Stories from the Field

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World Health Organization
Regional Office for the Eastern Mediterranean

Powered by the Joint working team for PHC & UHC

#UHCPartnership

PRIMARY HEALTH CARE

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About the UHC Partnership

The Universal Health Coverage (UHC) Partnership is one of WHO's largest initiatives on international cooperation for Primary Health Care (PHC) and UHC. It promotes UHC through strengthening health systems by improving governance, access to health products, workforce, financing, information and service delivery, and enabling effective development cooperation in countries.

Since 2019, the UHC Partnership has expanded its technical support to include a special focus on non-communicable diseases and health security, while maintaining efforts in favour of health systems strengthening for UHC through a primary health care approach.

The UHC Partnership's aim is to build country capacity and reinforce the leadership of ministries of health to build resilient, effective and sustainable health systems in order to make progress towards UHC. It aims to bridge the gap between global commitments and country implementation and is part of the UHC2030 global movement to build stronger health systems for UHC.

The UHC Partnership is in its tenth year of operation. Since it started in 2011, it has evolved into a significant and influential global partnership working in 115 countries and areas in all 6 WHO regions, with the support of 9 significant donors. There are over 100 health policy advisors operating on the ground with support from WHO advisors in headquarters and regional offices and over 3 billion people benefiting from interventions that increasingly relate to community level, people-centred, integrated primary health care.

UHC Partnership and COVID-19

As soon as COVID-19 was declared a Public Health Emergency of International Concern in January 2020, the UHC Partnership, through the cooperation and agreement of all its donors, reprogrammed its funding and technical expertise to support countries in preparing for and responding to the pandemic. With countries at different stages of their response and each with distinct needs, flexibility in terms of funding and adapting to local contexts and changing priorities allowed WHO to deliver assistance in a timely manner, where it is needed.

The UHC Partnership is funded by

- The European Union
- The Grand Duchy of Luxembourg
- Irish Aid
- The Government of Japan
- The French Ministry for Europe and Foreign Affairs
- United Kingdom – Foreign, Commonwealth & Development Office
- Belgium
- Canada
- Germany

Welcome

to this special issue of WHO Eastern Mediterranean Region's (EMRO) stories from the field on universal health coverage (UHC).

These stories document how countries in the Eastern Mediterranean Region are reshaping their health systems amid one of the most devastating pandemics in history.

COVID-19 continues to highlight inequities within and across countries. The world's commitment to health as a human right will largely determine the sustainability of economies and societies as we build and rebuild, during the pandemic and far into the future.

Accelerating progress towards universal health coverage relies on greater investments in primary health care (PHC) to bring services closer to people. PHC best serves communities and empowers them to choose healthier lifestyles, prevent diseases or access early detection, treatment and recovery.

People-centred PHC, with equity in service delivery, ultimately paves the way for a fairer, healthier world for all. PHC is essential to an equitable recovery from the COVID-19 pandemic and to ensure that countries are better prepared to prevent and respond to future health emergencies. It is also the best way for countries to achieve UHC and the health-related Sustainable Development Goals.

The UHC Partnership, one of WHO's largest initiatives for international cooperation for UHC, is providing vital and timely support to enable countries totake advantage of the opportunity to emerge stronger from the pandemic. It is working to ensure that the investments made throughout the COVID-19 response will result in health system reforms that improve both health security and progress towards UHC.

The stories in this publication demonstrate the depth and breadth of work that WHO, through the UHC Partnership, is undertaking to achieve health for all in the Eastern Mediterranean Region. They document the results of collaboration with governments, communities and our partners.

"Rebuilding better and fairer: stronger systems, resilient communities" is a profound slogan summarising the goals that WHO aspires to achieve in the Eastern Mediterranean Region. WHO is working diligently with Member States and Partners to make those goals a reality.

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In these country stories, WHO country offices in EMRO, with support from the UHC Partnership, has provided technical assistance and advice to each government's response to COVID-19. WHO has also collaborated with other public and private sector partners to contribute to a coordinated response and enhance development cooperation.

Joint Working Team for Primary Health Care and Universal Health Coverage
EMRO Stories from the field

Prior to COVID-19, countries were working to strengthen their health systems in order to achieve universal health coverage. These stories document their progress.

Islamic Republic of Iran

Tackling COVID-19 by enhancing primary health care

As COVID-19 continues to spread across the Islamic Republic of Iran, effective primary health care is crucial in accelerating the national response. It makes health literacy and health services more accessible to households, supporting prevention, case detection and treatment right where communities need them. Learn how the Islamic Republic of Iran is taking action to better protect its population from COVID-19 and other health threats.

Joint Working Team for Primary Health Care and Universal Health Coverage
EMRO COVID-19 Stories from the field: Islamic Republic of Iran

"Each home one health post" is an initiative that was launched in the Islamic Republic of Iran's primary health care (PHC) facilities well before COVID-19 struck the country. Bringing health and care directly to the home environment is at the heart of building healthy communities and populations. Indeed, in the era of COVID-19 and with the Islamic Republic of Iran stretching its capacity to contain the virus, the ethos and practice of the initiative has helped save many lives.

"The initiative was originally aimed at systematically strengthening primary health care in terms of disease prevention and health promotion. Now, it has become vital to further expand primary health care capacity in the fight against the coronavirus. Early case detection, contact tracing and home isolation need practical knowledge, and this initiative directly helps families during the time of COVID-19. WHO is working with the government to roll out this programme for the whole country," said Dr Christoph Hamelmann, WHO Representative in the Islamic Republic of Iran.

Health at home

With all of the challenges the Islamic Republic of Iran and most countries face in addressing COVID-19, its response using a strong PHC approach is bringing services closer to communities and families, using locally-driven information, care and protection. The Islamic Republic of Iran's experience demonstrates that a well-functioning, resilient health system based on PHC is the bedrock for progress towards the interrelated goals of UHC and health security.

COVID-19 - a serious threat in the Islamic Republic of Iran

The Islamic Republic of Iran was one of the first countries in the world to experience a rapid progression of COVID-19, which then affected much of the country. Two initial cases were reported on 19 February 2020, both of which were fatal. The first peak came at the end of March, with around 3,200 confirmed cases a day, resulting in a very challenging situation for the population and authorities.

In addition to the burnout and fatigue experienced by the health workforce since the outbreak started, many have also been infected.

Similar to the experiences of other countries, the spread of the disease had serious implications to the health system.

Although a strong PHC system was in place, the Islamic Republic of Iran lacked personal protective equipment as well as hospital and laboratory equipment as a result of the global supply shortage due to the rapid and high demand exacerbated by short delivery timeframes. Sanction-related restrictions on international transfer of payments in the Islamic Republic of Iran's banking system adds to this challenge.

Image 1 A drugstore at Fasham Urban Comprehensive Health Center, Shemiranat District Tehran. August 2020. ©WHO Iran.
Image 2 Female lab technicians working at Zanjan Urban Comprehensive Health Center, Zanjan Province, Iran. ©WHO Iran.

The already fragile economic situation of the Islamic Republic of Iran directly affects the health sector and well-being of the population. This is now compounded by the impacts of COVID-19. The role of PHC is critical for early case detection, contact tracing, triage and referal to hospitals.

A unique heath system

The Islamic Republic of Iran's health system has a unique structure. Established after the 1979 revolution, it combines the mandates of the Ministry of Health and Medical Education, and also provides medical education, research and health policy under the same umbrella.

Before COVID-19, the Islamic Republic of Iran had developed a hospital emergency preparedness plan.

Before COVID-19, the Islamic Republic of Iran had developed a hospital emergency preparedness plan and strengthened its International Health Regulations core capacity for preparedness to respond to public health emergencies with a focus on laboratories, legislation and points of entry. This effort to strengthen emergency preparedness and health security helped lay the foundation for protecting the country from future health threats.

Across the Islamic Republic of Iran, more than 60 medical universities with a high level of specialist knowledge and expertise have provided a solid platform for building upon the concept of resilient health systems during the COVID-19 epidemic. The leadership of the Ministry of Health, in coordination with other national sectors and WHO, has also led to a "health in all policies" approach to policy implementation in the Islamic Republic of Iran.

Using primary health care to respond to COVID-19

With a strong understanding of the vital role of communities and local engagement with health, the Islamic Republic of Iran designed its national COVID-19 response around its well-established PHC system.

The national flagship PHC programme in the Islamic Republic of Iran is called "Each home one health post'. It was initiated by the Minister of Health and started shortly before the COVID-19 pandemic. It is now being rolled out as a major component to raise population awareness on keeping safe from COVID-19 and to improve the population's access to services, with particular focus on people who are most at risk.

PHC performance is also being measured and analyzed to consistently improve outcomes by identifying strengths and addressing weaknesses as well as gaps.

"The Primary Health Care Measurement and Improvement Programme" [an initiative of WHO] has helped us identify the PHC gaps for hand hygiene and professional management. In this regard, we have improved the WASH [water, sanitation and hygiene] related facilities from 50% to above 90% for the whole country. Additionally, the professional management trainings that we have conducted so far, have assisted our PHC facility managers to better combat the [COVID-19] crisis and better manage and strengthen their human resources " said Dr Jafar Sadegh Tabrizi, Director General for PHC Network Management at the Islamic Republic of Iran's Ministry of Health and Medical Education.

Joint Working Team for Primary Health Care and Universal Health Coverage
EMRO COVID-19 Stories from the field: Islamic Republic of Iran

Dr Mohammad Bakhtiari, a researcher at the Parliamentary Research Centre in the Islamic Republic of Iran, believes that during emergencies, hospitals have always been considered as the first point of contact. He highlights the the role of PHC in health emergencies, especially during the COVID-19 outbreak, in helping to look after people who live close to the PHC facilities, which also reduces overcrowding in hospitals.

"I am very optimistic about the "Each home one health post" project. I think it can help the PHC facilities to be strengthened and play a key role in health emergencies and outbreak of diseases."

Dr Mohammad Bakhtiari, researcher at the Parliamentary Research Centre in the Islamic Republic of Iran

Across the Islamic Republic of Iran, comprehensive health centres provide the first point of care for people. This PHC network in urban and rural areas has provided essential health services and a strong response to COVID-19 using triage to reduce the load and burden on hospitals. A self-assessment portal, a national mobilization campaign and hotline built on electronic-health records in the PHC system, are helping identify and trace suspected cases.

The PHC facilities own a complete registry including demographic records and disease histories of the citizens in their areas. This provides information on vulnerable groups, including people in age groups who risk developing moderate-to-severe COVID-19 symptoms and who may need hospital care. When a certain threshold of answers is reached, an automatic text message sends, inviting patients to get tested at their nearest PHC facility.

PHC staff follow up on suspected cases in the communities by phone on a routine basis, including the most vulnerable people. All PHC workers follow national protocols on home care, including midwives and community health workers who provide remote care and counselling to pregnant mothers.

Patients who physically visit the PHC centres for COVID-19 services are able to see a physician who advises on referral to hospital, medication or home isolation and care. Follow-up is also conducted by phone for patients who are not referred to hospitals in order to track their disease symptoms. As a result of implementing the initiative, hand-hygiene and waste disposal-related infrastructure has also improved.

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WHO support to strengthen primary health care

The UHC Partnership has been supporting the WHO country office in the Islamic Republic of Iran since early 2020 to build on or scale up ongoing priority activities that need more resources. It has assisted the Ministry of Health and Medical Education in piloting and scaling up a PHC measurement and improvement model, which identifies areas requiring support for a more efficient and effective response to COVID-19.

The UHC Partnership assists 115 countries and areas in accelerating progress to achieve universal health coverage (UHC) through funding provided by the European Union (EU), Grand Duchy of Luxembourg, Irish Aid, Government of Japan, French Ministry for Europe and Foreign Affairs, UK Department for International Development and Belgium.

PHC facilities have taken many steps to improve health literacy and health promotion by developing training packages, conducting virtual training and by engaging the public. Oneexample is the "#we-will-overcome-corona" campaign, which enhances health literacy by helping people improve their hygiene and look out and react to signs and symptoms for early detection of COVID-19 and personal protection.

WHO has also supported the Islamic Republic of Iran in enhancing logistical capacities to distribute all required personal protective equipment, essential medications and supplies.

A nationwide satisfaction assessment approach generates feedback directly from patients via SMS after they receive care at PHC centre. This is expected to result in a better-informed, more patient-centred response to COVID-19.

The COVID-19 outbreak and current economic situation led the Ministry to increase the efficiency of the health system and to reduce costs and wastage. The UHC Partnership, in collaboration with Radboud University and the Medical Centre in the Netherlands, also carried out a consultation to use an evidence-based process to develop a "UHC health insurance benefit package" that would expand coverage and enhance the population's access to quality health care without leading them to experience financial hardship. This process is used for rational, transparent, and fair decisions on the public reimbursement of health interventions.

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60 SEC SUMMARY

Islamic Republic of Iran

Fact

The Islamic Republic of Iran is responding to the COVID-19 crisis through strengthening PHC as a foundation of UHC. This is done through an initiative called "Each home one health post" which is striving to empower families and communities to protect their health.

Why it matters

A strong network of PHC centres and community health workers serve as the first point of contact for communities, strengthening national efforts to prevent, detect and treat COVID-19.

Expected results

Through the PHC initiative, the population can access information, treatment, care and follow-up on COVID-19. People better understand how to protect themselves and what to do if they feel ill, leading to a more effective emergency response.

In practice

The Islamic Republic of Iran's Ministry of Health and Medical Education is working with WHO and other partners to assess, analyze and implement changes to strengthen the PHC system to better respond to COVID-19.

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

Pakistan

The drive to restore essential health services during COVID-19

As COVID-19 continues to challenge Pakistan's health system, reinstating essential health services such as immunization and life-saving maternal care remains one of its most urgent needs. The Government is turning to primary health care to restore basic services, bring them closer to communities and move toward delivering health for all.

Joint Working Team for Primary Health Care and Universal Health Coverage
EMRO COVID-19 Stories from the field: Pakistan

A mother with her young child waits anxiously for a chance to speak to a Member of Parliament and Speaker of the National Legislative Assembly to ask for help during one of his open meetings. Her child is due for a vaccination, but the service has been suspended.

The family, like millions of others across the world, has been unable to access basic health care as COVID-19 continues to overwhelm health systems. Pakistan has suspended essential services such as immunization, antenatal care and family planning.

