In the Name of God, the Compassionate, the Merciful

Address by

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to the
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Ladies and Gentlemen,

I would like to express my appreciation for being invited to participate in the third conference of the Arab Hospitals Federation and to share with you some thinking and advancements regarding the hospitals and their contribution to health improvement and safety. Hospitals constitute an important component of the health delivery network worldwide and in the Eastern Mediterranean Region. As hospitals consume an important share of the resources allocated to health, their roles, responsibilities and functions should be well defined and integrated in order to improve overall health systems efficiency.
Ladies and Gentlemen,

Let me first start with the role of hospitals in health promotion. As you all know, noncommunicable diseases such as cardiovascular disease, diabetes, cancer, renal diseases, genetic and respiratory conditions are rising dramatically in the Region due to dramatic lifestyle changes. Currently, 45% of the Region’s disease burden is attributable to noncommunicable diseases, and it is estimated that this burden will rise to 60% by the year 2020. If we do not become more proactive, the demand for care in hospital settings will increase, leading to escalating health care costs. Most of the hospitals in the Region, both public and private, historically have had little to offer outside the realm of curative care. To change this reality, the health promoting hospitals (HPH) programme was launched by WHO as a process of strategic development, changing the predominant curative culture of institutions into that of positive health, promoting the health of staff, patients and their relatives, and fostering a healthy environment. The aim is to improve the quality of care by supporting the organization of health promotion, disease prevention and rehabilitation activities in hospitals. Health promotion should be considered a core quality dimension of hospital services, as is patient safety and clinical effectiveness. The health promoting hospitals project also promotes and facilitates the link between the hospital and its community, supporting efforts in the primary care setting and providing technical backup of evidence-based practices for the overall health care delivery system. The number of hospitals enrolled in the health promoting hospitals’ network has increased to more than 750 all over the world. A web-based interactive database is being used by Member States to help identify best practices. The annual conference on health promoting hospitals, held in Dublin last month, serves as a popular forum for the exchange of information and experiences, with representation from a wide range of health care professions, patient groups, health policymakers and administrators and other public health actors.

The second area that I will speak about is the role of the hospital in assuring patient safety, since they are the major sites of health interventions. Currently few substantive data exist on the safety of care in the Region. However, studies from outside the Region have estimated that 10% of hospital admissions involve some sort of adverse event leading to human suffering and escalated financial cost. In 2002, the Fifty-fifth World Health
Assembly, in resolution WHA55.18 on patient safety, called upon Member States to pay the closest possible attention to the problem of patient safety and to establish and strengthen science-based systems necessary for improving patient safety and quality of health care, including the monitoring of drugs, medical equipment and technology. The resolution urged WHO to develop global norms and standards, promote evidence-based policies and mechanisms to recognize excellence in patient safety, encourage research and support efforts by Member States in developing patient safety policy and practice. A significant event in the ongoing efforts to improve the safety of health care worldwide took place in October 2004, when the World Health Organization and its core partners launched the World Alliance for Patient Safety and announced a series of key actions to reduce the number of illnesses, injuries and deaths suffered by patients during health care. This is the first time that heads of agencies, policy-makers and patients’ groups have come together from all parts of the globe to advance the patient safety goal of “First do no harm” and reduce the adverse health and social consequences of unsafe health care.

In November 2004, The WHO Regional Office for the Eastern Mediterranean, in cooperation with the Ministry of Public Health, Kuwait, and the Executive Board of the Health Ministers’ Council for the Cooperation Council States organized an intercountry consultation with the aim of developing a regional strategy for patient safety in the Region. Enhancing the safety of patients includes four complementary actions: preventing adverse events; making them visible; learning from them; and mitigating their effects when they occur. A strategy document presenting the strategic directions for achieving safer health care in countries of the Eastern Mediterranean Region by 2008, will soon be completed and disseminated. The Arab Hospitals Federation as an entity and as part of the World Alliance for Patient Safety has a great and active role to play in advocating safety as a fundamental principle of patient care and as a critical component of quality management.

