WHO-EM/PHC/163/E

Report on the

# Workshop on capacity-building for health systems towards achieving universal health coverage

Sharm el-Sheikh, Egypt
9–13 December 2013

World Health Organization
Regional Office for the Eastern Mediterranean

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## EXECUTIVE SUMMARY

A capacity-building workshop for Member States was held in Sharm El-Sheikh, Egypt, from 9 to 13 December 2013. The topic was achieving universal health coverage. The workshop targeted health system development staff of ministries of health from 13 countries of the Eastern Mediterranean Region along with selected health system focal points from WHO country offices and other development partners and United Nations agencies engaged in health.

The objectives of the workshop were to:

- comprehend the concept of universal health coverage and how health system strengthening can accelerate progress towards its achievement;
- distinguish among the features of different health system frameworks, the various components of health system building blocks, and the interaction and interrelationships among these;
- understand how the performance of health system as a whole and the various building blocks can be assessed to identify major challenges and define priorities;
- engage in practical learning exercises to understand, analyse, and suggest solutions to real-life health system challenges in support of universal health coverage.

The workshop was designed not only to furnish participants with up-to-date knowledge and skills on health system strengthening but also to encourage debate by engaging participants in reflective analysis of situations in their own countries.

The workshop emphasized the pivotal role of health systems in accelerating progress towards universal health coverage by addressing health system building blocks in a number of technical sessions. The workshop used a case study on developing an integrated roadmap to help participants develop country-specific roadmaps. This was one of the main discussions for the working groups. Participants were asked to work on this case study on a daily basis and present their findings on the last day of the workshop. The workshop was facilitated by WHO staff from headquarters, the Regional Office for the Eastern Mediterranean and country office for Egypt.

During the closing session, Dr Mohammad Assai, Coordinator, Integrated Service Delivery, asked participants to brief the deputy ministers, health directors and WHO representatives on the proceedings of this workshop and to encourage policy-makers to plan for developing national plans of action in moving towards universal health coverage. He added that without strengthening health systems, none of the priority programmes can achieve their objectives. Countries of the Region face different challenges in relation to the six health system building blocks: they have different infrastructure in health care delivery and different levels of budget allocation for health. Using the knowledge gained during this workshop and considering local situations, countries should develop their own solutions towards increasing service coverage and population coverage and designing a feasible system for financial protection of the poor. Dr Assai emphasized the important roles and responsibilities of other

development sectors in health development, and stressed the need for sustained intersectoral collaboration for moving towards universal health coverage.

## 1. INTRODUCTION

A capacity-building workshop for Member States was held in Sharm El-Sheikh, Egypt, from 9 to 13 December 2013. The topic was achieving universal health coverage. The workshop targeted health system development staff of ministries of health from 13 countries of the Eastern Mediterranean Region along with selected health system focal points from WHO country offices and other development partners and United Nations agencies engaged in health.

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The workshop was designed not only to furnish participants with up-to-date knowledge and skills on health system strengthening but also to encourage debate by engaging participants in reflective analysis of situations in their own countries.

The workshop was opened by Dr Sameen Siddiqi, Director, Health System Development, who delivered a message from Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean. In his message Dr Alwan emphasized the importance of there being a common and sound understanding of the conceptual and operational aspects of health system development among national policy-makers, senior and mid-level managers, actors within civil society organizations, and WHO staff. Health system strengthening is one of the five strategic priorities for the work of WHO in the Region. The Regional Director referred to seven priorities for reforming the health system in countries of the Region.

The Regional Director also detailed a number of alarming facts in his message: out of the approximately US$ 125 billion spent on health in the Region in 2011, almost 40% was out-of-pocket spending; national policies and strategies are not regularly updated; eight countries in our Region face a health workforce crisis; there are major gaps in the health information systems in most of the Member States; and although more than 90% of countries have national regulatory authorities, their performance is inadequate, with the focus placed on regulation of medicines only and limited to the public sector.

Dr Alwan referred to the definition of universal health coverage and noted the limited access to a quality essential health services package, especially in underprivileged areas of the Region, and the hospital-oriented health care in many countries as challenges in moving towards universal health coverage. He also mentioned noncommunicable diseases as becoming the major killers in the Region. Responding to the changing burden of disease and the specific needs of an ageing population should be at the heart of all initiatives to reform the health system to move towards universal health coverage. He added that options like home health care merit serious consideration.

Dr Sameen Siddiqi also delivered the keynote address, on the fundamental role of the health system in moving towards universal health coverage. He explained that universal health coverage means providing all people with access to needed health services (including prevention, promotion, treatment and rehabilitation) that are of sufficient quality to be effective. The countries of the Region were categorized into three health system groups based on population, health outcomes, health system performance, and level of health expenditure. Progress towards universal health coverage has been assessed based on these three dimensions across the three groups.

Challenges as well as opportunities can influence progress towards universal health coverage. The key challenges in the Region include: the need for sustained commitment, clear vision and a well laid-out roadmap for universal health coverage; lack of arrangements for financial risk protection for large segments of the population; inadequate provision of needed health services; and weak health information systems that are not prepared to monitor universal health coverage. There are opportunities that need to be seized for accelerating progress such as the global movement in support of universal health coverage; a high commitment among development partners; increasing commitment of national policy-makers in low-income and middle-income countries; and the greater availability of well-tested strategies and robust tools for supporting universal health coverage than has ever been the case in the past.

Dr Siddiqi added that a set of strategies and a roadmap for actions proposed for Member States, WHO and partners to accelerate progress towards universal health coverage was presented in the 60th session of the Regional Committee. The main strategies that were presented were: developing a vision and strategy for advancing progress towards universal health coverage; establishing a multisectoral national taskforce to steer the agenda; advocating for commitment and updating legislation; strengthening the unit responsible for coordinating universal health coverage; generating local evidence and sharing international experiences; monitoring progress; and establishing a regional taskforce of development partners with Member States. He emphasized that the principle of equity and fairness is at the heart of the regional strategy and said that WHO would provide technical support to the Member States in developing national roadmaps aligned with their own priorities and levels of progress.