While the Government has demonstrated a strong resolve to deliver on the promise of health for all through universal health coverage (UHC), the health system is under immense strain from COVID-19. The first two confirmed cases in the country were reported on 26 February 2020. In about seven months, this number reached 306,886 with 6,424 lives lost (as of 22 September). The majority of cases are transmitted through the community.

Pakistan, with support from WHO, is working to strengthen basic primary health care.

Pakistan, with support from WHO, is working to strengthen basic primary health care. This will help ensure that the population receives the services they need during the pandemic, as close as possible to the communities in which they live. Ultimately, it will contribute to progress towards achieving UHC.

"An effective response to COVID-19 requires a resilient health system. This is not possible without strengthening primary health care. In Pakistan, the Ministry of Health, with the support of WHO, has initiated several activities to transform the health system through strengthening primary health care. This includes a family practice approach, a primary health care measurement and improvement initiative, development and implementation of a UHC priority benefit package, an Islamabad Capital Territory model healthcare system for UHC, an integrated people-centered healthcare services initiative, and numerous activities for private sector engagement," said Dr Palitha Mahipala, WHO Representative in Pakistan.

Meeting all health needs in times of crises

Even in the wealthiest parts of the world, countries have been under pressure to keep their health systems well-organized and prepared to maintain essential health services for everyone as COVID-19 rages on.

Ill health and death as a result of lack of essential services is as devastating as the suffering inflicted by COVID-19 for families, communities and countries as a whole. In addition, people start to lose trust in their health system. Maintaining trust is essential to motivate people to follow advice to safeguard their health and to control infections in health facilities.

But in Pakistan today, many services for illnesses that are unrelated to COVID-19 have stopped, with multiple primary health care services on hold. Community health workers, vaccinators, community midwives and family welfare assistants are unable to perform outreach services.

Image 1 Dr Samreen Khalil, WHO Polio Eradication Officer, collects a sample from Muhammad Shabir at his residence in order to test for COVID-19. ©WHO/Blink Media – Saiyna Bashir.

Joint Working Team for Primary Health Care and Universal Health Coverage
EMRO COVID-19 Stories from the field: Pakistan

The pandemic is limiting women's access to life-saving maternal and newborn health services. Lockdowns and travel restrictions disrupt regular supply chains of essential medicines and health products and creates a gap in the stock of essential vaccines, leading to the disruption of immunization services. This results in another major threat: future outbreaks of vaccine-preventable diseases, a fear that is generating global concern.

Reinstating essential health services for its whole population is therefore one of Pakistan's most urgent challenges.

The Government is carefully calibrating decisions to ensure that its limited resources can bring the greatest impact for the people.

The Government is carefully calibrating decisions to ensure that its limited resources can bring the greatest impact for the people. Strengthening primary health care is a core part of the drive to ensure essential services reach everyone. WHO, through the UHC Partnership, along with a host of partners such as the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), the Joint United Nations Programme on HIV and AIDS (UNAIDS), World Bank and the United States Agency for International Development (USAID) have collaborated to prepare an action plan to support the Government in ensuring the continuity of essential diagnostic, treatment and prevention services during the COVID-19 response, while protecting the safety and wellbeing of the health workforce and patients. The plan draws upon the latest WHO operational guidance for maintaining essential health services during the COVID-19 outbreak and has become a significant pillar of Pakistan's COVID-19 Preparedness and Response plan.

Strengthening primary health care services

As governments meeting at the UN General Assembly in 2019 acknowledged during the High Level Meeting on UHC, well-functioning, resilient health systems based on primary health care are the bedrock for achieving UHC. They are also key to successfully preparing for and responding to health emergencies such as COVID-19. Although Pakistan has undertaken some health sector reforms in the past two decades, it still has some way to go in the process of building its capacity to deliver primary health care.

WHO consulted with all health partners to develop the National Health Vision 2025 and provincial health sector strategies and plans. There was strong consensus: the evidence is clear that primary health care offers the best approach for countries to bring care as close as possible to where people live, deliver services cost-effectively, enhance universal access to services, and prioritize reaching those who are most vulnerable and disadvantaged.

Image 2 Dr Palitha Mahipala, WHO Representative in Pakistan (right) leads a ceremonial hand over of supplies to the Government. ©WHO/Pakistan.
Image 3 A health worker, Majra Bibi, prepares to vaccinate a four-month-old baby in a primary health care centre in Nowshera District, Khyber Pakhtunkhwa province, Pakistan. ©WHO/Asad Zaidi.

For several years, WHO has supported Pakistan's effort to expand primary health care and engage citizens in health policy dialogue. This work has gained momentum during the last two years through the support of the UHC Partnership. The Partnership assists 115 countries in accelerating progress to achieve UHC through funding provided by the European Union (EU), the Grand Duchy of Luxembourg, Irish Aid, the Government of Japan, the French Ministry for Europe and Foreign Affairs, the UK Department for International Development and Belgium.

"The EU in Pakistan is proud to support, through the UHC Partnership, programmes focusing on empowering communities to better engage with local governments to strengthen the health system."

H.E. Androulla Kaminara, Ambassador of the European Union to the Islamic Republic of Pakistan

WHO and UNICEF have worked jointly to revitalize Pakistan's pioneering community health worker programme, the 'Lady Health Workers'. The process, which originated in 1994, created a new cadre of female health workers in the Pakistan health system to address unmet health needs of rural populations and informal settlers.

WHO is also helping the Government to implement the Family Practice programme in 12 districts across Pakistan. The approach increases households' access to health care at an affordable cost, through family practice teams led by a family physician. By working in communities, these groups of health care providers have the best knowledge of the health and life conditions of all members of a family and can therefore support them more effectively with preventive health interventions.

In addition, WHO has identified five areas where all the collaborative activities between WHO and the Government of Pakistan under the WHO Country Support Plan will be demonstrated. This opens opportunities for more partners to work towards the shared vision of health for all.

Pakistan is also a signatory to the International Health Regulations (IHR) 2005 and is committed to building resilient health systems that can adapt and respond to challenges posed by outbreaks, other health hazards and emergencies of national and international concern. In 2016, Pakistan successfully conducted a Joint External Evaluation of its IHR core capacities, which formed the basis of its five-year IHR National Action Plan.

"The UHC partnership will help alleviate the social-economic impacts of the COVID-19 pandemic in Khyber Pakhtunkhwa and Gilgit-Baltistan through strengthening primary health care and addressing the issue of maintaining safe blood transfusion services, said Mr Sebastian Jacobi, Director, KFW Pakistan.

Joint Working Team for Primary Health Care and Universal Health Coverage
EMRO COVID-19 Stories from the field: Pakistan

Image 4 Dr Mohammad Kamal Khan helps Dr Samreen Khalil with personal protective equipment at the residence of a person suspected to have COVID-19. ©WHO/Blink Media – Saiyna Bashir.

Risk communication and community engagement

The UHC Partnership is also supporting a range of other projects such as risk communication and community engagement as part of the national response to COVID-19.

The national risk communication and community engagement (RCCE) strategy has been developed by the National Core Committee on COVID-2019 based on global and national technical advice. Healthcare workers, the media and religious and community leaders will receive training on risk communication, social mobilization and community engagement. Information, education and communication materials guided by the strategy will also strengthen public awareness through traditional and digital media.

Parliamentarians from throughout the country have been requested to actively ramp up public education.

Parliamentarians from throughout the country have been requested to actively ramp up public education by spearheading the awareness campaign in their respective constituencies. The programme also includes community outreach and awareness-raising through broadcast media, and supporting women and girls' livelihoods through the production of facemasks.

"With the support of the UHC Partnership, UNICEF Pakistan is working on community awareness, specifically for mothers and children, to fight COVID-19 at the grassroots and primary health care level. In collaboration with Radio Pakistan, we have launched weekly radio programmes on COVID-19 called 'Qadam Qadam Sehat' to raise community awareness," said Dr Aida Girma, Country Representative for UNICEF in Pakistan.

"The UK Government is committed to supporting Pakistan through the COVID-19 crisis. We have been working closely with WHO to channel rapid response funds to enable them to support the Pakistan Preparedness and Response Plan. This includes vital areas of disease surveillance, laboratory strengthening, case management and behaviour change communication. We continue to partner with WHO Pakistan as the country progresses towards the resumption of essential services particularly for the vulnerable and marginalised groups and those hardest hit by COVID-19. As Pakistan recovers from the crisis, it is important that the system is built back better - the implementation of universal health coverage and disease control priorities is critical for this," said Annabel Gerry, Head of the Department for International Development (DFID) of the United Kingdom in Pakistan.

Looking forward

As Pakistan tackles the dual challenge of responding to COVID-19 and maintaining essential health services, WHO is working alongside the Government and health partners, providing support and guidance in reinstating and expanding primary health care services to ensure that everyone in the country can access the services they need, during and after COVID-19.

60 SEC SUMMARY

Pakistan

Fact

Resources are being redirected away from essential services in Pakistan as rising cases of COVID-19 overstretch the country's health system. Services for many other health conditions have come to a halt.

Why it matters

Disruption of essential services can have devastating consequences such as future outbreaks of vaccine-preventable diseases and increase in maternal mortality. The population could also lose trust in the health system and not take advice on infection control.

Expected results

Pakistan is taking strategic decisions so that its limited resources can provide maximum health benefits to its people. Strengthening primary health care is a proven approach to ensure health for all, especially in times of crisis.

In practice

WHO and partners prepared an action plan to support the Government in maintaining essential health services; a significant pillar in Pakistan's Preparedness and Response plan for COVID-19.

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

Occupied Palestine Territory

Reforming the hospital sector to make progress towards universal health coverage

In the occupied Palestinian territory, health workers in hospitals are battling to provide the right kind of people-centred care to COVID-19 patients. Many are older people, cannot have visitors due to the virus, and urgently need both medical attention and social support. In an area already facing conflict and crisis, the Ministry of Health is transforming the hospital sector to better respond to present and future challenges.

Joint Working Team for Primary Health Care and Universal Health Coverage
EMRO COVID-19 Stories from the field: Occupied Palestine Territory

As COVID-19 spread across the occupied Palestinian territory, Dr Bassel Bawatneh, Acting Director of the Hugo Chavez Hospital, found himself not only serving as a medical professional but also performing social care to help fill the gap in hospital staff to carry out all the necessary duties. The hospital had been turned into the COVID-19 treatment and isolation centre for patients from Ramallah District.

The hospital had been turned into the COVID-19 treatment and isolation centre.

In March 2021, Dr Bawatneh, found his retired Arabic language teacher, Mohammed Mhanna, critically ill in one of the wards. He visited Mohammed's bedside regularly, providing friendship, comfort and kindness until Mohammed succumbed to the disease. Despite the tragic circumstances, Dr Bawatneh knew that Mohammed was pleased that one of his former students was looking after him.

"More than half my time is given to social support for elderly people. It's hard for them to understand why their children can't visit. If we don't focus on the social aspect of our elderly patients, we might lose them. I cannot lose a patient with respiratory problems just because of lack of social support, so we try to control all other aspects in order to give them the medical care they need,"

Dr Bassel Bawatneh, Acting Director of the Hugo Chavez Hospital

Social care is one of the many important functions that the health system needs to provide.

Social care is one of the many important functions that the health system needs to provide. The gaps in this area demonstrate how much the hospital sector in the occupied Palestinian territory struggles to meet all the needs of patients.

WHO, through the Universal Health Coverage Partnership (UHC Partnership), is working closely with the Ministry of Health to support the development of the hospital sector. This is part of overall efforts to strengthen the health system, enhance linkages to primary health care (PHC), and make progress towards universal health coverage (UHC).

The occupied Palestinian territory is among the 115 countries and areas to which the UHC Partnership helps deliver WHO support and technical expertise in advancing UHC with a PHC approach. The Partnership is one of WHO's largest initiatives on international cooperation for UHC and PHC. It is funded by the European Union (EU), the Grand Duchy of Luxembourg, Irish Aid, the Government of Japan, the French Ministry for Europe and Foreign Affairs, the United Kingdom – Foreign, Commonwealth & Development Office, Belgium, Canada and Germany.

Image 1 Dr Bassel Bawatneh, Acting Director of the Hugo Chavez Hospital, treats Mohammed Mhanna for COVID-19 at the Hugo Chavez Hospital in Ramallah, occupied Palestinian territory. ©WHO/Noor-Tanya Habjouqa.

Joint Working Team for Primary Health Care and Universal Health Coverage
EMRO COVID-19 Stories from the field: Occupied Palestine Territory

Strengthening the hospital sector to accelerate universal health coverage

Hospitals, combined with effective PHC, are essential in achieving UHC. In practice, this means that an effective PHC system, operating within or closer to communities, serves as the first point of contact of patients and their pathway to hospital care. This can be improved through strengthening the referral system, which will send patients from PHC to hospital and vice versa.

A renewed focus on hospital roles, functions and operations through an integrated and people-centred lens is critical.

A renewed focus on hospital roles, functions and operations through an integrated and people-centred lens is critical. It brings a fresh perspective on the features of hospitals that are needed to meet present and future challenges to health and health systems. The experience of COVID-19 shows the importance of hospital care when needed. By mid-July 2021, the occupied Palestinian territory had over 340,000 cases and 3,800 deaths.

The WHO Regional Office for the Eastern Mediterranean has previously developed a regional framework for action for the hospital sector, which is now informing WHO's work in the occupied Palestinian territory in collaboration with the Ministry of Health.

WHO has also promoted the use of simulation exercises to help ensure that effective emergency response systems are in place and that plans and procedures are practiced. In 2019, for example, the occupied Palestinian territory, in collaboration with WHO, conducted a simulation exercise to help develop, assess and test functional capabilities of emergency systems, procedures and mechanisms to be able to better respond to outbreaks or public health emergencies.

Developing the hospital sector

According to the cooperation strategy between WHO and the occupied Palestinian territory, 'The health of Palestinians in the occupied Palestinian territory has been uniquely affected by occupation by Israel, which has been ongoing since 1967. Health concerns relate not only to the direct effects of conflict and military action but also to the impact of the occupation on human security, well-being and the wider determinants of health. Periodic escalations of violence especially affect the Gaza Strip, and geographical fragmentation and restrictive policies further compound public health risks and constrain opportunities for development. In addition to the health consequences of the occupation and frequent bouts of violence, the Palestinian people face the challenge of a rising burden of noncommunicable diseases, similar to neighbouring countries.'

