

Summary report on the

Second round of the on-site training course for regional master trainers on family practice

Al-Yarmouk, Kuwait
24–27 April 2016



World Health
Organization

Regional Office for the Eastern Mediterranean

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1. Introduction

WHO supports the strengthening of health service provision in the Eastern Mediterranean Region through the family practice approach. There is need to develop capacity within ministries of health to implement family practice programmes based on good practices in the Region. In collaboration with the Ministry of Health of Kuwait, the second round of the on-site training course for regional master trainers on family practice was held from 24 to 27 April in Yarmouk primary health care centre, Kuwait. The objectives of the course were:

- to build capacities on how to implement family practice programmes;
- to demonstrate all 13 elements of family practice in a practical way;
- to establish a core group of master trainers for family practice; and
- to develop a draft action plan for scaling up family practice in the target countries.

The course was attended by 15 officials involved in service delivery and implementation of family practice programmes from Lebanon, Iraq, Jordan, Palestine and Tunisia. The participants are expected to become the core master trainers for family practice who will take the lead in rolling out the family practice programmes in countries of the Region. The training was designed in a participatory approach with interactive sessions, case studies, visits to different parts of the centre, panel and group discussions and interviews with staff and clients. A third round of the same training programme will be organized in Yarmouk during November 2016 for the countries that did not have opportunity to participate in the previous two rounds.

An inaugural message from Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, was delivered by Dr Hassan Salah, Technical Officer, Primary and Community Health Care. In his message, Dr Ala Alwan noted that family practice in most countries faced major challenges including inadequate health system infrastructure, partial implementation of essential health services packages, inadequate population registration, lack of client satisfaction, low community perception and insufficient technical capacity to implement family practice programmes. He expressed his gratitude to the Ministry of Health of Kuwait for hosting the two rounds of the training programme and to Yarmouk Health Centre for its readiness to share practical experiences in the implementation of family practice programmes.

The opening session continued with a message from Dr Magda el Katan, Assistant Deputy Minister for Public Health Affairs. The session was attended by Mr Abdulaziz Al-Meshari, Mayor of Yarmouk, and officials from the Ministry of Health.

2. Summary of discussions

During the technical sessions, participants had opportunity to raise questions, answers and share their own experiences. It was emphasized that participants should look at the Yarmouk experience and try to adopt the functions based on their own health system infrastructure, capacities and available resources including health workforce availability.

Countries were requested to come up with a roadmap for rolling out or accelerating implementation of the family practice programme in their countries based on the experience of Yarmouk. Through group work,

participants discussed country challenges related to the 13 elements of family practice, possible solutions and their expectations from WHO.

Most countries face a shortage of family physicians and maldistribution of the health workforce, particularly in remote areas, with no sustained on-the-job training activities and few or no incentives for staff working in underprivileged areas. It was agreed that short training of general practitioners using the 6-month online course that is being finalized in collaboration with the American University of Beirut may respond to the country requirements in the short term.

Low coverage of health insurance schemes affects implementation of the family practice programme. High out-of-pocket health expenditure and no allocation of a specific budget line for family practice are further challenges that were highlighted by the participants. In this regard, countries need support from WHO to promote social health insurance with priority given to poor and underprivileged areas.

Relatively poor quality of care and fragmented implementation of the essential package of health services are other common challenges that need WHO technical support. It was decided that the WHO's regional framework for assessing and improving quality and safety at primary health care level needs to be institutionalized at the country level.

Political commitment and awareness among policy-makers are not up to the level needed to complement an efficient service provision model. Participants asked WHO to advocate for family practice as overarching strategy for service provision. At the same time community awareness about the family practice approach needs to be improved.

Lack of guidelines, tools and instruments for implementing family practice and particularly the referral system in French and Arabic were among common challenges highlighted by the participants. Poor or no collaboration with the private sector on delivery of primary health care services is another important challenge. Countries requested more information about the experience of the Islamic Republic of Iran and other countries where the private sector is a partner in implementing the family practice programme.

3. Action points

Participants proposed a set of actions for WHO in order to scale up implementation of the family practice approach in the Region.

- Send official letters to the ministers of health to encourage them to nominate a pilot district for implementation or scaling up of a family practice programme.
- Establish a network for master trainers in family practice. The network should include participants attending the Yarmouk training and should make use of social media channels to facilitate easy communication.
- Develop and implement a monitoring tool to follow up on family practice implementation at the national level.
- Develop a training manual for on-site training on implementation of family practice programmes. The manual should contain a schedule of the 4-day training, learning objectives, methodology or scenario, additional reading and background materials.
- Revise the third round of the course based on facilitators' feedback.
- Allocate more time in the course agenda for participants to share their experiences regarding different aspects of the catchment area.

- Provide more clarifications and details during course visits to the clinics.
- Finalize and publish the family practice operational guide and assessment tool. Both documents are necessary for implementing family practice and were discussed during the training course with participants and staff of the Yarmouk primary health care centre. The two documents are also needed in Arabic and French.

The image features a large abstract composition of geometric blocks. A teal block occupies the top right and bottom right areas, while grey blocks fill the top left, middle, and bottom left areas. The bottom grey block contains contact information for the WHO Regional Office for the Eastern Mediterranean.

World Health Organization
Regional Office for the Eastern Mediterranean
P.O. Box 7608, Nasr City 11371
Cairo, Egypt
www.emro.who.int