The workshop was structured into technical sessions that addressed health system building blocks, emphasized the pivotal role of health systems in accelerating progress towards universal health coverage. The workshop also focused on a case study on developing an integrated roadmap to help participants develop country-specific roadmaps. This was one

of the main discussions for the working groups. Participants were asked to work on this case study on a daily basis and to present their findings on the last day of the workshop. The workshop was facilitated by WHO staff from the Regional Office, country office for Egypt and headquarters.

## 2. TECHNICAL SESSIONS

### 2.1 Health governance and the role of the private sector

Dr Abdi Momin, Regional Adviser, Health Policy and Planning, briefly defined governance as the exercise of political, economic and administrative authority in the management of a country's affairs at all levels. The United Nations Development Programme (UNDP) lists 10 principles of good governance: strategic vision; participation; consensus orientation; rule of law; transparency; accountability; responsiveness; equity, effectiveness and efficiency; intelligence and information; and ethics.

A variety of frameworks for assessing governance has been defined by various institutions and organizations. Core governance domains have been defined by WHO as: formulating strategic policy direction; generation of intelligence; ensuring tools for implementation (powers, incentives and sanctions); building coalitions/partnerships; ensuring a correspondence between policy objectives and organizational structure; and ensuring accountability. The six World Bank indicators (voice and accountability; political stability and violence; sound policies; regulatory burden; rule of law; and control of corruption) are commonly used to assess governance. Other tools include the UNDP principles of good governance for measuring governance function and the 11 domains for assessing governance function in health defined by the Pan American Health Organization.

Ministries of health are the stewards of the health sector and are responsible for carrying out the following key governance functions: policy formulation; strategy development and strategic planning; regulating the health system (legislation, regulation, standard setting, enforcement, partnership with the non-state sector, effectiveness and efficiency); accountability and transparency; aligning and coordinating action on health; decentralization; social participation; responsiveness; and intersectoral collaboration.

A major task of ministries of health is to update, access, analyse, and use data to inform policy and for strategy development. They regulate the health sector through initiating the legislative process and safeguarding public health laws. Depending on the government institutional arrangements, they oversee regulatory bodies such as the national health regulatory agency and accreditation bodies. Standard-setting is an essential activity that is mainly related to structures in place, conduct of a process, or measurable outcomes. Accountability and transparency in health are two key functions of governance that ensure greater citizen participation in policy decisions. Accountability helps in detecting, and therefore reducing, waste, misuse and malpractice or negligence. Government leadership in coordinating external aid is vital, and ensures that donor support is effectively aligned with national priorities. The Ministry of Health should regularly carry out mapping of donor agencies and health-supporting nongovernmental organizations to ensure that inputs are

effectively managed. This is particularly essential in countries that largely depend on external assistance. Decentralization is a governance function whose primary aim is to improve efficiency, equity, quality of care, ownership, financial soundness and local accountability. Intersectoral collaboration for health is a major tool in addressing complex health and social issues. It is the cornerstone for addressing inequities in health outcomes through action on the social determinants of health.

Dr Hassan Salah, Technical Officer, Primary Health Care, gave a presentation on private sector challenges and how governments can regulate better. He noted that despite some limitations, a systematic effort has been made to put together the best available information on the private health sector in the Region in order to facilitate a dialogue on the subject and eventually lead to the development of a regional strategy. The private sector includes all formal for-profit and not-for-profit service providers. The focus of the study has largely been on the for-profit private sector in the countries of the Region. Based on the challenges outlined above, the following conclusions and next steps are proposed.

- This is the first systematic effort at exploring the role of the private health sector within the Region. It is essential to assess the potential of the private health sector in meeting the goal of universal health coverage within the countries of the Region.
- The ultimate goal is to increase the role, influence and contribution of the private health sector within the regional health sector agenda.
- Despite the unique nature of the study conducted by the WHO Eastern Mediterranean Regional Office, arguably the first of its kind, this review of the private health sector in all countries of the Region has limitations and information gaps.
- The challenges are related to the private health sector; weak governance and regulation; inequitable financing; duality of workforce; inappropriate and irrational use of technologies; and lack of data on quality of health care, utilization rates and cost of care.
- The private health sector provides a unique opportunity for increased partnership, greater engagement and contribution towards regional public health goals.
- There is a need for systematic, ongoing, country-level private health sector studies which will close information gaps and shed light on the private health sector.

The participants were divided into groups and worked on a scenario related to governance.

The second day started with a recap of Day 1, presented by Ms Maryam Ramezanian from the Islamic Republic of Iran. Ms Ramezanian described universal health coverage in general as well as methods of moving towards universal health coverage through improving health coverage, health services provision and streamlining health expenditure.

Participants were reminded that there is no single solution for all countries in moving towards universal health coverage. Addressing the challenges is important for governments in determining the best way to move towards universal health coverage. She gave a review of the role of government in improving system reform, and noted the six important principles of governance and described how the private sector can be regulated by government.

Ms Ramezanian added that the session initiated a free discussion with key points/questions on better comparison between the private and the public sectors and the advantages and disadvantages of each in managing the health system. She also described how governments can regulate the private sector to successfully achieve universal health coverage. This was followed by a group discussion on a hypothetical case study of the Ministry of Health in a fictitious country, and a presentation by each group. Finally, a documentary about universal health coverage was shown.

## 2.2 Health financing

This session was chaired by Dr M. Assai, Coordinator, Integrated Service Delivery, and started with a presentation by Dr Eduardo Banzon, Regional Adviser, Health Economics and Health Care Financing on health financing, the linchpin for universal health coverage: challenges and options. Dr Banzon highlighted the definition of universal health coverage; health financing reform with an emphasis on collecting, pooling and purchasing; options to increase health financing; reducing out-of-pocket health expenditure; and financing options and principles of purchasing (who to purchase, what to purchase, from where to purchase and how to pay).

This was followed by a presentation on producing evidence for health financing and related reforms: tools and instrumentsp by Dr Awad Mataria, Health Economist, who spoke about world health expenditure (which increased by 0.7 trillion in 2010 compared to 2008); the importance of national health accounts and their usage in policy development; health expenditure boundaries; the System of Health Accounts; and linkages between health care consumption, health service provision and health financing.