Image 2 Head nurse Hayel Ishtaye checks on a patient in the COVID-19 treatment and isolation centre at Hugo Chavez Hospital, Ramallah. ©WHO/Noor-Tanya Habjouqa.
Image 3&4 Nurse Eman Hamarsheh prepares a COVID-19 vaccine and administers the vaccine at a vaccination site by the Health Directorate in Ramallah. ©WHO/Noor-Tanya Habjouqa

In 2020, there were 87 hospitals in the occupied Palestinian territory with 6,552 beds, a ratio of 13.2 beds per 10,000 people. This ratio compares favorably to Jordan and Egypt with a ratio of about 14 beds per 10,000 population.

The Ministry of Health is the main provider of hospital care, running just over 3,500 hospital beds in 28 hospitals throughout the area. Other providers are the United Nations Relief and Work Agency for Palestine refugees, the private sector, and non-governmental and faith-based organizations.

A complementary relationship exists between the different health care levels, with a referral system between the PHC and hospital care. Nevertheless, self-referral is common and both public and non-government or private hospitals may receive patients who are not referred through PHC. Anecdotal reports indicate that a sizeable proportion of patients seeking care in the outpatient clinics or emergency departments of hospitals could have been managed properly at the PHC level instead of being attended to at the hospital level. This has implications on the increased workload of hospital staff and cost for the system.

“There are many challenges facing the hospital sector in the occupied Palestinian territory. The increasing demand for hospital services is noticeable, mainly due to increased incidence and morbidity rates of noncommunicable diseases, rapid population growth and the aging population. Additionally, there is a huge financial burden caused by an influx in referrals especially to areas outside the occupied Palestinian territory. Among others, these challenges put a strain on the ability of hospitals to operate and makes hospital service planning an issue of high priority for the Ministry of Health,” said Dr Anan Rashid, Hospital Directorate, Ministry of Health.

The Ministry of Health decided to put service planning as a top priority for achieving UHC.

Following a high-level mission in 2019 conducted by a team from WHO headquarters and the WHO Regional Office for the Eastern Mediterranean to support the occupied Palestinian territory on its trajectory to UHC, the Ministry of Health decided to put service planning as a top priority for achieving UHC. In March 2021, WHO supported the Ministry to develop a hospital sector profile for the occupied Palestinian territory to understand the current situation, identify challenges and set the future outlook. This profile will be used to initiate policy and societal dialogue to agree on entry points for strengthening hospital sector policy.

“We consider hospitals key players of the Palestinian health care systems. Hospitals, however, face major challenges; at certain times occupancy rates even exceed 100%. The population is growing with an increased ratio of the elderly. We are also short of specialized human resources and this puts a pressure on existing staff and is causing an influx in referrals. This was apparent during the COVID-19 pandemic and caused challenges in response. There is definitely a need for service planning to efficiently use our resources and to ensure that services are provided to the people as needed,” said Dr Ola Aker, Director of Planning at the Ministry of Health.

The Ministry of Health is currently preparing to adopt the WHO-promoted strategic framework for action on the hospital sector according to national priorities. The main goal is to ensure the provision of comprehensive services for all citizens within the occupied Palestinian territory by reducing referrals abroad and increasing the availability of services in Palestinian public and private hospitals based on public-private partnership.

“Service planning is important to ensure all the people in need receive quality health services on time. In countries where conflict exists, the need for service planning becomes more apparent and difficult due to the presence of additional challenges in infrastructure, management, human resources, medical supplies and equipment and the limited financial resources. WHO supports the Ministry of Health in service planning to ensure the hospital sector is transformed to provide hospital care efficiently and effectively and to meet the most challenging needs in referral, inpatient and outpatient care, ” said Dr Richard Peeperkorn, WHO Representative for the occupied Palestinian territory.

Image 5 Nurse Haya Shujaiya administers the COVID-19 vaccine at a vaccination site by the Health Directorate in Ramallah district, occupied Palestenian territory. ©WHO/Noor-Tanya Habjouqa

While a strategic policy framework for hospital development and distribution has yet to be prepared, the development of the hospital sector and distribution of hospital beds over the occupied Palestinian territory has been addressed as part of the National Health Strategy. The current plan for the period 2017-2022 has been updated for the period 2021-2023, which takes into consideration the impact of COVID-19 on the context and strategic direction. WHO will facilitate the dialogue with and further support the Ministry of Health in the process of developing a hospital strategy and hospital master plan. These two documents will be key to setting the direction for investments and reforms in the hospital sector, which will ultimately lead to improved health outcomes.

Expected impact

Drawing on the WHO regional framework for action in the hospital sector, WHO, through the UHC Partnership, has provided technical support to the Ministry of Health in the occupied Palestinian territory to strengthen its hospital sector development and policy. At least 53 hospitals in the West Bank with around 520,000 annual patient admissions, as well as 34 hospitals in Gaza, will benefit from improved services once the hospital sector policy is implemented. This effort strengthens the capacity of the occupied Palestinian territory to ensure that more people receive the health services they need, even in the face of conflict and a pandemic.

The Ministry of Health has also recently adopted the family practice approach in its PHC services.

The Ministry of Health has also recently adopted the family practice approach in its PHC services, to streamline the relationship with hospitals and augment two-way referral and communication. The essential health service package includes secondary health care services in public hospitals, emergency care, free services for children under the age of 6, and free services for patients with chronic mental disorders. All these efforts contribute towards the occupied Palestinian territory taking steps to achieve UHC and health for all.

60 SEC SUMMARY

Occupied Palestine Territory

Fact

The Palestinian health system is working to transform the hospital sector to deliver people-centred care through strengthening its secondary care and reaffirming its contribution towards achieving universal health coverage.

Why it matters

The hospital sector is struggling to meet the needs of all patients. Achieving health for all requires an integrated and people-centred approach to provision of care in hospitals.

Expected results

At least 53 hospitals in the West Bank with around 520,000 annual patient admissions, in addition to 34 hospitals in Gaza with an estimated 210,000 patient admissions yearly, will benefit from improved services once the new hospital sector policy is implemented.

In practice

WHO supported the Ministry of Health to reform its hospital sector and helped develop a profile for the occupied Palestinian territory. The Ministry is also preparing to adopt the WHO strategic framework for action on the hospital sector.

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

Somalia

Health for all is the answer to COVID-19 and future threats to health

Somalia's experience in addressing COVID-19 illustrates how investing in universal health coverage sets a strong foundation for heath emergency preparedness and response. The Government is working to ensure that people can access quality health care without experiencing financial hardship. Learn how Somalia is working to protect its population from COVID-19 and future health threats.

Image 1 ©WHO/Somalia.

Joint Working Team for Primary Health Care and Universal Health Coverage
EMRO COVID-19 Stories from the field: Somalia

Every day, except Fridays, Beelo Botan and her team visit around 30 households in Howlwadaag village, Galkacyo, the third largest city in Somalia. They are among the many community rapid response teams set up by the Somali Government and WHO to help address COVID-19. They record and share health information, and are conscientious about wearing masks and washing their hands regularly while at work.

"Most people in Galkacyo know who we are, so they alert us as soon as someone has symptoms of COVID-19 or even polio-like symptoms. If we find someone who has COVID-19 symptoms, we locate them immediately and give them a face mask to wear and request them to stay away from their family and friends. Then, we inform the district response teams, like the District Polio Officer and District Medical Officer, to verify the case and take further action. If this case is severe, and needs further support, we transfer them to the nearest health facility/isolation centre. But if the case is mild or a moderate suspected case, we collect a sample and send it to the laboratory, while requesting them to self-isolate until they receive their result," says Beelo.

Beelo Botan

"I really enjoy my job because I am working for my community and my messages may have benefited many people, including those who had no idea how to keep safe from COVID-19."

The first case of COVID-19 in Somalia was declared on 16 March 2020. By 9 November, Somalia had more than 4,200 cases and 107 deaths attributed to COVID-19.

The government had been making determined efforts to strengthen its health system, move towards universal health coverage (UHC) and strengthen preparedness through the development of a National Action Plan for Health Security. These efforts proved crucial when faced with the spread of COVID-19. WHO is working closely with the Somali Government to address the pandemic and deliver UHC.

Somalia's health challenges

Somalia, with a population of 15.4 million, is a low-income country. Its economy is dependent on imports and 70% of the population is engaged in pastoralism, agriculture and the charcoal business. Just three out of ten women and five out of ten men of working age are employed.

In terms of health, the main issues facing the population are communicable diseases and respiratory infections, and issues relating to maternal and child health-related morbidities and nutrition. Average life expectancy stands at 55.7 years and only 25% of Somali people have access to essential health services. According to the International Health Regulations index, only 6% of people in Somalia are protected from health emergencies and infectious hazards.

The vast majority of Somali people therefore struggle to keep safe and healthy. Nevertheless, the government has worked hard to respond to the crisis. Efforts to enhance preparedness and commitment to UHC have contributed to building capacity.

Preparing for emergencies in the UHC Roadmap

UHC states that everyone, everywhere should have access to the full spectrum of health services including health promotion, prevention and treatment. The start of the year 2020 has underscored that no country is safe from COVID-19 and that emergency preparedness and a strong health system are key for any response.

One of the key objectives is "Ensuring that all Somali people can access the health services.

In 2019, the government, with support from WHO through the UHC Partnership, developed a UHC Roadmap for 2019-2023. One of the key objectives is "Ensuring that all Somali people can access the health services they need – without facing financial hardship – is key to improving the well-being of Somali people." Somalia is benefitting from the important groundwork laid out in this roadmap, which included a strategy to prepare for responding to health emergencies in line with International Health Regulations (2005). The Ministry of Health, with WHO's support, used this strategy to respond practically to COVID-19 in areas such as surveillance and case investigation, case management, infection prevention and control including strengthening laboratory capacities.

The UHC Partnership assists 115 countries and areas in accelerating progress to achieve universal health coverage (UHC) through funding provided by the European Union (EU), Grand Duchy of Luxembourg, Irish Aid, Government of Japan, French Ministry for Europe and Foreign Affairs, UK Department for International Development and Belgium.

"The Ministry is grateful for all the timely support from its partners in preparation for and to address the COVID-19 pandemic outbreak in the country. Although this has not been a unique challenge to Somalia only, it has definitely challenged our health systems and resources. Thanks to the strong collaboration of our international partners, World Bank Group, UN agencies, such as the WHO and all the humanitarian response efforts, we have been able to control its spread, raise awareness among the Somalis about it and provide essential care to the infected people. We are confident that through the UHC roadmap, we will be able to offer better health services to our people, and have a robust system in place to tackle future health emergencies," said Dr Fawziya Abikar Nur, Minister of Health and Human Services of the Federal Republic of Somalia.

Contributions from WHO and the UHC Partnership have brought about a strong partnership between the EU delegation and WHO Somalia. This has evolved into a Bilateral Technical Coordination Mechanism for COVID-19 response, co-led by the EU Ambassador to Somalia and the WHO Representative to Somalia. Through this, WHO provides technical assistance and advice to EU-funded projects and activities, and risk communication and awareness-raising initiatives related to COVID-19, to ensure alignment with WHO guidance.

Image 2, 3 and 4 ©WHO/Somalia.

Joint Working Team for Primary Health Care and Universal Health Coverage
EMRO COVID-19 Stories from the field: Somalia

Essential package of health services

Alongside the UHC Roadmap, WHO supported the Ministry of Health and Human Services of Somalia to conduct a review and revision of Somalia's Essential Package of Health Services in order to develop an improved service package so that all Somali people are able to access health care according to their needs anywhere in the country without any financial hardship. This includes a set of minimum health services for maternal, newborn and child health, communicable and non-communicable diseases, mental health, injuries and - critically - pandemic and emergency preparedness, among others.

The package is contextualized for Somali people, taking into consideration the population's health needs. It has been developed and costed using up-to-date information on the population's health, and social and demographic data of Somalia as well as after an in-depth analysis of the disease burden in the country.

"The Government, WHO and other partners are committed to working together to make this package affordable to all Somali communities. By offering basic services in an equitable manner to all Somalis across the country, the Essential Package of Health Services will contribute to achieving universal health coverage, and will be a game-changer for the country. I personally feel that the roll out of the EPHS in Somalia is the answer to address inequity, inequality and accessibility of quality health servicesin the country for everyone, everywhere, leaving no one behind," said Dr Mamunur Malik, WHO Representative for Somalia.

Development cooperation

Development partners are working together to support the government's response to COVID-19 and its delivery of essential health services to the population.

"WHO Somalia has been a steadfast partner in responding to the COVID-19 pandemic in the country. The pandemic has highlighted the dire need for an effective primary health care system in Somalia. Together, the European Union and WHO will continue to cooperate in support of Somalia's middle and long-term health policies now and long after the COVID-19 pandemic is over. EU Ambassador to Somalia," said H.E. Nicolàs Berlanga Martínez.

UHC now and for the future

Somalia is managing a strong response to COVID-19, with a UHC roadmap, an essential package of health services and international cooperation that supports the country's priorities. Investing in UHC is helping the country protect its population from COVID-19 and future health threats, but it is also ensuring that the foundation is built so that all Somali people will have access to comprehensive quality health care without experiencing financial hardship.

60 SEC SUMMARY

Somalia

Fact

In Somalia, a commitment and strategic approach to universal health coverage (UHC) has been the bedrock for a strong response to COVID-19. Its UHC Roadmap included a strategy to prepare for emergency response and recovery.

Why it matters

Life expectancy in Somalia is very low, and only 25% of people have access to essential health services. A strong health system and achieving UHC can transform this situation, improving people's overall health and saving lives during emergencies.

Expected results

Although Somalia is a low-income country, the Government prepared a robust response to COVID-19 to control its spread, raise people's awareness and provide essential care to infected people.

In practice

WHO supported the government to develop a roadmap for UHC, and its emergency COVID-19 response with surveillance, case management, infection prevention and control, and strengthening laboratory capacities.

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

Syrian Arab Republic

Tackling NCDs in emergencies through primary health care

Patients in north-western Syrian Arabic Republic are receiving treatment and care for noncommunicable diseases (NCDs) in primary health care settings, despite living through a conflict.

1

Joint Working Team for Primary Health Care and Universal Health Coverage
EMRO COVID-19 Stories from the field: Syrian Arab Republic

"I visited the primary healthcare center because I started to feel my heart flutter, my chest began to tighten, I felt pain and a shortness of breath. I could hardly walk. At the center, I got an appointment with the internal medicine doctor, and they did laboratory tests and an electrocardiogram for me, then, they gave me the needed medications and diet instructions. I've followed the instructions and, thank God, I got better and feel well now. I pay regular visits to the doctor and have less symptoms than before," These are the words of Hana Haj Omar, a woman from Mardebseh in Idlib governorate in the Syrian Arab Republic. She was fortunate enough to be able to visit a centre like this, which could give her the health services she needed.

