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Strengthening primary health care based health systems

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1. Introduction

The year 2008 was a landmark in the renewal of the primary health care movement globally and regionally. The World Health Organization has played a central role in reaffirming its own commitment, as well as in seeking the commitment of its Member States. The year marked the thirtieth anniversary of the historic Declaration of Alma-Ata, which articulated primary health care as a set of guiding values for health development, a set of principles for the organization of health services, and a range of approaches for addressing both priority health needs and the fundamental determinants of health.

Dr Margaret Chan, WHO Director-General, has spearheaded this effort by announcing WHO's renewed commitment to primary health care at the 61st World Health Assembly in May 2008, and has received unequivocal support from all Regional Directors. Primary health care was discussed extensively in all regional committee meetings in 2008 and Member States have committed themselves to the renewal of primary health care through declarations and charters such as the Ouagadougou Declaration in the African Region, Tallinn Charter in the European Region and Doha Declaration in the Eastern Mediterranean Region of the World Health Organization. As well, the theme of the World Health Report 2008 was primary health care.

The conferences are over but the commitments remain, and a collective challenge for Member States and the World Health Organization is to ensure these commitments are incorporated into national policies and programmes that promote primary health care, including the strengthening of health systems.

In October 2008, the 55th Session of the Regional Committee for the Eastern Mediterranean issued a resolution (EM/RC55/R.2) in which it urged countries to commit to the renewal of primary health care as the principal approach for the development of health systems in the Eastern Mediterranean Region. It also requested the Regional Director to continue to support Member States in their efforts to develop well functioning health systems based on primary health care. This report provides a summary of the initiatives undertaken at global and regional levels and the progress made in countries of the Eastern Mediterranean Region since the last session of the Regional Committee. It also proposes directions for future work.

2. Regional and global initiatives

2.1 International Conference on Primary Health Care

An international conference, entitled Qatar Primary Health Care: The Foundation of Health and Wellbeing, was held in Doha on 1–4 November 2008 to celebrate the 30th anniversary of the Alma-Ata Declaration on Primary Health Care. The conference was a collaborative effort of the National Health Authority of Qatar and the WHO Regional Office for the Eastern Mediterranean. The objectives of the conference were to share global and regional experiences on different aspects of primary health care, propose action-oriented recommendations to move forward the primary health care agenda, provide an opportunity to establish formal and informal networks to promote primary health care, and seek the commitment of all Member States through endorsement of the Qatar Declaration on Primary Health Care. The report of the proceeding of the conference has been published for wide circulation among all Member States.

2.2 Qatar Declaration on Primary Health Care

The draft Qatar Declaration was shared with Member States during the 55th Session of the Regional Committee for their comments and feedback. The final draft was endorsed by all countries of the Region on 4 November 2008, the last day of the international conference on primary health care. The Declaration was signed on the occasion by the ministers of health of Qatar, Djibouti and Sudan and the WHO Regional Director for the Eastern Mediterranean, and has

since been signed by ministers of health of all countries of the Region. By way of this Declaration, the Member States have reaffirmed their commitment to achieve better health and wellness of the people of the Region through strengthening of health systems based on primary health care.

2.3 World Health assembly resolution on primary health care including strengthening of health systems

The subject of primary health care was extensively discussed at the 124th meeting of the Executive Board in January 2009. Subsequently, a resolution was issued by Member States during the 62nd World Health Assembly (WHA62.12) held in May 2009. In the resolution, the Health Assembly urges Member States to ensure political commitment to the values and principles of the Declaration of Alma-Ata and strengthen health systems based on the primary health care approach and accelerate action towards universal access to primary health care, while putting people at the centre of health care by adopting delivery models focused on the local and district levels. In the resolution, the Director-General is requested to ensure that WHO reflects the values and principles of the Declaration of Alma-Ata in its work and strengthen the Secretariat's capacities, including capacities of regional and country offices, to support Member States.

2.4 Update on progress made by countries of the Region

Countries of the Region have shown a high level of commitment to the primary health care approach over the past several decades. The Qatar Declaration not only provided an opportunity to reaffirm their commitment to primary health care but also has given impetus to reinforce their efforts. A number of countries in this Region are pursuing different models of service delivery to maximize health outcomes and to increase universal coverage.

Countries of the Gulf Cooperation Council (GCC) organized a meeting in April 2009 to reaffirm their commitment to strengthening health systems based on a primary health care approach. The meeting particularly focused on promoting the family practice model, ensuring accreditation of all primary health care facilities and improving quality and safety of primary health care to further improve the performance of health systems in all GCC countries.

Afghanistan for example, continues to adhere to primary health care through its contracting out approach of a basic package of health services to nongovernmental organizations. The GAVI Alliance's health system strengthening initiative in Afghanistan is supporting the further development of the health system based on the values and principles of primary health care.

Egypt has adopted the family health model as its principal strategy for the promotion of primary health care services in the country. This strategy will continue to be followed in 2009. Almost 1400 health facilities have been upgraded in terms of physical infrastructure, development of family health folders, updating of family health operational manual and accreditation of these upgraded primary health care facilities. In addition, health care providers at the primary health care level have been extensively trained and retrained to assume their new role as family health care providers.

The Ministry of Health and Medical Education in the Islamic Republic of Iran has highlighted the role of family physicians in its 5-year development plan as one of the main strategies to promote primary health care in both rural and urban areas of the country. Upholding the values of social justice and equity, the plan also aims to reduce the out-of-pocket expenditure on health from 60% to 30%. Meetings among health professionals from different institutions including the Ministry of Health and Medical Education, universities and parliament, under WHO's initiative, have critically reviewed and reconfigured the primary health care system to ensure it is able to

consolidate the achievements of the past 30 years and is well prepared to face the sociodemographic and epidemiological challenges of the future.