In summary, the challenge in moving towards universal health coverage is multidimensional, as are the population coverage and cost coverage that are desired. Given that universal health coverage calls for providing all people with access to needed health services of sufficient quality to be effective while ensuring that the use of these services does not expose the user to financial hardship, a systematic approach is necessary.

Among the health system tools available are health financing reforms that would target increased financing for health; reducing household out-of-pocket payments (these types of payment deter access and drive households to poverty); pooling of prepayment systems to minimize fragmentation and increase the purchasing power of the prepaid funds; and the strategic use of purchasing power utilizing rational selection of the health services covered, contracting and appropriate provider payment mechanisms.

Countries implement health financing reforms through health care financing strategies that usually aim for “prepayment” and pooling through health insurance and/or taxes. Indeed, it is difficult to ensure universal health coverage without making contributions (taxes, insurance premiums) compulsory. Understanding the different health financing options would help countries decide which options to adopt and where to proceed, but whichever option is selected, they must aim for decreasing out-of-pocket payments and increasing prepayments.

Globally, we are seeing a “functional approach” to health financing as countries are recognizing that the source of funds need not determine how money is pooled, how services are purchased, nor how benefits are specified. Countries have moved away from thinking in terms of government-financed or social health insurance “schemes/models”, and are focusing on health financing functions and in “insuring” their population while acknowledging that prepayment financing systems are all essentially similar systems of insurance.

Dr Mataria pointed out that country experiences in regard to health care financing underscore the importance of well-performing systems in fulfilling the financial risk protection goal of the health system. They also contribute to the enhancement of the other health system goals. Health financing gained a prominent role in health system thinking in particular following the publication of the World Health Report 2010. This provided a framework for reforming country health financing systems to move towards universal health coverage by mobilizing more money for health, establishing prepayment arrangements, and getting more health for the money. Reforming a health financing system requires addressing the three health financing functions: collection, pooling and purchasing. This can be done by establishing efficient, equitable and sustainable prepayment arrangements with alternative institutional arrangements. Various tools have been developed to help track progress towards universal health coverage and assess the performance of health financing systems. In this regard, national health accounts represent a powerful tool to track health expenditure. These identify where resources for health come from, who manages the health funds, and how resources for health are being utilized. In addition, the recently developed tool OASIS (Organizational Assessment for Improving and Strengthening Health Financing) is used to identify the bottlenecks impeding the operation of the three health financing functions and to propose options for enhancing their performance.

The session continued with a working group session with participants divided into 4 groups. Two groups discussed “using cost–effectiveness analysis to evaluate targeting strategies: the case of vitamin A supplementation” and two groups worked on a scenario from an African country on national health accounts. This was followed by group presentations and a discussion which highlighted the understanding of the participants of the different health financing concepts and tools.

### 2.3 Health workforce development

This session was chaired by Dr Maha El-Adawy, Technical Adviser, United Nations Population Fund.

Dr Fariba Aldarazi, Acting Coordinator, Health Workforce Development, presented a framework for health workforce development. She then gave a presentation on countries in health workforce crisis and what options are available to solve problems in the three groups of countries of the Region. Dr Aldarazi emphasized that human resources development is a key element in the development process of any country. In health sector development, ensuring the “right people in the right quantity, in the right place, at the right time” is of paramount importance. Human resources development is a complex and often a long-term process, which requires the input of many stakeholders and partners.

The World Health Report 2006 defines human resources for health, or the health workforce, as “all people engaged in actions whose primary intent is to enhance health”. It includes those who promote and preserve health as well as those who diagnose and treat disease. It also includes health management and support workers, i.e. those who help make the health system function but who do not provide health services directly. The health workforce in crisis, as the theme of the 2006 World Health Day and the World health report 2006: working together for health, marked the beginning of a decade (2006–2015) devoted to addressing human resources development. WHO and Member States made commitments to make human resources for health a strategic priority across the globe.

There is a strong correlation between availability of human resources for health and health outcomes. At the heart of every health system, the workforce is central to advancing health. There is evidence in the Region that as the number of nurses and midwives increases, infant and maternal mortality decrease.

Examining the functions of the health system, whether it is governance, resource generation (financial, technological and other resources), or service provision, human resources are at the core; without them, the system cannot deliver what it is supposed to. The conceptual framework for human resources for health (described in the World Health Report 2006), which proposes the “working lifespan” approach to addressing health workforce dynamics, and the Human Resources for Health Action Framework (a tool designed to assist policy-makers and health managers to develop and implement strategies to achieve an effective and sustainable health workforce) were presented during the session.

Transformation of the education system for health professionals is necessary to address the quantity, quality and relevance of health care providers in contributing to population health outcomes. Human resources development is a multidisciplinary, intersectoral, integrated process within a total system. Developing capable, motivated and supported health workers is essential for overcoming bottlenecks in achieving national and global health goals.

This was followed by a discussion and the participants sharing challenges and experiences in regard to health workforce development.

Dr Elsheikh Badr, president of the Academy of Health Sciences, Federal Ministry of Health, Sudan, was the next speaker. He gave a presentation on estimating health workforce requirements using the Workforce Projection Tool. He addressed the need for health workforce planning to ensure that trained and knowledgeable health workers are available to deliver health care services when and where they are needed. The purpose of workforce planning is to determine the most appropriate balance among the mix, distribution and number of health workers. As has been noted, in many countries workforce surpluses or shortages can decrease productivity and efficiency, deplete scarce resources and squander worker capabilities. Training health workers requires a significant investment in time and resources; therefore, restoring balance to a system in which the health workforce supply does not match the demand for health services can be a lengthy process. In this context, health workforce projections can be very useful.