Providing primary health care services in a country like the Syrian Arab Republic, which is facing one of the world's most complex humanitarian emergencies, presents many challenges for addressing non-communicable diseases (NCDs). With a severely weakened health system, challenges include short supplies of medicines and ensuring access and continuity in health services.

An estimated 45% of all deaths are related to NCDs.

In the country, an estimated 45% of all deaths are related to NCDs, which include cardiovascular disease, diabetes, cancer and chronic respiratory disease among others. Cardiovascular disease alone accounts for 25% of all deaths. NCDs are also increasing in younger people and tend to be chronic. Risk factors include tobacco use, physical inactivity, harmful use of alcohol, and unhealthy diets.

"In north-western Syria priorities such as trauma care remain but this does not mean that the impact of chronic illnesses related to NCDs should be underestimated. The problem is not visible enough due to the ongoing conflict," says Annette Heinzelmann, World Health Organization (WHO) Emergency Lead for the response in north-western Syrian Arab Republic.

WHO integrated NCD care into primary health care.

To lessen the impact of NCDs on individuals and society, WHO integrated NCD care into primary health care (PHC) for the first time in 2018, with financial support of USAID. Delivering NCD interventions through primary health care strengthens early detection and timely treatment, especially in a setting with limited resources. It is an important way to reduce the risk factors associated with these diseases and implement low-cost solutions for treatment.

Nine health facilities in northwestern Syrian Arab Republic piloted the integrated approach to treating NCDs, which encompassed improving diagnosis and treatment at the primary care level. WHO and its partners had to find innovative solutions to fit the care setting, which, due to the emergency situation, can frequently change.

"Oftentimes, patients don't realize the severity of their symptoms and don't seek care. But also, with a diagnosis, there is often no continuity of care for various reasons including displacement, shortages in medicines and of medical staff. However, despite immense challenges and limited resources, WHO is investing in NCD care," said Heinzelmann.

Joint Working Team for Primary Health Care and Universal Health Coverage
EMRO COVID-19 Stories from the field: Syrian Arab Republic

Leave no one behind

Universal health coverage means no one must be left behind, including people living in emergency settings. In the difficult context of a complex humanitarian emergency, it is all the more important for WHO and partners to work together to ensure that the people of the Syrian Arab Republic receive the health care services they need.

Improving health worker capacity

Controlling NCDs involves more than medicines or medical supplies. It requires skilled health workers who work according to standard protocols and put patients at the heart of care.

WHO trained over 240 people from the nine pilot facilities.

In order to ensure that local health workers were able to diagnose and treat patients with NCDs, WHO trained over 240 people from the nine pilot facilities in the PEN (Package of Essential Non-Communicable disease) protocols for diagnosis and treatment of NCDs in resource-limited settings. Due to security limitations, trainings for participants from north-west Syrian Arab Republic were held in Gaziantep, Republic of Turkey.

Returning as master trainers, they cascaded trainings for all staff working in the selected health facilities. This created standardized treatment through a structured drug protocol, improved patient-centric services, consistent monitoring and follow-up, and increased screening. These are all vital components in the road to recovery for NCD patients.

WHO and its partner Primary Care International (PCI) provided remote mentoring and support to the health facilities and implementing partners through the duration of the programme to ensure adherence to protocols for diagnosis and treatment of major NCDs for several months. The trainings sought to develop 'NCD champions': health workers with clinical NCD skills, and understanding of the systems and leadership required to deliver good NCD care.

"I am confident that the remote mentoring has resulted in direct positive outcomes for NCD patients in north-western Syrian Arab Republic, in terms of diagnosis, treatment, and more evidence-based use of limited resources. The doctors and nurses I worked with here have been extraordinarily enthusiastic, and keen to cascade the training to their colleagues." Dr Adam Sandell, PCI clinical team.

"This patient today (Hana), was not aware that she has hypertension which led to which led to an oedema in her leg and accelerated heart rate. These are complications as a result of her heart failure, caused by the hypertension. When we saw those symptoms; an electrocardiogram and laboratory tests were done, she was given the needed medications - diuretic pills and antihypertensive drugs - and has made noticeable progress. This is one of the success stories of this centre," said Dr Jamal Alwan, Internal Medicine doctor at Mardebseh primary healthcare center.

Image 1 NCD patient receives care at Zerdana PHC in Idlib northwestern Syria. ©WHO.
Image 2 NCD patients waiting to receive care at PHC centre of Maerdabsa Idlib northwestern Syria. ©WHO.
Image 3 Doctor checks patient test results in PHC in Idleb Northwestern Syria. ©WHO.

Increasing treatment capacity

Part of the remote mentoring included WHO providing NCD emergency kits comprising medical equipment and 22 essential medicines for chronic diseases such as hypertension, cardiac diseases, diabetes, chronic respiratory disease, and selected mental health and neurological conditions. They also included 'field guides' illustrating NCD treatment protocols based on WHO standards.

These kits were reviewed and updated in 2016, and again in 2018, to fit the context in the Syrian Arab Republic. Used for the first time in north-western Syrian Arab Republic, by the end of the programme, 27 NCD emergency kits had been distributed, which provided a three-month supply of medicine for 90000 people.

During the course of the programme, Syria Relief and Development, an NGO partner, reported marked increases in the number of patients being diagnosed with and treated for NCDs.

Interlinking access to medicines and medical supplies with capacity building activities ensures continuity of care for patients.

60 SEC SUMMARY

Syrian Arab Republic

Fact

Patients in north-western Syrian Arab Republic are receiving treatment and care for NCDs in primary health care settings, despite living through an ongoing conflict.

Why it matters

The country is facing a complex humanitarian emergency. Its health system is severely weakened, with short supplies of medicines and medical staff and difficulties to ensure access and continuity in health services. NCDs are responsible for 45% of all deaths.

Expected results

People are able to access health PHC services for NCD care, despite the huge challenges facing the health system. There is a marked increased in the number of patients being diagnosed with and treated for NCDs.

In practice

WHO has collaborated with partners such as USAID and Primary Care International to integrate NCD care into PHC in health facilities in the north west of the country. The project trained over 240 local health workers to diagnose and treat patients with NCDs, delivered remote mentoring and provided NCD emergency kits.

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

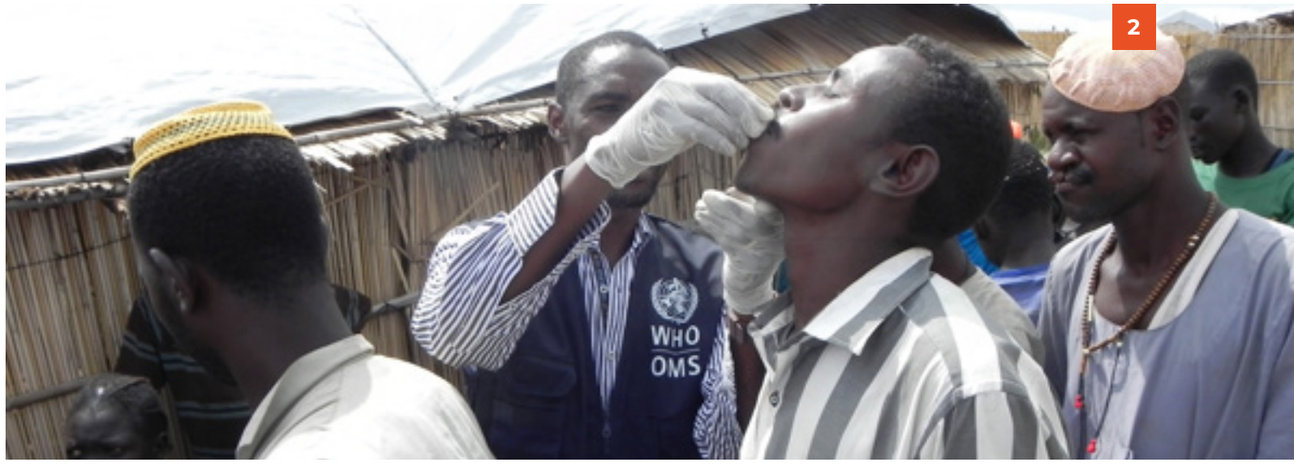
Sudan

Community dialogues empower disadvantaged populations to decide on their health priorities

In the war-torn Darfur region of Sudan, communities are taking an active role in rebuilding their health services and advancing universal health coverage. Through regular community dialogues, they are empowered to identify, prioritize and propose solutions for their health needs, to hold local health authorities accountable, and to act as an early warning system in times of crisis such as the COVID-19 pandemic.

1

Joint Working Team for Primary Health Care and Universal Health Coverage
EMRO COVID-19 Stories from the field: Sudan



2

When violence erupted in Darfur in 2004, Bahja Ahmed and her five young children were forced to leave their village. They had spent 12 years living in a camp for internally displaced people (IDPs) in North Darfur State and returned to their home village in 2018 following the signing of the Doha Peace Agreement.

Our health centre was destroyed during the war.

"We returned to our homeland with hope to regain what we lost during the conflict and displacement, but unfortunately we lack basic services. Our health centre was also destroyed during the war," said Bahja.

To obtain health care, she had to travel long distances by lorry or donkey to the nearest city and pay for services. She often could not afford it. "The only option for me was to use traditional and herbal medicines," she said.

WHO, through the UHC Partnership, underscores that supporting vulnerable communities in a post-conflict environment requires a meaningful and community-driven approach to find pragmatic and workable solutions. Working in close collaboration with the Ministry of Health and local health authorities, WHO has established a process to actively involve communities in improving local health services. Through regular participatory meetings between communities and local health authorities, people like Bahja and their families are now able to identify their health needs and priorities and support concrete steps to rebuild and improve services.

"This is the first time for somebody to visit us to discuss our health issues since our return. The dialogue with local officials provided a platform for us to discuss our health issues and activate the village health committee which had not meet for long time," said El Omda Adam, a community leader in Bahja's village, Darfur.

Image 1 Community health dialogue session. ©WHO/North Darfur Sub-office.
Image 2 WHO team supporting Oral Cholera Vaccine. ©WHO/Khaled Sarour.

Health equity means leaving no one behind

Community engagement is an important and integral process for any health system development effort, especially to improve health equity and achieve universal health coverage (UHC). Pursuing health equity means striving for the highest possible standard of health for all people and giving special attention to the needs of those who are at the highest risk of poor health, because of their low socioeconomic conditions.

The bottom-up approach is important to strengthen community engagement.

Sudan's Darfur region has faced many difficulties over the past decades, with its population suffering from the devastating impact of the war leading to death, disease and displacement for millions. Now, many people who previously fled to IDP camps are returning to their home villages. They arrive back to find little infrastructure remaining, and extremely limited health services available.

"The bottom-up approach is important to strengthen community engagement and to enable our societies to be part of the decision-making process. The community's role is a cornerstone towards attaining universal health coverage in Sudan," said Dr Arwa Gaddal, Director of states support and local health system strengthening Department, Federal Ministry of Health.

Image 3 Assessment of nutritional status of a child in an IDP camp in Darfur. ©WHO/South Darfur Sub-office.

Poor social, economic and environmental conditions of these vulnerable and disadvantaged populations demand an urgent and effective response. WHO, through the UHC Partnership, has since late 2018, worked closely with the Ministry of Health, local health authorities and other partners and communities to bring people to build a healthier life for everyone in Sudan.

Communities envisage a way to prioritize and plan.

Community health dialogues bring together communities, local authorities, local health partners such as non-government organizations and community-based organizations to discuss health priorities and concerns, and envisage a way to prioritize and plan for better health outcomes.

"Local communities know their priorities, therefore, it is important to engage them in the planning of health interventions to ensure ownership and full participation," said Dr Ni'ma Saeed Abid, WHO Representative in Sudan.

Sudan is among the 115 countries and areas to which the UHC Partnership helps deliver WHO support and technical expertise in advancing UHC with a primary health care approach. The Partnership is funded by the European Union (EU), the Grand Duchy of Luxembourg, Irish Aid, the Government of Japan, the French Ministry for Europe and Foreign Affairs, the United Kingdom – Foreign, Commonwealth & Development Office and Belgium. In 2021, Canada and Germany also joined the Partnership.

Joint Working Team for Primary Health Care and Universal Health Coverage
EMRO COVID-19 Stories from the field: Sudan

Community engagement helps improve health outcomes

In West Darfur, a team from WHO, the Ministry of Health, the local health authority and the United Nations African Union Hybrid Operation in Darfur (UNAMID) visited four communities living in Kreinik, Mornie, Serba and ElGeneina in November 2020. The team held several in-depth discussions with each community and was guided by a questionnaire to identify gaps in the health services including promotive, preventive, curative, rehabilitative and palliative health care.

The community engagement approach has proven to be sustainable. It has been institutionalized through the local health authorities which now have greater capacities to regularly engage with local communities in setting the health agenda and monitoring implementation.

"Enhancing community engagement is a crucial element for building resilient local health and community systems to respond to the needs of the population, particularly underserved and disadvantaged groups such as IDPs, returnees and rural communities. Our experience in institutionalizing the community health dialogues proved that local communities could contribute to addressing health system bottlenecks. For example, the inequitable distribution of frontline health workforce is being addressed by providing retention packages."

Dr Imadeldin Ismail, Coordinator UHC/Health Systems Strengthening Unit, WHO Country Office in Sudan.

In all communities, the team and the community members discussed health challenges, epidemics and crises in the area, as well as the response and performance of the health team and coordination mechanisms. The communities made suggestions to improve the performance of the health team. In turn, the health team proposed what the community could do to contribute to better health outcomes in the locality.

The meetings concluded with a summary of community recommendations.

The meetings concluded with a summary of community recommendations to be implemented and monitored, some of which were instigated and supported by the communities themselves. For example, one of the main barriers to accessing health services is the lack of health workers in rural areas, often due to poor retention. Some communities, as a result of community dialogues, created incentives for health workers to stay and work locally, such as giving them housing, water and agricultural land.

"Community health dialogues are a very powerful tool towards community stabilization and empowerment to address root causes of violence and instability in Darfur and other parts of the country. This approach is very much in line with the mandate of the African Union United Nations Hybrid Operation in Darfur (UNAMID)," said Ezzedin Adam, Community Stabilization Officer, UNAMID.