The ministerial cabinet in Iraq has approved primary health care as the cornerstone to strengthen the health system with full participation of the community. WHO has assisted Iraq in implementing a US\$ 37 million programme for strengthening primary health care during 2004–2008, under which 19 model primary health care districts that provide an essential package of health services, including community-based initiatives, were made functional.

Following the war in Lebanon in July 2006, a renewed interest in primary health care has been seen as a basis for developing the health system. Major interventions to strengthen primary health care include needs assessment of primary health care facilities, introduction of a patient health care information system and Early Warning Alert and Response System (EWARS), expansion of the Reach Every District approach to increase immunization coverage, and organization of workshops for improving the communications skills of primary health care workers.

Morocco organized a major national conference on primary health care in April 2009. This conference was a follow-up of the regional conference held in Doha in November 2008. Some of the key recommendations related to primary health care in Morocco were to: strengthen the decentralization of health services as a means of revitalizing primary health care; develop and continue educational programmes focused on the promotion of primary health care; delineate the role of the private sector in strengthening primary health care; and devise a communication strategy to promote primary health care and its associated reforms.

Primary health care is considered by the Ministry of Health of Oman as the most important element of the health care system. The main achievements related to primary health care in 2008 have been: formulation of a primary health care central committee; organizing the third national primary health care conference in January 2009; integration and implementation of noncommunicable disease clinics in primary health care centres; upgrading primary health care staff knowledge and practice; adding new medicines to the essential primary health care medicine list; improving laboratory services capacity through continuing medical education of technicians; and increasing the number of primary health care facilities, computerized health centres, and health centres with laboratory services.

Pakistan has refocused on primary health care since the publication of the World Health Report 2008 and the Qatar Declaration. WHO, the Federal Ministry of Health and health development partners have agreed to emphasize primary health care in all proposals, projects and policies aimed at strengthening health systems and improving service delivery. This has resulted in a prominent role for primary health care in the new national health policy, in the joint formulation and validation of an essential package of services at the primary health care level, health development partners' coordination on social protection in health, and a shift in funding from global health initiatives towards primary health care strengthening.

The Federal Ministry of Health of Sudan in January 2009 organized a national conference declaring 12 January as a national day for "Partnership for community development to reach MDGs". This was followed in June 2009 by the launch of a training programme for partners on "community development and leadership". In addition, a survey of all primary health care facilities was conducted in the 15 northern states of Sudan in 2008, which is considered critical for the development of a comprehensive plan for the rehabilitation and reconstruction of these facilities. In the area of immunization, Sudan shifted to the use of DTP + hepatitis B and *Haemophilus influenza* b vaccines in 2008 in the states of northern Sudan. A challenge for the country since March 2009, as a result of the expulsion of international nongovernmental

organizations, has been the 40% loss in human resource capacity leaving around 1.5 million people without access to primary health care.

Primary health care is the principal approach adopted by the Syrian Arab Republic to promote family and community health. This approach has had remarkable benefits in terms of better health outcomes. By the end of 2008, the Syrian Arab Republic had developed and extensive network of almost 1800 primary health care centres all over the country.

The commitment of Tunisia to the strategy of primary/basic health care has remained strong in all its five-year development plans. A national health promotion committee submitted a report in February 2009 to the Minister of Public Health and recommended a policy that: tackles social determinants of health based on participation and consensus and multi-sectorality; gives priority to prevention and promotion strategies that are the most cost-effective against chronic diseases and their associated risk factors; and targets priority populations with a focus on outreach work.

The main achievements in Yemen in 2008 in primary health care have been in the area of improving the performance of the priority public health programmes. Particular emphasis was given to immunization, mental health, child health, blindness prevention, nutrition promotion and breastfeeding, school health, HIV/AIDs and sexually transmitted infections, tuberculosis, leprosy elimination, rabies prevention, bilharziasis, epidemic surveillance and response, and the campaign against smoking.

2.5 Technical Working Group on Primary Health Care

A Technical Working Group for Primary Health Care was established in the Regional Office in April 2009. The working group has been engaged in a number of activities.

Development of a strategic plan for promotion of primary health care in the Region

A strategic plan for is being developed that will identify integrated strategies for Regional Office to promote primary health care in the Region, covering the period 2010–2015. The plan will be ready for implementation starting in the next biennium.

Establishment of a network of academic institutions to promote primary health care

In an effort to harness the potential of academic institutions to strengthen national health systems based on primary health care, the Regional Office is helping to establish a regional network of academic institutions to promote primary health care. The first meeting of the network will be held in December 2009.

Development of analytical papers on different aspects of primary health care

Four analytical papers on primary health care will be developed in 2010 covering the following areas: integration of health services in primary health care; intersectoral action for promoting primary health care and tackling social determinants of health; accreditation of primary health care facilities; and choosing the most appropriate primary health care delivery models.

Briefing of WHO regional and country office staff

In an effort to help advocate for primary health care among policy-makers, programme managers and service providers, the Regional Office has initiated an orientation programme for its regional and country office staff for helping Member States promote primary health care.

3. Future directions

Future directions are to adhere to the primary health care approach and follow the four strategic directions proposed in the World Health Report 2008. These are: universal coverage reforms to improve health equity; service delivery reforms to make health systems people centered;

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leadership reforms to make authorities more reliable; and public policy reforms to promote and protect health of communities.

The Qatar Declaration on Primary Health Care provides the commitment of countries while the strategic plan being developed by the Regional Office will be the principal instrument to promote primary health care in the Region and to transform country commitments into action on ground. As committed to in the Qatar Declaration, the demonstration of solidarity among Member States will be essential in order to support one another to achieve universal access to quality and safe health services.