In order to address the demands on the future health workforce, decision-makers must be able to understand and analyse current workforce capacity. Projections provide insight into possible future scenarios, enabling decision-makers to take action today in order to address tomorrow's needs. Nevertheless, planners should remember that projections are only estimations of what is to come and that the process of human resources for health planning should be iterative. To remain useful, projections should be updated regularly to incorporate higher quality data and to reflect developments in population trends and health services utilization. Additionally, historical projections should be compared with outcomes to improve the accuracy of forecasting techniques and models. Finally, although projection models should anticipate health sector developments for 10–30 years into the future, policies based on projections should look no more than three years ahead.

A review of the current literature demonstrates the variety of human resources for health projection approaches available. Although the main unit of analysis in these approaches is the number of health care providers, the method chosen to estimate human resources for health requirements reflects the political and economic choices and he social values of a health system. Since most countries do not have integrated administrative data systems to track training, licensing, deployment and financing of health care across the various sectors, some of the required data sources may not be available. The following are examples:

- needs-based approaches,
- utilization-based approaches,
- health workforce-to-population ratio,
- service target-based approaches,
- adjusted service target-based approaches,
- facilities-based approaches,
- workload indicators of staffing needs.

Choosing a projection approach or forecasting method requires deliberate consideration since the type of model used can have a significant effect on the outcomes and recommendations. Using multiple, complementary, projection approaches may provide insight for planning and decision-making, but may also be unfeasible owing to the amount of time and data required as well as the increased complexity inherent in combining approaches.

Projection approaches should be selected taking into consideration practicality and feasibility, given the data and resource constraints of a particular situation. Useful projection models should address a clearly defined, quantifiable objective or problem. Additionally, models should be flexible enough to respond to new data and updated information. Model choice should also take the available data (or the data to be collected) into consideration. For example, using a sophisticated model that requires a large amount of data may produce inaccurate projections if the available data are unreliable, whereas collecting a smaller amount of less-detailed but more trustworthy data and using a simpler projection model may lead to more accurate results.

The third day started with a recap of Day 2 delivered by Dr Suhir Z. Galgal, Technical Officer, Health System Development, WHO Country Office, Sudan. Dr Galgal used a

participatory technique asking participants to propose one key issue that they had learnt the previous day. These points were then used in the brainstorming of the recap. Dr Galgal stressed how universal health coverage is different from Health for All. Heath financing is an important component of the health system building block, its functions and options. She summarized the other points participants had been briefed on, including health financing, tools and instruments that can be used in national health accounts studies, and the consequences of economic evaluation.

Dr Galgal also noted that the session on health workforce development covered the components of the human resources for health development process, standards of 2.3 health workers/1000 population, global and regional response in health workforce development, and the Human Resources for Health Action Framework. In addition, current challenges, priorities and strategic directions for human resources for health were discussed. The discussion on workload indicators for staffing needs in the health workforce projection model was extremely useful. She added that more investment is needed for improving the human resources for health information system.

### 2.4 Health information systems

This session was chaired by Ms Hilda Harb, Head of the Statistical Department, Ministry of Public Health, Lebanon. The session comprised two presentations, both delivered by Dr Mohamed Ali, Coordinator, Evidence-based Health Situation and Trend Assessment. Dr Ali gave an overview of the health information systems framework and its relevance and requirements in regard to resolutions RC59/R3 and RC60/R8. The core components (indicators, data sources, analytical capacity and dissemination and use) were discussed. Data availability, data quality, analytical capacity and system fragmentations are the main challenges that face all countries. The utilization of information communications technology to enhance data collection, compilation and analysis was also emphasized.

The second presentation, on regional core indicators for monitoring health situation, trends and system performance, focused on the rationale and the process of developing a core list of indicators; presentation of the indicators by type and attributes, and links to other international frameworks; the challenges and gaps in data sources, analysis, dissemination and use; and the need to develop national health observatories for better dissemination and use. A pilot national health observatory was presented as an example for observatories to be developed in the countries of the Region.

The sessions continued with a number of questions and answers on current challenges countries are facing with health information systems and how WHO can support Member States in overcoming gaps. Dr Ali noted that major activities for which WHO can provide technical assistance to the Member States include evidence-building on gaps, challenges and opportunities, assisting in developing national strategies for strengthening health information systems in line with the regional strategy, and outcomes for required interventions at the country level based on existing infrastructure and capacities.

## 2.5 Essential medicines and health technologies

The session was chaired by Dr Mervat Taha, Director General, General Administration of Planning, Ministry of Health and Population, Egypt. Dr Lembit Rägo, Head, Regulation of Medicines and other Health Technologies, Essential Medicines and Health Products, Health Systems and Innovation, joined the workshop via Skype and gave a presentation on strengthening national regulatory authorities for good governance in medicines and health technologies. Dr Rägo referred to the United Nations General Assembly resolution in December 2012 which urged governments to move towards providing all people with access to affordable, safe and quality health care services. He emphasized that regulation and regulators are integral parts of the health systems. A well-functioning health system responds in a balanced way to the needs and expectations of a population by:

- improving the health status of individuals, families and communities;
- defending the population against what threatens its health;
- protecting people against the financial consequences of ill-health;
- enabling (providing) equitable access to people-centred care (including medicines and other regulated health products).

Although the pharmaceutical sector differs in different countries, they all exert efforts to have access to safe, effective, quality, health technologies even though socioeconomic development may differ greatly. Dr Rägo described in detail the regulatory system for access to medicine and highlighted the WHO contribution to the area in the form of tools and guidelines which are already available to Member States.

Dr Rägo also addressed the WHO assessment tool for national regulatory systems for health products. He concluded his presentation by highlighting the following key points.

- Regulators are part of health systems; the era of individual regulators operating in isolation is coming to an end.
- The future is for effective subregional, regional and global regulatory networks based on collaboration and work-sharing.
- There is no alternative to regulatory convergence and harmonization, but priorities may vary in different regions and countries.
- The spectrum of regulatory activities goes from A to Z, but it is likely there are certain activities that, in concrete national settings, give more added value than others.
- The future for (smaller?) regulators is learning from other sectors, e.g. for prioritization, collaboration, work-sharing, outsourcing, etc., where possible and feasible.