Joint Working Team for Primary Health Care and Universal Health Coverage
EMRO COVID-19 Stories from the field: Sudan

Health empowerment in the Durti community

The Durti community in El Geneina is a strong example of health empowerment. The community identified several key issues: medicine shortages, environmental problems due to the manufacturing of bricks in residential areas, stagnant water everywhere, which contributes to the spread of tropical diseases such as malaria, open defecation, lack of drinking water, maternal and childhood health issues, and kidney problems among others. There are no public health or nutrition health workers in the area. While the community participated in cleaning campaigns and sensitization visits to houses, they had never been engaged in identifying their own health priorities or taken part in planning. Although the health committee existed, it had never been active.

The team supported the Durti community to activate the health committee to act as a community representative body and an early warning mechanism. The committee could work closely with the health team to set the community's health agenda, prioritize, plan and raise awareness. The team also discussed the importance of the community volunteering to solve some of the more urgent health issues relating to the environment such as removing stagnant water and fumigation.

The newly functioning health committee also followed up with the locality executive director to get support with fumigation and also to move the brick manufacturing operation to outside the residential area. The community also organized and paid for a donkey-drawn cart to take away rubbish from a central area, located near the health clinic. This will contribute to better health conditions particularly reduction of morbidity and mortality related to diarrhoeal and other water- and vector-born diseases.

With future funding and support, this community engagement process will be replicated.

With future funding and support, this community engagement process will be replicated in ten other states in Sudan. The dialogues and subsequent action will further promote health equity, and support Sudan in accelerating the achievement of UHC as it rebuilds and simultaneously tackles COVID-19—its current major health challenge.


4


5

Responding to COVID-19

The COVID-19 crisis has exacerbated existing vulnerabilities in the population and further compromises Sudan's efforts to build its democracy, economy and other systems including the health system. Health services are already overstretched and risk collapse.

The COVID-19 crisis has exacerbated existing vulnerabilities in the population.

Water and sanitation coverage is poor, and approximately three million children remain out of school. Sudan has simultaneously battled outbreaks of diphtheria, malaria, chikungunya and polio from January to October 2020. The pandemic adds to the challenges of internal conflicts, political instability, economic crisis, climate change, natural disasters, disease outbreaks and gaps in basic service provision.

Sudan had its first community-acquired case of COVID-19 in March 2020, and the government announced a national health emergency. WHO worked to enhance coordination mechanisms with health partners, bringing in development partners and the humanitarian cluster to draw and mobilize resources to support the national COVID-19 response plan. The European Commission was a strong supporter of the humanitarian-development nexus, to strengthen the health system to respond to the pandemic, and the UHC Partnership has played a key role to engage partners and ensure a strong national response to COVID-19.

Sudan has faced several concurrent health emergencies and outbreaks in the past few years including dengue fever, chikungunya, rift valley fever, diphtheria, measles and circulating vaccine-derived polioviruses. Sudan organized the Joint External Evaluation (JEE) in 2016, and gaps identified by the JEE were translated in to the Sudan National Action Plan for health security (NAPHS). As part of the monitoring framework of International Health Regulations (2005), Sudan successfully conducted reviews for several declared public health events including Rift Valley fever, cholera and COVID-19. Several international actors (Italian Corporation, EU, Germany and Norway) are supporting Sudan to improve core capacities required by the IHR (2005) but still the NAPHS is highly underfunded.

Health equity is fundamental for UHC

The experience of community engagement in Sudan shows how empowering communities helps them to identify and prioritize their health needs and the issues that make it harder for people to live healthy lives and obtain the health care they need. Community dialogues provide the space and opportunity for communities to speak up, take responsibility for their health, to hold local health authorities and teams accountable, and to act as an early warning system in times of crisis.

Image 4 Community health dialogue in Abu Gao village, North Darfur State with active participation of women and youth. ©WHO/North Darfur Sub-office.
Image 5 WHO team checking water quality in a village in Darfur. ©WHO/El Monshawe.

60 SEC SUMMARY

Sudan

Fact

Many communities in Darfur are, for the first time, sitting down with local health authorities and partners in a series of community health dialogues to discuss priorities and find solutions to the problems the health system faces.

Why it matters

Community engagement is a crucial part of ensuring equity and health for all. Many people and communities in Sudan are vulnerable, particularly as many local health facilities were destroyed or damaged during the war.

Expected results

Communities are setting their own health priorities and are finding solutions to their local problems as they work closely with local health authorities; including re-instigating health committees and supporting local health workers.

In practice

WHO, through the UHC Partnership, is working hand in hand with the Ministry of Health, local health authorities and other partners to institutionalize community engagement in the primary health care based health system, crucial in moving towards universal health coverage and peace.

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

Egypt

Laying the foundations to make UHC a reality

On Easter Monday in 1859, the foundation was laid for the new city of Port Said, on Egypt's northern coast. It was the beginning one of Egypt's most ambitious projects of modern times – the construction of the Suez Canal. One hundred sixty years later, Port Said is laying the foundation for another ambitious project: universal health coverage for all Egyptians.

1

Joint Working Team for Primary Health Care and Universal Health Coverage
EMRO pre-COVID-19 Stories from the field: Egypt

The right to health is explicitly enshrined in Egypt's new constitution, which also defined the principle of social health insurance. Since the law was passed in 2014, the Egyptian government has been working hard, with the support of the WHO Country Office in Egypt, to operationalize this principle and make UHC a reality. Port Said will be the first to implement Egypt's new universal health insurance programme as part of making coverage available to all.

Building a foundation

There are three aspects to UHC: accessibility, availability, and affordability. While Egypt's health sector reforms address all three aspects of the health care system, for many people the biggest barrier to accessing health care is affordability.

One of the top priorities of the reforms is to ensure that everyone can afford care.

So one of the top priorities of the reforms is to ensure that everyone can afford care by creating and implementing a new universal health insurance programme.

Putting a new national health insurance programme in place required overhauling Egypt's health sector, which included changing governance structures and revamping health organizations. WHO worked closely with the Egyptian government on the development of the new law and is collaborating closely with various ministerial and UHI committees on the transformation process.

The new law, which was voted in December 2017, mandates the separation of financing from the provision of health services.

It also establishes three new health structures: a Universal Health Insurance Organization to manage the insurance programme; the Health Care Organization, which oversees the provision of services; and the Accreditation and Oversight Organization, which is responsible for setting quality standards, monitoring quality, and granting accreditation.

Using as a basis the six building blocks of health systems as developed by WHO, the work included carrying out costing and actuarial studies to inform UHI financing as well as technical discussions and professional dialogues.

WHO also provided capacity-building workshops for government officials to enable them to regularly update the national health accounts and financial risk protection indicators.

As part of the process, WHO carried out an extensive assessment of the country's strategic purchasing system and its governance structure, and provided a number of recommendations for implementation of reforms to the system.

The result of all this work is a law which makes universal health insurance compulsory for all, while also securing credible funding, introducing new, diversified funding mechanisms, reforming pooling and purchasing arrangements, and redefining cost-sharing structures.

The process of developing the law engaged a number of different stakeholders, including civil society.

Image 1 ©Center for Communication Programs, Photoshare.


2

Joint Working Team for Primary Health Care and Universal Health Coverage
EMRO pre-COVID-19 Stories from the field: Egypt

From law to reality

Work on improving access to health services, meanwhile, is moving ahead steadily in Port Said. With the assistance of the government, health facilities are being renovated, equipment is being secured for hospitals and other facilities, and registration of programme participants has begun.

WHO is supporting the development of the health information system.

To assist with this last workstream, WHO is supporting the development of the health information system, which includes indicator lists, civil registration and vital statistics, and electronic medical records.

Community engagement is a key element.

WHO is also contributing at the local level by conducting capacity-building workshops for general practitioners, dentists and nurses in Port Said. It has also introduced Patient Safety Friendly Hospital initiatives in a number of hospitals and primary health care facilities in the governorate. Community engagement is also a key element in the implementation of the new insurance law.

WHO is working with the governorate to design a public awareness campaign along with avenues for community participation. In particular, the government is seeking to address the needs of the most vulnerable segments of Port Said's population.


3

Primary health care model

Egypt is addressing the other two aspects of UHC, accessibility and availability, by building their health system around a primary care model, with a goal of addressing the majority of people's health needs through community-based care.

Much of the work to build a primary care-based model has already taken place over the last two decades. Historically, Egypt had placed a disproportionate emphasis on specialized care, but beginning in 1997, a series of reforms led to the creation of the family health model, with the family classified as the basic unit of care.

This was characterized by a responsive and comprehensive package of services that included maternal and child health services, family planning, immunization and management of childhood illnesses.

This improved the quality of PHC service delivery, and resulted in sharp declines in both maternal and under-5 mortality rates. However, even with these reforms, a substantial proportion of the population remained unable to afford health care. The previous health care system provided insurance for only approximately 58% of the population; hence, the need for a new law which provides insurance for everyone.

The new universal health insurance law reinforces the primary health care model. It stipulates that primary health care facilities are to serve as the first level of contact, and that primary care physicians should receive specialized training in family medicine.

Conclusion

By making health insurance available to everyone, and reinforcing a community-based approach, Egypt will be poised to meet the changing needs of its growing population. Port Said was once known around the world for having a vibrant and diverse population; perhaps now it will be known for having a population that is as healthy as it is vibrant.

Image 2 © Omar Mohsen, Photoshare. **Image 3** ©Photoshare. **Image 4** © Catherine Harbour, Photoshare.

60 SEC SUMMARY

Egypt

Fact

The right to health is explicitly enshrined in Egypt's new constitution. Port Said will be the first to implement Egypt's new universal health insurance programme to make health services available to all.

Why it matters

The previous health system only provided insurance for about 58% of the population, and many people could not afford to access health services.

Expected results

Health insurance for everyone means that the whole population can access the health services they need, withan emphasis on primary care.

In practice

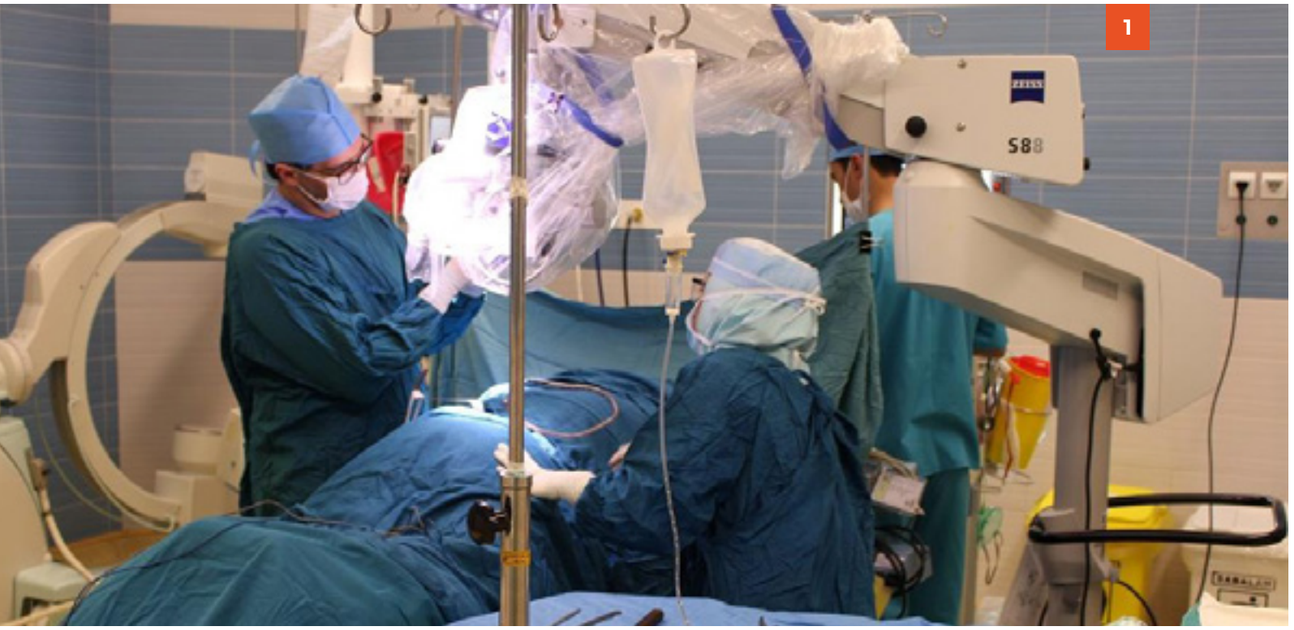
The Egyptian government worked closely with WHO on the development of the new law on health insurance. Now WHO is collaborating with ministries and universal health insurance committees on the transformation process.

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

Islamic Republic of Iran

Training hospital managers for better service delivery

In the Islamic Republic of Iran, the Ministry of Health and Medical Education (MOHME) is taking universal health coverage (UHC) very seriously. Access to quality health services is at the heart of achieving UHC, and improving hospital performance is an important entry point.



1

Joint Working Team for Primary Health Care and Universal Health Coverage
EMRO pre-COVID-19 Stories from the field: Islamic Republic of Iran

Progress to date is exciting. In less than two years, all general managers in hospitals in Iran have been trained in management and leadership skills. As a result, the quality of care in hospitals is already improving. The tailored course entailed 28 days of training in 7 modules over a period of 8 months.

The experience in Iran has been so successful that the programme is being replicated in Iraq and Afghanistan, with 25 trainers from each country initially participating. Modules are now being contextualized for each nation. There are also plans to extend this to Oman and Jordan in 2019.

In Iran, the combination of clear national vision and commitment from the MOHME and a strong supporting role from WHO is now transforming practice in public hospitals.

"The training programme was created as a national programme with strong commitment from the MOHME and dedicated resources, building on national policies with a focus on supporting and implementing national priorities."

Dr Hossein Salarianzadeh, Management Development and Administrative Revolution Center, MOHME

WHO is collaborating widely with the Ministry of Health and Medical Education of the Islamic Republic of Iran towards achieving UHC as a common objective. In this endeavor improving quality of care and performance of hospitals is one of the critical areas in which WHO as the leading international partner on health and wellbeing is involved.

"Capacity building of public sector hospital on management and leadership will ultimately strengthen the quality of health care services for all Iranians across the country," said Shadrokh Sirous, National Professional officer, WHO Country Office Iran.

"The training programme has increased my capacity to use data to support dialogue with physicians. I have learned to introduce indicators in several departments which facilitates the solving of problems," said Dr. Ali Khorsand, Imam Reza Hospital, Mashhad University of Medical Sciences.