Ladies and Gentlemen,

The third area I will mention is the accreditation of hospitals. The globalization wave and especially, the growing trade in health services is stimulating interest in hospital accreditation as a tool for international categorization and for the formal recognition of
hospitals. While making use of accreditation as an incentive to improve capacity of national hospitals to provide quality care, Member States and WHO need to work together to ensure that accreditation is protecting the national health system. It is important that countries introduce their own standards for accreditation based on the best interests of their health system in order to safeguard primary health care principles of universality, equity, quality, efficiency and sustainability. The Regional Office has worked with countries to develop hospital accreditation guidelines which are based on the above principles and which are intended to strengthen the growing stewardship role of the national health authority. The guidelines were made as appropriate as possible for the Region and are flexible enough to allow for adaptation at the national level.

There are specific features in the regional accreditation model that differ from other accreditation approaches and that are intended to help make hospitals accountable to the national health system. One of these distinctive features is its comprehensive scope, which includes promotive, preventive and curative standards wherever relevant. The model also entails a stepwise approach to accreditation, starting with a basic level, to be achieved by all hospitals, moving to a more sophisticated level with the greater degree of specialization. WHO and countries are aiming to foster national accreditation initiatives through assistance in national accreditation efforts to ensure that accreditation systems are developed in a way that upholds the principles of health for all. Key strategies include encouraging national debate to reach consensus on accreditation, adapting the regional guidelines at country level and establishing a regional advisory group to guide countries in accreditation issues.

Dear Colleagues,

The fourth area I will focus attention on is that of the use of E-health in promoting hospitals. E-health is a new term used to describe the combined use of electronic, communication and information technology in the health sector. Since 1997, the Eastern Mediterranean Region has begun to approach the use of health informatics and telematics, i.e. E-health, in the advancement of health care in general and primary health care in particular. Within the health sector, it involves the use of digital data that are transmitted, stored and retrieved electronically for clinical, educational and administrative purposes, both
at the local site and at a distance. Owing to the huge developments in the field, health care is increasingly becoming an information-driven service. The applications of E-health in hospital care will continue to expand and become more and more relied upon, especially in the areas of telemedicine, health management, epidemiological surveillance, medical records and health information services.

The fifth area that I will highlight is that of emergency medical services (EMS). EMS constitutes an essential component of any health system. There is a need to gain greater knowledge of the existing patterns of utilization and organization of EMS in the Region and to raise the profile of this often neglected aspect of health care delivery. Most people will come into contact with EMS at some point during their lifetime. In light of this fact, EMS is one of the most visible contributions of the health system, and one whose perceived availability and effectiveness has the potential to shape public opinion of the health system dramatically. The situation in the Region further places the spotlight on the availability and effectiveness of EMS as emergency treatment becomes a priority for populations in the midst of conflicts and natural disasters, widespread in the Region. Furthermore, about 169 000 people died in the Region in 2002 as a result of road traffic injuries. This figure places the Eastern Mediterranean Region a close second to the African Region in terms of high levels of traffic injury within the population, with 26.3 people per 100 000 injured in a road traffic crash (compared to the worldwide average of 19.0). The Eastern Mediterranean Region also has the highest proportion of all deaths due to injury globally, at 33.7%. Hospital emergency departments in most of our countries are overcrowded with non-urgent cases. People often use EMS as the first point of contact, owing either to lack of access to other health care facilities or to financial and other barriers. Overcrowded hospital emergency departments reflect a lack of well structured ambulatory emergency services, lack of specific training of health professionals and lack of population awareness. Inappropriate use of emergency departments further contributes to the increasing cost of health care. Other key challenges include developing pre-hospital interventions, enhancing communication between ambulance and emergency departments, developing the skills of the EMS workforce, making available the necessary equipment, developing standard operating procedures and involving the community.
The sixth and last area that I will address is what is known as health or medical tourism. It has been available in the Region for quite a long time, between different countries, yet its utilization is not well studied. There are also significant numbers who seek medical tourism outside the Region, especially people from GCC countries. Some countries of the Region have been developed as centres of medical tourism, such as Lebanon, Jordan and Egypt. Such development needs effective regulatory frameworks, agreements and concessions to be part of the backup systems supporting regional health systems. If carefully coordinated and directed to serve the goals of national health systems this trend can be an asset for the Region; otherwise it will lead to the siphoning of skilled human resources from basic public health facilities to higher-priced private hospitals and practices.

Ladies and Gentlemen,

To conclude, these issues are challenges for all our member countries, and are part of the prerequisites for the attainment of the goal of health for all. We are sure that partnership will help build efficient and effective national health systems and achieve our health targets. Thank you very much again for your efforts, and I look forward to the recommendations of this august gathering.