The next presentation was on universal health coverage and access to essential medical products and health technologies presented by Dr Marthe Everard, Coordinator, Essential Medicines and Health Technologies, who informed participants that the problems in assuring availability, affordability, quality, and rational use of medical products (medicines, vaccines, medical devices and diagnostics) and health technologies are universal. Access to newly developed medical products and health technologies presents particular political, social, ethical and economic challenges. Governments, nongovernmental organizations and

households in many low-and middle-income countries struggle to secure access to even the most basic essential medical products and health technologies.

Dr Everard added that medical products and health technologies are only two elements in the continuum of care. They are, however, essential elements. Health systems must have the capacity to diagnose and monitor communicable and noncommunicable diseases and other health conditions. Treatment regimens can be complex and side-effects may occur. Proper use of medical products and proper utilization of health technologies require education of doctors, nurses, pharmacists and other health care providers. Improper utilization and use result in incorrect diagnostic outcomes and ineffective treatment. Lapses in treatment owing to patient factors, inadequate funds, supply system failures or other problems lead to the emergence of resistance. Effective treatment also depends on patients being actively involved and well informed about their treatment and on a functioning continuum of care and support.

Access to essential medical products and health technologies is defined as “freedom or ability to obtain or make use of” those medical products and technologies that satisfy the priority health care needs of the population, selected with regard to public health relevance; evidence on efficacy and safety, and comparative cost–effectiveness at a price the individual, community or government can afford. These products and technologies should therefore be available within functioning health systems at all times in adequate amounts, in appropriate dosage forms and designs, with assured quality and adequate information, and dispensed or utilized in a rational way.

Access to essential products and technologies is a critical component of a health sector strategy. Many factors determine the complex issue of access, such as distribution systems, procurement of financing, and prices. Medical products and health technologies are not ordinary commodities: their procurement, storage, inspection, distribution and maintenance need special skills. A balance needs to be found between supply and demand.

Over the years, WHO has addressed “access to essential medical products” based on availability and affordability of essential medical products and “equitable access to essential medical products” by raising the following two questions for “equity”: who pays? and who benefits? This reflects the solidarity principle that health care should be provided according to need and financed according to ability to pay. From a public health perspective, this is a fundamental principle for considering public–private roles. “Who pays?” Contributions should be made according to ability to pay. Therefore the wealthier should contribute more than the poor. “Who benefits?” Those with greater needs should benefit more than the less needy.

WHO evolved further as access to essential medical products did not improve taking into consideration “availability” and “affordability” alone, and raised the following question: “When a person at any level of society is sick and needs medical attention, does that person receive the right medicine at a cost that is affordable for the one who financed it, and was it delivered with assured quality and made available at the appropriate level of the health care system and prescribed and dispensed by adequately-trained health personnel?”

The WHO has formulated a four-part strategy to guide and coordinate action on access to essential medical products and health technologies:

- rational selection and use of medical products and health technologies;
- affordable prices;
- sustainable financing;
- reliable health care, supply, distribution and maintenance systems.

Dr Everard moderated the session on Good Governance for Medicines. She noted that an estimated US$ 6.5 trillion is spent on health services worldwide every year, US$ 880 billion of which make up the global pharmaceutical market. The pharmaceutical sector is one of the sectors that are most vulnerable to unethical practices and corruption: around 10%–25% of global spending on public medicine procurement is lost to such practices.

The WHO Good Governance for Medicines programme was initiated in 2004 and aims to contribute to health systems strengthening; it prevents corruption by promoting good governance in the pharmaceutical sector. Specific objectives include raising awareness on the impact of corruption, increasing transparency and accountability, promoting individual and institutional integrity, and institutionalizing good governance. The programme has a 3-phase model process. Phase I involves a national transparency assessment that follows a WHO-developed instrument to create a report assessing transparency and vulnerability to corruption across many functions within the pharmaceutical sector. Phase II constitutes the development of a national Good Governance for Medicines framework and concludes with the official adoption of the framework. The final phase, Phase III, focuses on the implementation of the framework at the national level, where it is to be integrated into Ministry of Health plans.

Introduced to the Region in 2007, the Good Governance for Medicines programme is well accepted by most Member States, 16 of which have now introduced the programme. Preliminary findings from transparency assessments in these countries identify the promotion of pharmaceutical products as the most vulnerable function in most countries. This is followed by selection, registration, inspection, procurement and distribution in decreasing order of vulnerability. The findings also show a marked deficiency in criteria for selecting services or committee members; guidelines on conflict of interest; formal complaint procedures to report unethical practices; and other important regulatory and legislative aspects.

Dr Adham Ismail, Regional Adviser, Health Technology and Biomedical Devices, spoke next on the topic of health technology assessment. This is a multidisciplinary activity that examines the effect of technologies on available resources, cost and cost–effectiveness, and technical aspects (such as safety and efficacy), as well as other aspects (such as legal and ethical issues). Health technology assessment may address the direct/indirect and intended/unintended consequences of using medicines, vaccines, devices, clinical interventions and other technologies on quality and efficiency of care. The goal of this assessment is to provide information at the macro, meso and micro levels to policy-makers and decision-makers so that they make rational decisions on their technology investments,

prioritize needs on the basis of evidence, and estimate cost–efficacy/effectiveness ratios of new and emerging technologies.

Health technology assessment has emerged as an important tool for supporting the core functions of an effective global health system. Actions by WHO and other global health organizations are necessary to support regional and national initiatives for the advancement of health technology assessment, not only in developed countries but in developing and emerging countries as well. This session introduces the concept of health technology assessment to participants in terms of its structure, target groups, costs and potential uses. It explores different health technology assessment products and their direct impact on leadership, coverage, quality of care and public health policies. Although it is applied mostly in developed countries, this tool is even more required in developing countries, where resources are limited and the need is greater.

The session demonstrated the role that WHO can play in advancing the knowledge and effective uptake of health technology assessment in local settings. In the Region, the Islamic Republic of Iran has had an interesting experience in developing a health technology assessment agency within the national health setting.

The session continued with group work on a case study where participants were asked to decide on health technology in relation to moving towards universal health coverage.