Tailored training leads to results

The MOHME has been working closely with WHO to deliver this nationwide training for all hospital managers. A range of national and international experts developed the programme over time, and it was then tailored to the Iranian context based on feedback from hospital managers themselves. The approach emphasized peer learning and the sharing of experiences so that modules were entirely appropriate for the context.

"The training programme significantly improved my knowledge and skills and changed my attitude to be more confident and proactive. I'm better equipped to lead other management team members and challenge 'business as usual' so that we can improve performance," said Dr Mehdi Barzegar, Hospital Manager, Mohab-e-Kosar hospital, Iran University of Medical Sciences.

"Following the training programme, we have greater focus on hospital productivity and quality improvement, illustrated by several projects that hospital managers have implemented themselves as a result of having participated in the programme," said Mojtaba Alizadeh, Shahid Chamran hospital, Isfahan University of Medical Sciences.

"By implementing this programme, we witnessed improvements in the quality of services, increased efficiency of public hospitals in the field of financial and human resources, and satisfaction of people and service providers," said Dr Mohammad Agha jani, Chancellor of Shahid Beheshti University of medical sciences and ex-Deputy of Curative Affairs-MOHME.

How did the work evolve?

In 2015, WHO EMRO conducted a regional training programme on hospital management. It included modules on the role of hospitals in the health system, leadership, strategic thinking and governance, financial management, human resource management, quality improvement, hospital information management, supply chain management and emergency and disaster management.

Five Iranian colleagues took part and were keen to establish something similar in Iran. The MOHME got involved to drive the process and decided to adapt it to the unique context of Iran. The effort in Iran started with a comprehensive situation analysis of the hospital sector to assess the required competencies and training needs.

A two-day consultation was held with national and international experts.

A two-day consultation was held with national and international experts from the MOHME and WHO staff from all three levels: HQ, regional and country office.

International facilitators and national trainers collaborated to develop the core content of the modules and 100 national trainers (academics and hospital managers) were carefully selected to attend a Training of Trainers programme.

Adapting to Iran's context

The training modules were then adapted to fit the Iranian context by a national team, and each module required about ten trainers for nationwide coverage.

A pilot phase initially trained 30 hospital managers and then training was rolled out.

A pilot phase initially trained 30 hospital managers and then training was rolled out to all hospital managers in Iran. In total, about 700 hospital managers were trained through 2 rounds of training in 10 hubs across the country.

"It was a structured process to develop the training programne, with contributions from international experts yet customized to national needs," said Dr Eric de Roodenbeke, international course facilitator, International Hospital Federation.

"We gained a new perspective from the international trainers and an understanding of adult learning echnique through 'learning by doing' and continued to adapt modules based on feedback from participants," said Dr Mehdi Jafari, Head of National Health Managers Development Institute (HMDI) and national trainer.

"One of the main objectives of the course is to empower managers to manage all resources properly. The course is important in relation to the professional competence of managers, in their

Joint Working Team for Primary Health Care and Universal Health Coverage
EMRO pre-COVID-19 Stories from the field: Islamic Republic of Iran


2

selection and appointment," said Dr. Seyed Ali Sadro Sadat, ex-Deputy of management and resources development-MOHME.

A team of trainers including academics and hospital staff was essential to establish a mix of theoretical and practical points of view. As the training emphasized peer learning and adaptation to the local context, there was a strong sense of ownership over the process.

Involving all key stakeholders allowed them to share their experiences and understanding, and have a precise knowledge of what this programme should look like. This really helped with the speed of the process. The nature of the programme also allowed hospital managers to network and share their experiences.

"The training programme helped to establish a 'direct channel' between the hospital managers and the MOHME that was lauded by hospital managers and facilitated better coordination, integration, group formation and guidance," said Dr Ali Maher, Ex Technical and Planning deputy of curative affairs, MOHME.

Thanks to the strong administrative and logistics support provided by the MOHME, the roll-out of the training programme nationwide went very smoothly. Strong collaboration between WHO's three levels also supported the process effectively.

"While the County Office and Regional Office very closely supported the MOH at all stages, HQ provided more punctual support and helped align with international perspectives on hospitals of the future, within the Framework of Integrated and People Centered Health Services (IPCHS) that was approved by WHA in 2016," said Dr Ann-Lise Guisset, WHO HQ Services Organization and Clinical Interventions unit.

Looking to the future

"By implementing this programme, we witnessed improvements in the quality of services, increased efficiency of public hospitals in the field of financial and human resources, and satisfaction of people and service providers," said Dr Mohammad Aghajani, Chancellor of Shahid Beheshti University of medical sciences and ex- Deputy of Curative Affairs-MOHME.

This success had an impact. Shortly after the course took place, MOHME established the Health Managers Development Institute - a national centre of excellence in health management - to train all managers in the health sector. Currently, it is working to train all hospital directors using the same methodology of training of trainers and roll-out nationwide.

The MOHME is also aware that it needs to ensure the skills gained through the training programme are sustained and reinforced. By establishing communities of practice and peer groups and facilitating the creation of a professional association for hospital managers, much can be achieved.

"The training of hospital managers, using an adult learning approach, is a step forward in the professionalization of hospital management," said Dr Hamid Ravaghi, Regional Advisor, Hospital are and Management Unit, WHO EMRO.

Image 1 Operating room in Iranian hospital.
Image 2 Training of hospital managers- Human Resources Management Module, Hub of Mazandaran University of Medical Sciences, Mazandaran, I.R. Iran.

60 SEC SUMMARY

Islamic Republic of Iran

Fact
In under two years, all general managers in hospitals in Iran have been trained in management and leadership skills and are improving quality of care as a result.

Why it matters
Access to quality health services is at the heart of achieving UHC, and improving hospital performance is an important entry point.

Expected results
Patients experience improved quality of health care, hospitals are more efficient, and patients have greater satsifaction with services.

In practice
The Ministry of Health and Medical Education worked closely with WHO to deliver the nationwide training. Iran's experience has been so successful that the programme is now being replicated in Iraq and Afghanistan.

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

Jordan

Investing in family doctors to boost primary health care

Jordan's Ministry of Health is striving to strengthen its primary healthcare system through supporting family doctors at primary healthcare facilities. As a result, these doctors are providing more effective patient-centred care, communicate better with their patients, and prescribe fewer antibiotics. This community-centred approach to strengthening the health system will increasing Jordan's ability to achieve universal health coverage (UHC).


1

Joint Working Team for Primary Health Care and Universal Health Coverage
EMRO pre-COVID-19 Stories from the field: Jordan

Jordan has been committed to achieving UHC for over thirty years. As the cornerstone of UHC, Primary Health Care (PHC) should be the first level of contact that people have with the health system. This is where individuals, families, and communities receive most of their health care including promotion, prevention, treatment, rehabilitation and palliative care as close as possible to where they live and work. At its heart, PHC is about caring for people and helping them improve their health or maintain their well-being, rather than just treating a single disease or condition. It is for this reason that the Ministry of Health in Jordan decided to strengthen the role of family doctors.

Challenges facing Jordan's health sector

A 2015 census revealed that 55% of the whole population is covered by health insurance, rising to 68% among Jordanian citizens. However, public expenditure on primary health care is only 16% of total public expenditure on health.

Jordan's health system faces increasing pressure as a result of the conflict in neighbouring Syria and an influx of displaced persons. The already limited resources are severely strained; health facilities are overloaded; health workers are insufficient in number; and the health sector infrastructure cannot cope with increasing demand.

Family doctors, or general practitioners GPs) are fundamental to deliver primary health care to communities to promote healthy lifestyles and provide treatment. Yet the number of doctors per 10,000 people has fallen from 28.5 before the Syrian crisis, to 22.6 in 2017. Another significant burden on the health system is the increasing rate of non-communicable diseases within the population.

Jordan needs to invest in a good number of family doctors.

Family Medicine Online Diploma

In order to achieve UHC by 2030, Jordan needs to invest in a good number of family doctors that will delivery quality and safe services to communities and take primary health care to a higher level. In April 2019, the Ministry of Health (MoH) in Jordan, in cooperation with WHO, launched the Family Medicine Online Diploma which aims to train GPs to deliver better primary health care services.

"Training GPs is very important to provide quality, evidence-based updated services. It will resolve many of the health issues that the MoH faces like overcrowded clinics, shortage of preventive services, overcrowded secondary and tertiary care clinics. Also the training will improve health awareness of community members through increasing their knowledge about GPs," said a Family Medicine programme coordinator at Jordan's MOH.

"One of the major health issues that MOH face is the increasing burden of non-communicable diseases, which needs the cooperation of all parties to manage and prevent them. Having GPs equipped with evidence-based knowledge will also add a lot to the NCD programme," said a Family Medicine programme coordinator at Jordan's MoH.

A national multi-stakeholder team comprising experts from the Ministry of Health, academia and the private sector initially developed a six-month course and following a review, decided to extend the course to 12 months. The programme

consists of a hybrid of online and face-to-face training to improve the knowledge, attitudes and practice of GPs. The GPs have two face-to-face on-the-job trainings per month, four online skype meetings per month, and one quarterly meeting. The GPs must also read about two topics each week. A key part of the training is to support GPs to establish a family health team including nurses to provide a coherent approach to primary health care delivery.

Impact of training

Several evaluation tools were developed to monitor the training's impact over time and to evaluate the changes in GPs' knowledge, attitude and practice. Preliminary data analyses showed positive changes in all these areas, and in many health indicators. For example, the percentage of referrals has fallen and antibiotic prescriptions have declined. A test to assess GPs' knowledge showed an 85% success rate, compared with about 45% in the initial baseline evaluation. The assessment of on-the-job training for the development of communication and counselling skills showed a 20% improvement. GP attendance rate of online sessions reached 95%, showing the extent of their commitment to the training.

"The diploma training has changed a lot in our outlook to the patients and disease. We have become more patient-centred and are more capable of prescribing drugs and offer counselling to patients. I feel more confident to make a follow-up of chronic diseases, and I know more about psychological disease and psychosomatic disorders," said a General Practitioner in Jordan.

"Doctors look more confident and have more precision in decision making. They are more patient-centred in their practice, instead of disease-centred," said Dr. Amjad AlShdaifat, Assistant Professor College of Medicine, Hashemite University, Jordan

Through supporting GPs to improve their practice at primary healthcare facilities, the Ministry of Health is taking steps to achieve UHC. Although much more needs to be done, it is an indication of the MoH's commitment to health for all, and to solidarity and action for UHC.

"The programme will help Jordan establish a new generation of GPs who will be able to deliver patient-centered services, hopefully paving the way for a fairer, more equitable health system," said Dr Maria Cristina Profili, WHO Representative in Jordan.

Image 1 & 2 General physicians during face-to-face training as part of the online programme at Naour Health Center. ©WHO/Banan Kharabsheh.

60 SEC SUMMARY

Jordan

Fact

Jordan's Ministry of Health is strengthening its primary healthcare system through training family doctors at primary healthcare facilities to provide more patient-centred care.

Why it matters

Family doctors, or general practitioners (GPs) are fundamental to deliver primary health care to communities to promote healthy lifestyles and provide treatment.

Expected impact

GPs are providing more effective patient-centred care, communicate better with their patients, and prescribe fewer antibiotics. This community-centred approach will increase Jordan's ability to achieve universal health coverage.

In practice

The Ministry of Health in Jordan, in cooperation with WHO, launched the Family Medicine Online Diploma which trains GPs to deliver better primary health care services.

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

Lebanon

New Policy Support Observatory and National Health Forum: a milestone for UHC

In Lebanon, a new Policy Support Observatory (PSO) is strengthening the governance of the health sector with renewed vigour.

Image 1 Launch of the PSO. ©WHO Lebanon Office.

Joint Working Team for Primary Health Care and Universal Health Coverage
EMRO pre-COVID-19 Stories from the field: Lebanon

The PSO works by encouraging reliance on scientific evidence and knowledge and facilitates the work of the "National Health Forum" (NHF), a platform for systematic open and transparent collaboration among national health stakeholder networks. The NHF engages various networks of national and international partners, academia, non-governmental and governmental entities. The PSO informs new or existing health policies and projects to strengthen the health system.

The PSO and the NHF demonstrate the Ministry of Public Health's (MoPH) commitment to improve the health system in meaningful ways. The Lebanese Health Strategic Plan 2016-2020 highlights health sector governance as one of the four strategic goals to make progress towards universal health coverage (UHC). WHO is proud to play a roleto support this vital work through supporting the PSO's conceptualisation and technical implementation of projects.

Fifteen years of civil war left Lebanon with a weakened health system.

Why the PSO?

Fifteen years of civil war, which ended in 1990, left Lebanon with a weakened health system, destroyed public health facilities and a dispersed health workforce. The provision of health services was mainly managed by private health facilities and a flourishing NGO sector. Adding to the frailty of the health system were poorly regulated private health services and the pressing need for the MoPH to use public funds to purchase health services from private and NGO sectors.

In 1998 the MoPH decided to take action.

In 1998 the MoPH decided to take action. It made the transition from its role as the direct service provider to modernizing its governance and regulatory capacity. It did so using the power of information, surveys and studies. Working through a set of networks with a large variety of stakeholders provided information on the geography of interests and positioning of professionals, organisations, consumers and political actors; this has been essential to develop rational policies and strategies.

As a result, the MoPH developed a home-grown collaborative governance style that moved it from being a passive bystander to the main steward of the health care system. Initially, those arrangements were occurring on an ad hoc basis, risking long-term sustainability.

The PSO contributed to institutionalizing the MoPH's reliance on evidence for policy making. It also facilitates the MOPH led collaborative governance by expanding it in two dimensions. First, a 'technical' one that takes full advantage of strategic intelligence sources: scientific evidence, operational knowledge and mapping of stakeholder's interests. Second, a 'political' one of building social consensus through systematic, open and transparent collaboration with stakeholder networks. This not only enhances the resilience of the health system but also provides structured analytical and decision-making support capacity that will help spread innovation and facilitate sharing and adoption of best practices.

Launching the PSO

In April 2018 the MoPH, in partnership with the WHO and the American University of Beirut (AUB) Faculty of Health Sciences, launched the PSO through the tripartite collaboration agreement. The PSO is physically hosted at the premises of MoPH for proximity with its departments yet is intended as an instrument for integrated, but not incorporated, support to the MoPH.

The PSO received the utmost endorsement at its launching event.

