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Progress report on
Strengthening primary health care-based health systems

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1. Introduction

The year 2009 was noted in the Eastern Mediterranean Region for translating into action the renewed commitment to primary health care made regionally and globally in 2008. The regional commitment was manifested through the Qatar Declaration on Primary Health Care, issued in November 2008. By way of this Declaration, Member States 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. The Qatar Declaration was signed by ministers of health of all countries of the Region in 2008/2009 and presented during the 56th Session of the Regional Committee for the Eastern Mediterranean in October 2009.

Globally, Member States expressed their renewed commitment to primary health care by endorsing in the Sixty-second World Health Assembly in May 2009 a resolution (WHA 62.12) on primary health care, including health system strengthening. In the resolution, the Health Assembly urged Member States to ensure political commitment to the values and principles of the Declaration of Alma-Ata and accelerate action towards universal access to primary health care, while putting people at the centre of health care and by adopting delivery models focused on the local and district levels. It also requested the Director-General to ensure that the values and principles of the Declaration of Alma-Ata are reflected at all levels of the work of the Organization.

This report provides a summary of the activities undertaken at regional level and the progress made in countries of the Region since the last session of the Regional Committee.

2. Regional efforts at promoting primary health care

2.1 Technical working group for primary health care

A technical working group for primary health care was established in the Regional Office in April 2009. The working group is unique in that its work is based on contributions from all technical areas, and efforts are made to achieve consensus on major issues. The group has been engaged in a number of activities, most prominently in the development of a strategic plan for promotion of primary health care in the Region and in the establishment of a regional network of academic institutions to promote primary health care.

2.2 Preparation of a strategic plan for technical support to Member States to promote primary health care

The Regional Office has developed a six-year strategic plan (2010–2015) for providing technical support to Member States to promote primary health care. The strategic plan, which is aligned with the target year for achievement of the Millennium Development Goals, acknowledges the efforts of the countries in promoting primary health care and builds on the achievements already made.

The guiding principles of the plan include: intensive technical support to countries with poorly functioning health systems and those in complex emergencies; focus on the disadvantaged, poor and vulnerable segment of the populations; making health services more responsive by empowering the users of the health care system; and addressing health determinants by adopting a comprehensive approach through greater community, public and private participation. The plan has three primary aims:

- Mainstreaming in countries the four areas of primary health care reform (achieving universal coverage, strengthening service delivery, strengthening leadership and health public policy) in policies and programmes for strengthening of national health systems;
- Institutionalization of internal coherence within the WHO Regional Office and country offices for provision of technical assistance on primary health care revival; and

- Enhancement of WHO's visibility and leadership role vis-à-vis other development partners for primary health care revival.

2.3 District health system strengthening initiative

A flagship initiative of the strategic plan is to strengthen district health systems in 10 low-income and middle-income countries of the Region. Through this initiative, the opportunity for South–South collaboration in supporting the development of primary health care based health systems is being explored. One model district in each of the 10 countries will be strengthened based on the values and principles of primary health care, with technical support provided by WHO. The initiative is expected to be implemented in the districts in late 2010.

In one interesting example of South–North collaboration, a group of experts from the Islamic Republic of Iran and from the State of Mississippi in the United States of America have jointly requested WHO support in bringing the benefits of the Iranian experience in developing primary health care programmes to the State of Mississippi.

2.4 Establishment of a network of regional academic institutions

The important role of academic institutions and civil society organizations in promoting primary health care is being increasingly recognized in the Region. In this regard a regional consultative meeting was held in 2009 in which representatives of leading public health institutions and policy-makers participated. The purpose was to: i) promote collaboration among academic institutions in the area of training and capacity building, and research in health and systems and primary health care; ii) increase cooperation among academic institutions and policymakers for improved use of research evidence for decision making; iii) launch a regional network of public health training and research institutions in the Eastern Mediterranean Region; and iv) develop a regional strategy to enhance the role of academic institutions in supporting primary health care based health systems in the Eastern Mediterranean Region.