### 2.6 Integrated service delivery

The first part of this session was chaired by Dr Arbi Ali Gomati, Directorate of Health Financing Affairs, Ministry of Public Health, Libya. The first presentation was delivered by Dr Mounir Farag on global health initiatives. He said that global health initiatives address health problems which have a global political and economic impact; they are aimed at improving health and reducing disparities. More than 80 global health initiatives exist; some have been successful, improving resources in low-and middle-income countries and bringing new resources, partners and political commitment. There are still some serious disparities, however: some initiatives attract more resources and have greater influencing factors whereas others are poorly funded.

To address weak/fragile health systems, Global Health Initiatives/Health System Strengthening (GHI/HSS) emerged in 2006. In the Region this is mainly health system strengthening via the GAVI Alliance and the Global Fund to fight AIDS, Tuberculosis and Malaria, supported by the EU/Luxembourg Partnership on universal health coverage and the International Health Partnership (IHP+). After years of experience GAVI declared that unless bottlenecks in the health systems are addressed, the mission was at risk

The Global Fund’s New Funding Model developing the concept note focuses on national health strategies and plans to prevent isolation, fragmentation and duplication. It adopts the IHP+ principles of leadership, inclusiveness, finance predictability and mutual accountability. This kind of support is important for public health programmes strengthening

the different building blocks around one national health policy, strategy and plan towards achieving universal health coverage objectives.

This was followed by a presentation by Dr Denis Porignon, Department of Health Policy, Development and Services, WHO, on the role of policy dialogue in health system strengthening and public health programmes. Dr Porignon explained the importance of having a sound policy and planning process at the national or subnational level. He emphasized the role of a structured, decision-oriented, policy dialogue in conducting these processes at country level as well as within the Ministry of Health. He introduced various examples from countries in the Region, principles for the elaboration of the policies, plans and strategies as well as the criteria used in the joint assessment tool that has been developed to assess the strategies and plans at country level.

The fourth day started with a recap of Day 3 by Dr Mervat Taha, from the Ministry of Health and Population, Egypt.

A workable health information system provides reliable, timely information and evidence for health management, decision-making, monitoring and evaluation. Major challenges faced in most countries include: unavailability of reliable, weak quality of data, poor analytical capacity, poor usage of data in policy-making, and fragmented data collection, analysis and use of data. Dr Taha described the framework of a health information system and the core components. Categories of core indicators are: health determinants (population size, growth rate, fertility rate, risk factors); health outcomes (life expectancy and infant mortality rate); health system response (national health accounts, health workforce, access to medicine).

Strengthening national regulatory authorities for good governance in medicine and health technology and universal health coverage vision is a move towards providing all people with access to affordable, quality health care services. A well-functioning health system responds in a balanced way to population needs and expectations, improves health status, defends the population against threats, protects the population against catastrophic health expenditure, and enables equitable access.

Regulatory system and access to medicine for good decision-making practice, harmonizing of the technical requirement, applicable modern laws and good governance in public sector transparency and accountability.

Factors influencing the use of medicines include: treatment choice, social and economic factors, level of supervision and monitoring, workload and existing infrastructure, available information system.

The Good Governance for Medicines programme has three phases: national transparency, development and implementation

Health technology assessment covers what is expected from medical technologies (safety, effectiveness, affordability, availability, appropriateness, accessibility, and quality).

Participants were also reminded of the importance of health policy structure and specification and of developing a sound national health strategy and policy.

The second part of the session on integrated service delivery was moderated and chaired by Dr Henk Bekedam, WHO Representative, Egypt.

Dr Mohammad Assai gave a presentation on health service provision: integrated service delivery. This addressed the main challenges in moving towards universal coverage from the service delivery perspective in the three groups of countries. The major and common challenges facing the three groups of the countries are: fragmented infrastructure, low quality of care, lack of skilled human resources, lack of trust between the community and the public health sector, continuity of care, access to care, and utilization of available services. A set of matrices comparing the health infrastructures, workforce indicators, essential primary health care coverage indicators in the 3 groups of countries were also presented. Dr Assai also discussed with the participants the rationale for integrated service delivery and why primary health care reform is needed based on the World health report 2008: primary health care (now more than ever). He also covered the three dimensions of universal health coverage as portrayed in that report. The characteristics and elements of the family practice model were among the main points that the presentation focused on, highlighting the progress of family practice implementation in selected countries of the Region. Dr Assai also discussed how to move towards universal health coverage through outreach services such as community health workers and home health care for the elderly. The presentation ended with a discussion on future strategic directions and the following key messages:

- reforming the entire health system in a manner that would ensure access to quality, comprehensive, people oriented and affordable primary health care services;
- universal health coverage unlikely to be achieved while service quality remains poor;
- family practice as a comprehensive approach that can provide access to comprehensive, quality and people-centred primary health care;
- enhancing community health workers, outreach teams and home health care are strategies that can reduce the costs of health care and lower access barriers related to culture and distance.

The session continued with a presentation on family practice by Dr Denis G. Porignon, health policy expert from WHO headquarters, who talked about the scope of family practice using the primary health care strategy and universal health coverage as a context for implementation. He considers family practice along with the strengthening of primary health care acts as the hub for all levels of services. The presentation demonstrated some characteristics of good quality primary care and family medicine as well as the principles and conditions for developing sound family medicine practice in the countries. Finally, the requirements in terms of training of health professionals for the development of family practice in countries were listed.

The role of the hospital in today’s health system was the topic of the next presentation, delivered by Dr Mounir Farag, Acting Regional Adviser, Hospital Care and Management. He said that in the coming decade, the role of hospitals will need to be redefined as health

systems adapt to changes in disease burden, population dynamics, and governance and funding mechanisms. WHO and other international actors in the health field are facing intensified demand from Member States for support in this area. Hospital assessments from the three groups of countries in the Region can be used to initiate a review of the place, role and function of hospitals within changing health systems, to support all Member States in the challenging process of remodelling their hospitals appropriately and building capacity to support hospital sector reform. The following list gives some guiding points to consider to enable hospitals to define and fulfil their role in today's health systems:

- clarifying the role and function of hospitals in the health system,
- political dimensions and expectations towards hospitals,
- hospital isolation in the face of blurring demarcations,
- linkage between hospitals and other levels of the health system,
- cost and benefit of technological progress,
- data to measure hospital performance in relation to population outcomes,
- universal coverage and accessibility,
- hospital financing within overall health spending,
- hospital governance and autonomy,
- the legal framework within which hospitals operate,
- human resources,
- involvement of private hospital actors,
- hospitals in a global health marketplace,
- hospitals and the wider economy,
- interest by donors and partners.