The PSO received the utmost endorsement at its launching event where the highest leadership of all three institutions participated from national, regional and international levels including: former Minister of Health and current Deputy Prime Minister of Lebanon Ghassan Hasbani, Director General Dr. Walid Ammar; WHO Director General Dr. Tedros Adhanom Ghebereysus, former WHO acting regional and country directors Dr. Jawad al Mahjour and Dr. Gabriele Riedner; AUB president Dr. Fadlo Khuri and Dean of FHS, Dr. Iman Nuwayhid as well as representatives from various ministries, public institutions, and professional associations, in addition to experts and researchers from all over Lebanon.

"The project we are launching today is not a new one aiming at fulfilling wishes and possible future goals, the Policy Support Observatory is to consolidate existing practices and sustain previous achievements," said Dr. Walid Ammar, Director General of the MoPH, Lebanon.

"This Observatory will facilitate communications with all parties and partners, especially citizens, to ensure the sustainability of cooperation, effectiveness and scientific policy, away from political influence or any other subjective effects," said Ghassan Hasbani, former Minister of Health, current Deputy Prime Minister, Lebanon.

"WHO is committed to working with the Ministry of Public Health to make this initiative a success. Achieving universal health coverage requires countries to build a consensus not only on the scope of services to be covered, but also how they are financed, managed, and delivered. Lebanon's Policy Support Observatory will help the Ministry of Health do all of that," said Dr. Tedros Adhanom, Director General, WHO at the PSO launch event.

During May 2018, the PSO's guiding committee was formed.

During May 2018, the PSO's guiding committee was formed with members from the partner organizations and independent experts including WHO. By the following May 2019 the guiding committee held its third meeting to discuss progress on the implementation of the work programme, and welcomed a new member from the Saint Joseph University joined; a testament to the high interest the PSO was gaining among academic circles. The MoPH also enjoys strong collaboration with the AUB. Currently, the AUB through its Faculty of Health Sciences is a member of the PSO guiding committee and in collaboration with WHO oversees work-packages to operationalize the PSO.

Joint Working Team for Primary Health Care and Universal Health Coverage
EMRO pre-COVID-19 Stories from the field: Lebanon

2

Cooperation in practice

"The health sector today is characterized by interdependence, networking and multisectoral cooperation, and this initiative will contribute to promoting effective and flexible collaborative approaches to health sector governance in Lebanon," said Dr. Jawad Al-Mahjour, former Acting Director, WHO-EMRO.

A landmark in PSO's existence was formulating its work programme of projects based on their alignment with the MoPH agenda and opportunities to move forward. The projects were identified based on several consultations with MoPH departments, partners, experts and discussions during two first guiding committee meetings.

In 2018, Lebanon joined the Universal Health Coverage Partnership (UHC Partnership), which is co-funded by the European Union, the Grand Duchy of Luxembourg, Irish Aid, Japan and France. Under the UHC Partnership and EU Madad funds, WHO is supporting the implementation of several PSO projects including interventions to explore the feasibility and development of a deployment strategy for use of state-of-the art Electronic Health Records; a plan for a national Health Information Management System; and establishing care coordination, referral pathways and reprofiling of Primary Health Care teams for people-centred care.

WHO also supports knowledge production for assessing the targeting of public resources to vulnerable populations.

In parallel, WHO also supports knowledge production for assessing the targeting of public resources to vulnerable populations; surveys on providers' practice profiles for in-depth insights on re-organizing service delivery in a cost-effective way and possible options for task shifting among providers; and assessing service user expectations, preferences and health seeking behaviours. It also supports other work for reinforcing the pharmaceutical sector through expanding the Bar Code system and supporting the automation of the Early Warning, Alert and Response System (EWARS), as part of efforts to advance health security.

"The voices are calling for bridging the gap between scientific research and the process of policy-making and decision-making, especially the gap between the academic sector and the government," said Dr. Fadlo Khuri, President of the AUB

In conclusion, the PSO is modernising a traditional administrative approach by allowing the MoPH to reinforce its authority and institutionalize strategic intelligence and collaborative decision-making. The PSO will assist the NHF to serve as an important platform to foster policy dialogue to develop more reliable and shared policy objectives in order to make genuine progress towards UHC.

Image 2 Signing of Memorandum of Understanding. ©WHO Lebanon Office.

Lebanon

Fact

A new Policy Support Observatory (PSO) is strengthening the governance of the health sector in collaborative ways. The PSO encourages reliance on scientific evidence and knowledge to inform health policy and engages networks of partners.

Why it matters

Fifteen years of civil war left Lebanon with a weakened health system, destroyed public health facilities and a dispersed health workforce. The government needed to modernise its health systems governance in order to achieve UHC.

Expected impact

The health system will become stronger through institutionalised sources of intelligence and evidence, collaborative decision-making and political consensus sought among stakeholder networks.

In practice

The PSO was launched by the Ministry of Health in April 2018, in partnership with WHO and the American University of Beirut Faculty of Health Sciences. WHO is now supporting the implementation of several PSO projects.

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

Libya

The highs and lows of medicines supply

In Libya, a pioneering project has vastly improved the country's medicines supply chain management and health information system. The work has really made a difference to the country's health system.

1

Joint Working Team for Primary Health Care and Universal Health Coverage
EMRO pre-COVID-19 Stories from the field: Libya

Dr Hana Shtwei from the Ministry of Health stands proud as she recalls her training on how to improve the medicines supply chain management in Libya.

Dr Hana Shtwei from the Ministry of Health

"I was fortunate to be among those selected for a workshop in Tunis, led by WHO experts on setting up a national Pharmacovigilance strategy. With expert input during the workshop, we were able to fine tune our 'yellow card' reporting scheme, to better capture relevant information on adverse drug reactions."

Dr Shtwei works for the Pharmacovigilance Department and in just a couple of years, has seen how support from WHO and the EU-funded Strengthening Health Information System and Supply Chain Management project (2016-2018) has really made a difference to the country's health system.

Over the last few years, there have been extensive shortages of medicines.

Over the last few years, there have been extensive shortages of medicines and medical supplies, low stocks of vaccines and a lack of trusted information about the health situation and the supply chain. In reality, medical supply chain management and the health information system were almost non-existent. Yet today things are really looking up.

"The workshop helped to guide us, as Libya's national centre, on how to disseminate Pharmacovigilance within Libya. A few of us have since visited several hospitals and given basic awareness training on the concepts of Pharmacovigilance. We have also been able to fix 35 focal points in various hospitals to support the data collection process," she says.

Such progress is no small feat in a country that has experienced great turmoil since the 2011 civil war. It was left with the legacy of a deeply under-developed health system.

Libya's health authorities acknowledged that two main areas in the health system were particularly neglected.

In 2011 and 2012, Libya's health authorities acknowledged that two main areas in the health system were particularly neglected: medical supply chain management and the health information system.

However, the country was still facing turbulence and conflict and it was almost impossible to tackle the problem.

It took until the latter part of 2016 before the Strengthening Health Information System and Supply Chain Management Project could get underway to start building institutional and individual capacities to reform supply chain management and integrate these reforms within the Ministry of Health.

Image 1 WHO hands over a shipment of ARVs to the director of the Benghazi Centre for Infectious Diseases.
Image 2 Dr Hana Shtwei from the Pharmacovigilance Department, Ministry of Health in Libya.

As part of the Health System Strengthening Project, WHO has supported people at all levels – from those working daily in health care all the way up to Ministries – to improve their practice.

Advocacy and raising awareness complemented the technical work, and WHO set up meetings between key country pharmaceutical stakeholders to make progress on some instrumental issues.

A high-level consultation brought together WHO colleagues, stakeholders from pharma and non- pharma sectors, the Food and Drug Administration, and other Ministries to try to better coordinate actions across the nation.

Recommendations included ensuring better quality and availability of data, good governance, and improved coordination between stakeholders, enhancing technical capacity in critical areas and developing a comprehensive National Medicines Policy.

A supply-chain working group of mid-level managers have come together.

Since August 2017, a supply-chain working group of mid-level managers have come together once a month to discuss how to collaborate and make progress.

It's definitely a challenge to keep things moving in Libya's unsettled context. WHO is building institutional capacity, but still recognises the challenges that people face and continues to provides support where necessary.

The changes have been evident to all involved in the project.

The changes have been evident to all involved in the project. There has been a meaningful shift in relationships and a new and shared vision and drive for progress by country stakeholders.

There is now a Libyan Essential Medicines List to improve access to essential medicines and reduce costs, which is currently waiting for endorsement by the Ministry of Health. Libya's National Drug Regulatory Agency is now strengthening its regulatory function by abiding to international standards, particularly in issuing marketing authorizations for products through the WHO SIAMED software.

The EU-funded Strengthening Health Information System and Supply Chain Management Project is pioneering in a country still facing complex challenges of lack of stability and political will, poor governance and a dearth of the instrumental components that a health system requires to function. It seems even more important therefore to continue the good work.

"We are all new to this important concept and we realise that more training is definitely needed to help improve our knowledge base, and to allow us to create a stronger network within the international Pharmacovigilance community. I know the Strengthening Health Information System and Supply Chain Management project is coming to an end soon, but we need the continued technical support that WHO offers, especially in Pharmacovigilance," says Dr Hana Shtwei.

Joint Working Team for Primary Health Care and Universal Health Coverage
EMRO pre-COVID-19 Stories from the field: Libya

What does change look like on the ground?

This is the story of a warehouse worker in Tripoli.

"My name is Jumah Asad, and I work in the Shara El-Zawya Tripoli MSO warehouse. I left school at 15, and did not receive any formal training to work as a storekeeper.

I have been working in this warehouse for over ten years.

I have been working in this warehouse for over ten years, and things have slowly deteriorated, particularly after the 2011 conflict.

Our senior management team informed me and other storekeepers about the WHO EU-funded Strengthening Health Information System and Supply Chain Management project which looks to assess warehouses in Libya.

The WHO team that came to assess the 15 stores in Tripoli composed of four technical areas: structural, electrical, mechanical and pharmaceutical. I did not realise that an assessment would be so in-depth and valuable.

While accompanying the team I came to appreciate how necessary it is to have an evidence-based assessment to inform potential refurbishment. I didn't know that temperature, humidity and even sun-light can affect medicines in a bad way. Even health and safety was a new concept to me.

I don't have basic tools to reach the ceiling to change light bulbs. I understand that it's not possible for external organisations to refurbish the whole warehouse, but having some basic equipment available would help me perform better in my job.

I would like to see the work WHO is doing on supply chain management continued.

I would like to see the work WHO is doing on supply chain management continued, as they only just started helping us make changes."

60 SEC SUMMARY

Libya

Fact

A meaningful shift in relationships and a new vision for progress is driving Libya's health information system and medical supply chain management. A pioneering project is building capacity throughout the system.

Why it matters

Libya was left with the legacy of a deeply under-developed health system. Extensive shortages of medicines and medical supplies, low stocks of vaccines and a lack of trusted information about the supply chain have been common place.

Expected results

The population has better access to safe and essential medicines, and the health system is strengthened.

In practice

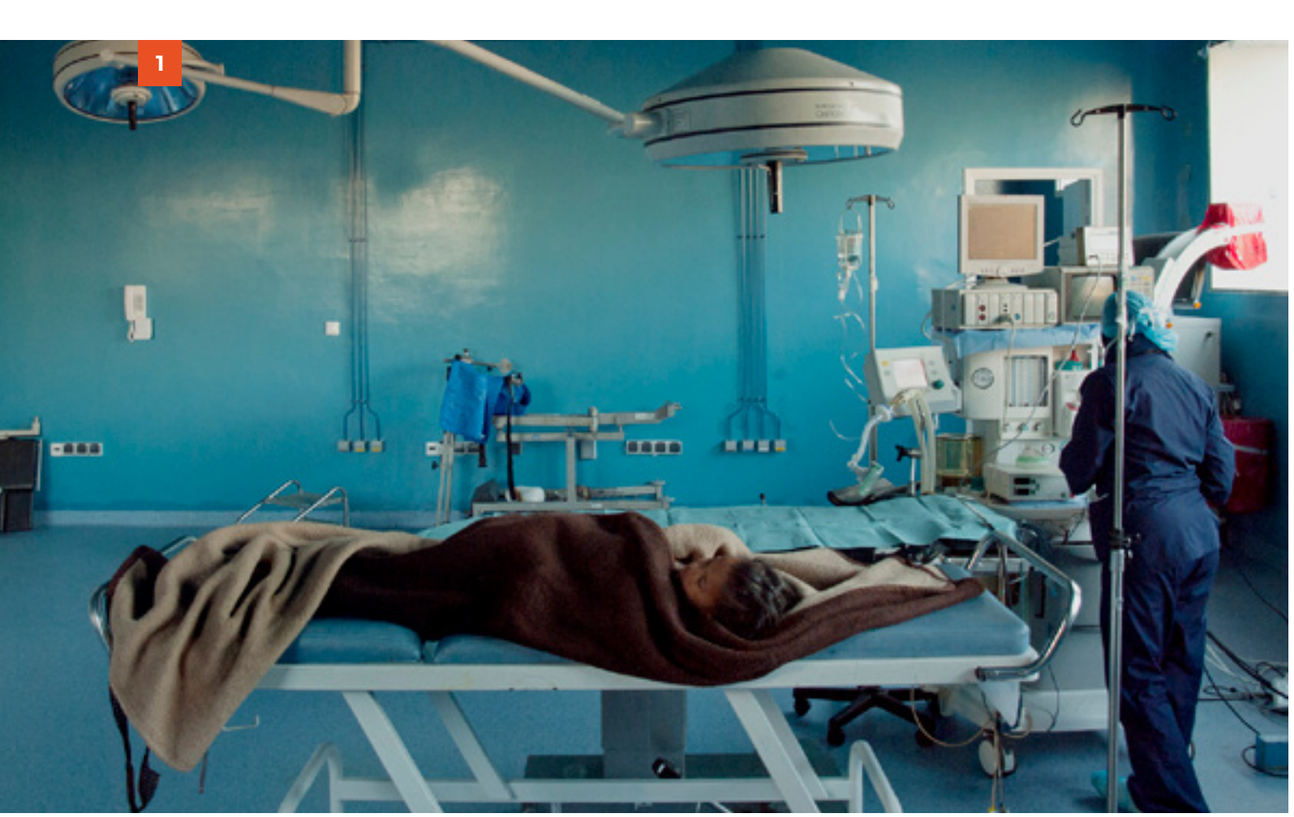
Thanks to close collaboration with national authorities and financial support from the European Union, WHO experts have been able to strongly advocate for improved supply systems and have supported people at all levels – from medicines warehouses to Ministries – to improve management practice.

