasters.

2. Improving quality of primary health care

Countries of the Region made several efforts to improve the quality of primary health care during 2005. Egypt and Oman have implemented accreditation of primary health care facilities in selected governorates and wilayat respectively. Islamic Republic of Iran is formulating a licensing and accreditation system in the public and private sector. Afghanistan, Djibouti, Iraq and Syrian Arab Republic have launched and reviewed quality activities. Kuwait has developed skills of hospital staff in the field of risk management.

Morocco has developed a national policy on hospital accreditation, an accreditation manual for hospitals and a guide on hospital accreditation. Morocco is now in a position to pilot test accreditation in a group of selected hospitals. Clinical governance, which has risk management as one of its components in some health care delivery management models, has also been launched in the Islamic Republic of Iran in pilot hospitals in some provinces. Implementation of standard operating procedures in these pilot hospitals, as well as in hospitals in Afghanistan, Bahrain, Jordan, Kuwait and Sudan were useful in strengthening clinical governance. Pakistan is in the process of assessing implementation of accreditation in five selected districts. Preparations are under way to organize and effect accreditation in the near future. Pakistan has also drafted a licensing bill for regulation and control of private and public hospitals and clinics. For Sudan, a two week training workshop was conducted for 20 quality managers in collaboration with Ain Shams University in Egypt. This training will enable the Federal
Ministry of Health to initiate quality improvement at hospital and health centre levels. It will also complement ongoing quality improvement efforts and accreditation initiatives.

In order to strengthen sharing of successful experiences in primary health care, technical cooperation among developing countries of the Region was promoted. This was effective in sharing experience in the areas of family practice, benefiting Libyan Arab Jamahiriya and Syrian Arab Republic; emergency medical services benefiting Jordan, Libyan Arab Jamahiriya and Somalia; patient safety benefiting Afghanistan, Djibouti, Egypt, Jordan, Kuwait, Morocco, Sudan, Tunisia and Yemen; and hospital accreditation benefiting Jordan, Morocco, Pakistan and Sudan.

3. Other activities

Other activities undertaken in the past two years were the following:

- An ad hoc meeting was convened in Dubai to discuss the contents of the regional primary health care review tool in collaboration with the member states of the Gulf Cooperation Council.
- A draft primary health care review tool was developed which was distributed to selected countries for adaptation and comments.
- A review team conducted an urban primary health care assessment in Muscat, Oman.
- A field visit to Sudan assessed the strategic directions in primary health care.
- A local health management initiative based on primary health care was developed and piloted, and accepted in Egypt, Sudan and Yemen.

4. Future directions

Primary health care is constantly evolving, with varied and innovative models being applied with and by Member States. There is a need to better understand what works well, and why, and to build policy and strategy around evidence of effective primary health care practice. Focus will be on studying and implementing further the existing initiatives which will ensure credibility of primary health care, such as the district health system, patient safety, clinical governance, emergency medical services, quality and accreditation. Eventually, other issues will also have to be addressed in depth, such as family practice and its models in the Region; ambulatory care as a default system for provision of primary care; continuity of care and compliance; and evidence-based practice. The latter started by developing standard operating procedures and guidelines and has now to be further institutionalized. These strategic directions are all interrelated and should always be assessed using available and newly developed tools.