For each of these points there are a number of questions to be assessed and answered. Dr Farag concluded that during the next biennium a set of activities is planned to assist Member States in strengthening hospital management such as: continuing in-depth hospital performance assessments within the concept of integrated service delivery and improve hospital management and hospital strategy to increase equitable access to comprehensive, quality, efficient, effective, affordable primary health care and hospital services.

A presentation on quality and safety in health care was given by Dr Mondher Letaief, Technical Officer, Quality and Safety. Quality and patient safety are two critical issues that face health systems worldwide. Even In high-income countries, where health systems are well developed and resourced, there is clear evidence that quality and safety remain serious concerns. Expected outcomes are not predictably achieved and there are wide variations in standards of health care delivery within and between health care systems, particularly in low-income countries. From a system-based perspective, quality and safety (along with access and coverage) are mediators that ensure the achievement of better health outcomes.

Quality of care includes several dimensions such as equity, effectiveness, patient centeredness, appropriateness, acceptability and safety. Safety is a core dimension of quality and refers to freedom from accidental injury due to patient care management and not to any complications from the course of the disease. Principles and strategies for patient safety were further detailed during the session.

Quality improvement means any process or tool aimed at reducing the quality gap in systemic and organizational functions according to the dimensions of quality. The basic principles of quality improvement are: customer focus, strong leadership, involvement of people, process approach, a systematic approach to management, continual improvement, and a factual approach to decision-making. The dimensions of quality interventions include: leadership, information, patient and population engagement, regulation and standards, organizational capacity, and models of care.

During this session, an overview of basic principles related to quality and safety principles and approaches were discussed. This continued with an open discussion on challenges and barriers to the integration of quality and safety interventions as well as recommendations for promoting the wider implementation of quality and safety management approaches.

Health system performance assessment was the last presentation of Day 4, given by Dr Henk Bekedam. Health system performance assessment is assessing the achievements of the health system towards its goals by measuring outcomes (health, social and financial risk protection, increased responsiveness, efficiency and equity). Health system assessment provides evidence to policy-makers for developing more-effective strategies covering the six building blocks: health system financing, human workforce development, service delivery options, improved health information system, strengthening governance, fair and equity-based distribution of resources and required rules and regulations to move towards universal health coverage. Health system performance assessment must address access, coverage, quality and safety of care.

The health system performance assessment also provides information about achievements of national targets and the state of implementation of various health programmes at the service delivery point. The assessment also provides information on the strengths and weaknesses of the health system management at district, provincial and national levels.

Dr Bekedam listed the following methodologies for collecting data for health system assessment:

- existing reports (desk review),
- observation (field visits),
- qualitative methods for data collection:
- focus group discussion with health care providers and clients,
- interview with managers/policy-makers,
- rapid survey (if needed).

Dr Bekedam ended his presentation by elaborating the steps to assess health system performance:

- selection of a core team; agree on the list of indicators; list of available sources of information; preparation of sample size and data collection instruments as needed;

- distribution of tasks;
- training data collectors;
- data collection and analysis;
- report writing and developing recommendations;
- data dissemination with the expert team and policy-makers;
- developing a roadmap and future steps with defined responsibilities, timeline, expected outcomes and monitoring indicators.

On the fifth day Dr Suleiman gave a recap of Day 4 by presenting a brief on each session related to integrated service delivery. On service provision he highlighted the importance of primary health cares and why countries should move towards strengthening it, the need for strengthening access to comprehensive and quality health care in an affordable manner and ensuring people-centred care, community engagement and sustained intersectoral collaboration for health development. The sessions on Day 4 underlined the importance of identifying challenges in health care delivery in different groups of the countries in the Region. The means for strengthening health care delivery is specific/individual to each country. Dr Suleiman stressed the importance of community health workers, outreach teams and the delivery of an essential package of health services through multi-professional health workers.

On health care delivery based on the family practice approach, Dr Suleiman noted that policies, financing, relationships, education, quality improvement, professional associations, and research are among the key characteristics and conditions for optimal family practice. The doctor–patient relationship, a community-based family practice approach and a defined population are major underlying principles for family medicine. He said there is a need to reorient medical education towards a holistic approach family medicine.

Dr Suleiman elaborated on some of the challenges facing hospital management. Developing government policies, plans, organization, coordination, data reliability, ensuing accessibility, financing, using appropriate technologies and qualified human resources for hospital management are among major areas that countries need to adopt to improve hospital management.

On quality and safety he addressed the domains of quality: safety, effectiveness, efficiency, timeliness, equity and patient centeredness. He also mentioned quality improvement approaches and tools and systematic thinking for principles and safety.

On health system performance, he elaborated on the available tools and key indicators that should be considered in assessment. He mentioned that all countries must build on existing evidence and experiences and adjust the framework based on their needs and invest more in primary health care. He underlined the need for sustainable political commitment and the economic benefits of working on universal health coverage consistent with a human rights approach. The important thing was to get started; to cover all populations, with the focus on rural areas; to take advantage of funding opportunities; to set up a performance framework; and to monitor regularly, supported by generating evidence.

## 3. GROUP WORK: CASE STUDY ON UNIVERSAL HEALTH COVERAGE

This session was chaired by Dr M. Assai, Coordinator, Integrated Service Delivery. thethree working groups presented the results of their week-long discussion.

The strategies and roadmap proposed by Group 2 for progressing towards universal health coverage are shown below.