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

Morocco

Improving quality of care through better hospital management

Hospitals across Morocco are transforming with better performance and increased patient satisfaction. A team of colleagues from each of the Regional Hospitals nationwide has received a one-year training on strategic planning and management to implement real change.



Joint Working Team for Primary Health Care and Universal Health Coverage
EMRO pre-COVID-19 Stories from the field: Morocco

Morocco is committed to universal health coverage (UHC) having recently pledged to expand health care to 90% of the population, especially to the poorest people. A key aspect of achieving UHC is strengthening the health system at all levels. A recent project, undertaken by the Ministry of Health and supported by WHO and Mohammed VI University of Health Sciences, has trained teams hospital staff to implement a shared vision for strategic management. The training has taken place in all Regional Hospitals and will gradually expand to all hospitals nationwide.

Hospitals in Morocco face a number of challenges.

Why is hospital management training needed? Hospitals in Morocco face a number of challenges. They generally lack autonomy and find it hard to plan and manage human resources. This is compounded by a health workforce shortage nationwide, with a poor distribution of workers between hospitals. As with elsewhere in the world, health workers can suffer from low motivation, which affects their performance. In the absence of clear strategic plans for hospital management quality assurance or accreditation programmes and an integrated information system, there was low capacity for developing and implementing any improvements.

"The training of hospital managers in Morocco responds to a need expressed by health authorities in partnership with WHO and in the context of health policy and hospital reform. This training aims to solve the many problems of hospitals such as weak strategic planning and governance, performance-related issues, human resources planning and management, financial management, information systems quality and patient safety," said Dr Belouali Redouane, Director, International Public Health School of Mohammed VI University of Health Sciences

During the past few decades, Morocco has conducted several hospital-level reforms focusing on organizational aspects and management tools in an attempt to address these issues. Yet there was limited training for managers to implement these tools. The Ministry of Health realized that the reforms were not reaching their potential, and that real change needed to be supported by strong leadership at the local level.

The training brought together a leadership team in each Regional hospital.

The training brought together a leadership team in each Regional hospital comprising the Hospital Director, the Head of Nursing and the Administration Manager. This team took part in a one-year programme with 20 modules from University Mohammed VI, with coaching and supervision supported by the Ministry of Health and WHO. WHO Regional and Country Offices were involved in the development of the training programme, identifying specific training needs for hospitals managers.

Image 1 A hospital in Casablanca, Morocco ©2012 Andy Rocchelli / Cesura, Courtesy of Photoshare.

As well as funding the programme, WHO is also involved in the monitoring and evaluation of the training programme. On completion, each hospital team member receives a Master's degree from the University Mohammed VI in business administration, which is focused and adapted to public hospital management. The WHO Regional Office (EMRO) has signed a Memorandum of Understanding with University Mohammed VI, which aims to become a health science center of excellence in education, research and innovation especially in the area of governance and hospital management.

"This practical MBA in Hospital Management targets competencies related to strategic thinking and organizational transformation in health facilities. It aims to improve the quality of services to citizens while also driving hospital performance and strengthening health system governance overall. We are documenting its innovative design and assessing its impact to further bring it to scale to other regional and provincial public hospitals in Morocco. We hope it can also benefit other countries in the region and in the world," said Dr Maryam Bigdeli, WHO Morocco Office WHO Representative and Dr Hafid Hachri, WHO Morocco Office, Health System Manager.

"The MBA in hospital management has made it possible to carry out a managerial transformation within Fès Hospital. It is the birth of a new dynamic, very participatory, with a change in behaviours and reinforced motivation among health personnel. This responds much better to the real needs of our patients," said one MBA candidate.

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Joint Working Team for Primary Health Care and Universal Health Coverage
EMRO pre-COVID-19 Stories from the field: Morocco


3

Making the best use of tools

The programme focused on practical ways to tackle current hospital challenges, and provided solutions on how to initiate change and reform using the managerial tools available. These included tools for defining and implementing the strategy, organizational strategy development, improving services, driving performance, improving quality of care and stress management. The training took place while the leadership team continued with their everyday activities, giving them the chance to put the tools into practice. The team also informed the rest of the hospital staff about the transformation process underway.

MBA Candidate

The MBA course in hospital management has enabled the team in Moulay Youssef Hospital to improve the school's governance, boost staff dedication and involvement, and improve performance and productivity.

As a result of the training, each hospital aimed to deliver in five areas:

- A hospital strategy document
- New organization and governance involving all hospital professions
- Improved hospital performance
- Self-assessment of quality based on WHO and MOH guidelines
- Improved patient satisfaction

All of the Regional Hospitals achieved these five areas and some experienced other additional outcomes. The leadership teams from all the hospitals involved also had opportunities to share their experiences of transformation together during the training.

Morocco will make solid progress towards achieving UHC.

As hospital management and quality of care improves, Morocco will make solid progress towards achieving UHC.

Image 2 Hospital team graduates from the Masters programme, University Mohammed VI. ©WHO.
Image 3 Hospital team graduates receiving their certificates. ©WHO .

60 SEC SUMMARY

Morocco

Fact

Across Morocco, teams of regional hospital management staff received a one-year training on strategic planning and management in order to transform their hospitals.

Why it matters

Achieving UHC means strengthening the health system at all levels. Hospitals in Morocco face a number of challenges including a lack of capacity for developing and implementing improvements.

Expected impact

All regional hospitals now have a new hospital strategy document, new governance processes and undertake self-assessment. Every hospital has improved performance and better patient satisfaction.

In practice

The Ministry of Health, with support from WHO and the Mohammed VI University of Health Sciences, undertook the programme, which will now be expanded to all hospitals nationwide.

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

Oman

Leading the way in patient safety: improving service delivery for UHC

Oman is showing regional leadership in the Eastern Mediterranean Region by adopting the Patient Safety Friendly Hospital Initiative to improve the safety of health care in public and private hospitals nationwide.

Joint Working Team for Primary Health Care and Universal Health Coverage
EMRO pre-COVID-19 Stories from the field: Oman

Oman is taking patient safety very seriously, and the Ministry of Health is keen to tackle the issue head on. Following a best practice meeting on patient safety organized by WHO, the Ministry showed a high level of commitment and interest in the implementation of the Patient Safety Friendly Hospital Initiative to improve the safety of health care in public and private hospitals nationwide, and a roadmap of actions was developed.

We are very proud in Oman to be leaders in patient safety. Patients have the right to receive safe treatment in safe institutions and by safe and well- trained clinicians and health care providers.

HE Dr Ahmed Mohamed Obaid Al Saidi Minister of Health, Oman.

Patient Safety Friendly Hospital Initiative

The initiative started with advocacy and capacity building and assigned focal points for each team from different hospitals. Hospital staff started working at the operational level, and had continuous contact with the WHO Country and Regional Offices.

They were always able to get guidance if they needed to know more or required clarification about how to deal with infection prevention and control, the safe management of drugs, or how to involve patients.

“The Ministry was very receptive to us when it came to what to do first, what preparation is needed, how to communicate, how to build the capacities, how to continue mentoring the teams working on the ground and how to recognise efforts and good performance,” said Mondher Letaief, Regional Advisor, WHO EMRO.

The implementation of the pilot project in four hospitals in Oman was a milestone.

The implementation of the pilot project in four hospitals in Oman was a milestone in the quest of the Ministry’s Quality Assurance Center to achieve patient safety in its health care institutions.

“We already have many quality parameters in place but what is new and unique in this initiative is the word ‘friendly’,” said Ms Seeniua Biju, the Chief Operating Officer and country head of Aster Al Raffah Hospitals and clinics.

Supportive evaluation

As the patient safety movement had originated from within Oman, the Ministry and hospitals felt a strong sense of ownership over the initiative.

When their new patient safety practice settled down, they were ready to ask for external observers from WHO in order to see if they were complying with the requirements or not. WHO carried out an external evaluation in four hospitals with the aim of providing support. It was not an inspection or audit; rather the process recognized achievements and provided guidance on how to move forward.

Image 1 Hospital staff and WHO team during a visit for the external evaluation of Nizwa Hospital, Oman. ©WHO.

Now the work is being implemented in a further 26 hospitals.

Now the work is being implemented in a further 26 hospitals, almost 90% of the main hospitals in Oman. Eight hospitals have now been evaluated by WHO for patient safety; coverage will later increase to all the remaining hospitals in Oman including public and private by 2020.

Through trust and consistent support and because WHO colleagues work with hospital staff in a manner that shows them they are moving forward, together they are achieving concrete change in patient safety.

Other important activities are also taking place. For example, a patient safety curriculum is now operating at health science-related universities so that future health professionals have a good foundation to continue a patient safety culture when they practice in hospitals in future.

Oman also has an annual day to celebrate the awareness of the importance of patient safety, where health practitioners can showcase their achievements in and share good practice.

“The Sultanate of Oman has made significant progress in the field of quality and patient safety over the past decade. There has been continuous collaboration with WHO, specifically in developing and implementing patient safety tools,” said Dr. Ahmed Al-Mandhari, WHO Regional Director for Eastern Mediterranean Region.

Oman

Fact
Almost 90% of the main hospitals in Oman are now taking part in the Patient Safety Friendly Hospital Initiative to improve safety in public and private hospitals nationwide. This improves service delivery to support UHC.

Why it matters
Each year globally, millions of patients die or are injured because of unsafe and poor quality health care. Most of these deaths and injuries are avoidable.

Expected impact
All hospitals in Oman will improve practice in patient safety and quality of care, ultimately improving health and saving lives.

In practice
The Ministry of Health is highly committed to the Patient Safety Friendly Hospital Initiative. WHO worked with the Ministry and hospitals nationwide to provide tools, training and technical support about patient safety.

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

Tunisia

Civil society and citizens engage with health policy

Citizens and civil society in Tunisia have got true ambition for 'health for all'. They are engaging with the government and national health policy formulation processes in dynamic new ways to promote quality health care for all citizens.

Image 1 Participants at a Societal Dialogue. ©WHO.

Joint Working Team for Primary Health Care and Universal Health Coverage
EMRO pre-COVID-19 Stories from the field: Tunisia

Societal Dialogue for Health System Reform

After the Jasmine Revolution in 2011, Tunisia's citizens and civil society had new opportunities to take part in the political decision-making processes of its Government.

One occasion was the Societal Dialogue for Health System Reform, a large-scale consultation process between the Government and its citizens on a variety of health topics.

The process ultimately leads to informed policy decision-making that takes into account citizens' concerns.

All participants are willing to own the new National Health Policy for 2030 and its implementation will be a success.

Dr Hela Ben Mesmia, Ministry of Health, Tunisia

Societal Dialogue: Phase 1 and 2

WHO, through the Universal Health Coverage Partnership, supported both phases of the Societal Dialogue. In Phase 1, civil society and citizens contributed to constructive, but also heated, debates about how to reform the health system to ensure that all Tunisians had the right and access to quality, affordable health care.

The phase ended on a high note in 2014 in Tunis with the conclusion of the National Health Conference and the adoption of the Tunisian White Paper for the Health Sector: 'White Book for Better Heath in Tunisia'. This set out to align the Tunisian health system in line with the aspirations of its citizens. After a gap in activity, Phase 2 of the Societal Dialogue began in July 2017; the delay was due to political and administrative changes in the Tunisian government.

However, civil society pressure and the reorganization of the country's political outlook meant that the dialogue continued undeterred and reinvigorated. The Phase 2 objective is to translate the recommendations of the White book into Tunisia's first-ever participatory National Health Policy for 2030. The process is currently active and civil society and citizen juries are just as active and pivotal as before. Their tireless involvement is true testimony to the power of participatory governance, which can be harnessed for common objectives such as health sector reform.

The power of inclusive and participatory processes such as the Societal Dialogue for Health must not be underestimated.

"The power of inclusive and participatory processes such as the Societal Dialogue for Health must not be underestimated. On the contrary, it must be further encouraged. It shows that a more participatory, equitable and evidence-informed decision-making process can lead to strong policy options supported by and beneficial to all. The final outcome, a National Health Policy for Tunisia, should substantially improve the health status and the wellbeing of Tunisian citizens," said Dr Yves Souteyrand, WHO Representative of Tunisia

Societal Dialogue: Inter-Regional Meeting Series

A key part of Phase 2 is the Societal Dialogue through Inter-Regional Meeting Series. These meetings bring together Government representatives, citizen jury participants and other civil society representatives to discuss policy options for the National Health Policy.

Four inter-regional meetings took place.

Between July and September 2018, four inter-regional meetings took place. One of these was a gathering of 130 people in Monastir, including non-governmental organizations, journalists, health professionals, parliamentarians and citizen jury participants to focus on potential reforms in health financing. In the spirit of the Societal Dialogue, they collectively assessed the existing health financing system and reflected on ways to make it more equitable and efficient in the future.

"During the inter-regional meetings one can feel how the atmosphere has changed thanks to the Societal Dialogue. Meetings like this would never have been possible before the revolution. Now, the room is buzzing, participants are committed and eager to find common ways to spur the progress," said Dr Hela Ben Mesmia, Ministry of Health, Tunisia.

The positive, peaceful and productive process of the Societal Dialogue demonstrates that it is a critical tool in the development of the new National Health Policy, which is the first post-revolution.

The process is popular and successful.

The process is popular and successful. In Phase 2, 24 regional meetings took place between July 2017 and March 2019. All the meetings enabled collective discussion of key aspects of the draft National Health Policy through a true dialogue process among government, citizens and civil society organisations. A National Health Policy and the successful completion of Phase 2 will cement an important step for advancing health for all in Tunisia.

60 SEC SUMMARY

Tunisia

Fact

Tunisia has organised a series of engaging meetings between government representatives, civil society organisations and citizens eager to discuss and make decisions about the national health policy.

Why it matters

Finding common ground on health policy issues and ways to make progress will result in a stronger national health system, in line with the aspirations of its citizens. It will substantially improve the health of Tunisian citizens.

Expected results

Communities are empowered, citizens take action and responsibility for health decisions, and the national health policy and plan is responsive to citizens' needs.

In practice

The Tunisian Ministry of Health, with support from WHO's Universal Health Coverage Partnership, have organised two phases of the Societal Dialogue for health system reform. This includes an extensive series of debates and inter-regional meetings.

World Health Organization
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“We need to use the momentum from the pandemic response to achieve lasting gains in health security and accelerate progress towards universal health coverage, strengthening our health systems, and developing resilient communities.”

Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean Region

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World Health Organization

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