Work is currently being undertaken to prepare the documentation and rules of business of the institutional network. The network is expected to be formally launched during the 57th Session of the Regional Committee.

3. Update on progress made by Member States

Countries of the Region have continued to demonstrate a high level of commitment to the primary health care approach over the past several decades. The section below provides a brief update of the progress made during 2009 based on the information received from countries.

Countries of the Gulf Cooperation Council (GCC) have remained committed to the primary health care approach. In December 2009, a meeting was facilitated by the Regional Office to agree on a list of selected indicators to monitor the quality of primary health care in these countries. These will be tested in a sample of facilities following which efforts will be made to scale up use of indicators in all GCC countries. Additional efforts have 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 continues to adhere to primary health care through contracting out to nongovernmental organizations a basic package of health services that covers 85% of the population. The package has recently been revised to include mental health and primary eye care. In addition more than 20 000 community health workers have been engaged to provide primary health care services. 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.

The Ministry of Health Bahrain has shown commitment to the Qatar Declaration on Primary Health Care in letter and spirit by organizing a regional conference in May 2010 with the technical support of WHO. The national primary health care strategy 2005–2012 aims at improving the quality and access of health services continues to be implemented. Bahrain is establishing new primary health care facilities and has adopted the family practice approach for promoting primary health care, ensuring integration of communicable and noncommunicable disease programmes and promotion of healthy lifestyles. In addition, the non-state sector is increasingly being engaged and community-oriented training programmes are being developed as part of the primary health care approach.

Egypt has adopted the family health model as its principal strategy for the promotion of primary health care services in the country. By September 2010 almost 1700 health facilities will have been upgraded in terms of physical infrastructure, development of family health folders, updating of family health operational manuals, revision of essential medicines list, upgrading of health workforce and accreditation of these upgraded primary health care facilities.

The Ministry of Health and Medical Education in the Islamic Republic of Iran continues to follow the strategy of family practice, which highlighted 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%. WHO's technical support is aligned to promoting the family practice approach in the urban and rural areas of the country, improving the quality and safety of care and integrating the social determinants of health approach at the community level.

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. The first phase has been completed and the final evaluation has recently been undertaken. The second phase of the Primary Health Care Project is currently being implemented with the technical support of WHO.

The Jordanian health system is based on the principles of primary health care. During 2009, WHO supported activities related to access of displaced Iraqi's to affordable primary health care services; integration of mental health into the primary health care package; integration of chronic disease management guidelines; development of an essential service delivery package to meet the primary health care scope of work; access to essential medicines through facility and household survey and updating criteria for selection of essential medicines; and establishment of an accreditation programme in primary health care.

The Ministry of Health in Lebanon is in the process of updating its strategy for primary health care. This will cover all primary health care facilities in the country, including public and private and those under ministries of health or social affairs. The main elements of the strategy include universal access, accreditation of all primary health care facilities, unified contractual arrangements, referral and continuity of care and reinforcement of the social component in primary health care.

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 in 2009 were: supporting the integration of noncommunicable disease clinics in all primary health care centres; upgrading and improving primary health care staff knowledge and practice with regard to communication, leadership and management; adding new drugs to the essential primary health care drug list; improving laboratory services through continuous medical education of technicians; continuation of series of workshops in communication skills for primary health care doctors and nurses; increasing the percentage of Arabic-speaking staff from 65% in 2005 to 88% in 2009; and increased computerization and number of primary health care facilities.

The main achievements in Yemen in primary health care in 2009 were 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.

4. Future directions

Future directions in primary health care in the Region will focus on the four reform areas 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; 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 will continue to guide the commitment of countries and efforts will be made to implement the six-year strategic plan prepared by the Regional Office. Special effort will be made to mobilize resources to implement the six-year strategic plan. The first initiative will be the establishment of model primary health care districts in 10 countries of the Region.