Strategy 1: Health financing policy (finance reform)

- mobilize resources for health
- increase prepayment (expand health insurance, define benefits package, improve management)
- establish efficient payment mechanism (strategic purchasing)

Strategy 2: Improve access to quality health service

- expand population coverage focusing on under-serviced and poor population
- revise and implement feasible integrated primary health care service package
- strengthen management capacity of health management teams
- identify service package for hospitals and improve management system
- adopt quality programme for hospitals
- update and implement the n essential medicines and encourage rational use

Strategy 3: Regulating private sector

- setting standards and licensing system
- performance monitoring

Strategy 4: Human resource development

- improve capacities of training institutions
- accreditation

Strategy 5: Strengthening information system

- define indicators
- build capacity in collection and analysis for both public and private sectors

## 4. CLOSING SESSION

Dr Assai expressed his appreciation for the active participation of all participants. He asked participants to brief the deputy ministers, directors of health and WHO Representatives on the proceedings of this workshop and try their best to encourage policy-makers to develop national plan of action in moving towards universal health coverage. Without strengthening the health system, none of the priority programmes can achieve their objectives. Countries of the Region face different challenges in relation to health systems, having different

infrastructures for health care delivery and allocation of budget and because health is different from one to another country. Using the knowledge gained during this workshop and considering the local situation, countries are urged to develop their own solution to increase service coverage, and population coverage, and to design a feasible system for financial protection of the poor. Dr Assai emphasized the roles and responsibilities of other development sectors in health development and emphasized the need for sustained intersectoral collaboration for moving towards universal health coverage. Participants expressed satisfaction with the results of the workshop and requested that WHO support conducting similar capacity-development workshops at the national level.

## Annex 1

## PROGRAMME

**Monday, 9 December 2013**

| | |
|---|---|
| 08:30 – 09:00 | Registration and pre-test |
| 09:00 – 09:20 | Regional Director's opening message, delivered by Dr Sameen Siddiqi |
| 09:20 – 09:30 | Objectives and expected outcomes/Dr Hassan Salah, WHO/EMRO |
| 09:30 – 09:40 | Introduction of participants |
| 09:40 – 10:10 | Moving towards universal health coverage: fundamental role of the health system/Dr Sameen Siddiqi, Director Health System Development |
| 10:10 – 10:40 | Discussion<br>Technical Session One: Health governance, role of the private sector<br>Moderator: Dr Sameen Siddiqi, Director Health System Development, WHO/EMRO |
| 11:00 – 11:20 | Role of governance in improving health system performance<br>Concept and principles<br>Functions/Dr Abdi Momin, Regional Adviser, Health Policy and Planning |
| 11:20 – 12:00 | Discussion |
| 12:00 – 12:20 | Private sector: what are the challenges and how can governments regulate better?/Dr Hassan Salah, TO/PHC |
| 12:20 – 13:00 | Discussion on private sector |
| 14:00 – 15:00 | Governance case study: focus on organizational structure/functions of MOH and key governance functions/Moderated by: Dr Sameen Siddiqi and Dr Abdi Momin |
| 15:00 – 16:00 | Group presentation and discussion |
| 16:00 – 16:05 | Introduction to the country case study on universal health coverage/Dr Hassan Salah |

**Tuesday, 10 December 2013**

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|---|---|
| 08: 30 – 08:35 | Recap of day 1<br>Technical session two: Health financing<br>Moderator: Dr Mohammad Assai, Coordinator, Integrated Service Delivery |
| 08:35 – 08:55 | Health financing, the linchpin for universal health coverage: challenges and options/Dr Eduardo P. Banzon, Regional Adviser, Health Economics and Health Care Financing |
| 08:55 – 09:25 | Discussion |
| 09:25 – 09:45 | Producing evidence for health financing and related reforms: tools and instruments/Dr Awad Mataria, Technical Officer, Health Economics and Health Care Financing |

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| 09:45 – 10:30 | Discussion |
| 11:00 – 11:10 | Introduction to the group work/Dr Awad Mataria |
| 11:10 – 12:30 | Group exercise:<br>Presenting NHA findings to inform policy-makers<br>Presenting options based on CEA to inform policymakers |
| 12:30 – 13:00 | Group presentation and discussion<br>Technical session three: Health workforce development<br>Moderator: Dr Maha El-Adawy, Technical Office, United Nations Population Fund |
| 14:00 – 14:20 | Framework for health workforce development/Dr Fariba Aldarazi, Acting Coordinator, Health Workforce Development |
| 14:20 – 14:45 | Discussion |
| 14:45 – 15:05 | Countries in workforce crisis: What are the options at hand?/Dr Fariba Aldarazi |
| 15:05 – 15:30 | Discussion |
| 16:00 – 16:20 | Estimating health workforce requirements using the Workforce Projection Tool/Dr Elsheikh Elsiddig Badr, President, Academy of Health Sciences, Federal Ministry of Health, Sudan |
| 16:20 – 17:00 | Group exercise: Workload estimation in health facilities (workload indicators of staffing needs)/Facilitator: Dr Elsheikh Badr |

**Wednesday, 11 December 2013**

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|---|---|
| 08:30 – 08:35 | Recap of Day 2<br>Technical Session Four: Health information system<br>Moderator: Ms Hilda Harb, Head of Statistical Department, Ministry of Public Health, Lebanon |
| 08:35 – 08:55 | Health information systems: defining scope and enhancing use for better decisions/Dr Jan Ties Boerma, Director, Health Statistics and Informatics, Innovation, Information, Evidence and Research, WHO/HQ |
| 08:55 – 09:30 | Discussion |
| 09:30 – 09:50 | Information and accountability in monitoring and evaluation of national health strategy<br>Dr Mohamed Ali, Coordinator, Health Information Systems |
| 09:50 – 10:30 | Discussion<br>Technical Session Five: Essential medicines and health technologies<br>Moderator: Dr Mervat Taha, Director, Administration of Planning, Ministry of Health and Population, Egypt |
| 11:00 – 11:20 | Strengthening national regulatory authorities for good governance in medicines and health technologies/Dr Lembit Rägo, Coordinator, Quality Assurance and Safety: Medicines/HQ (through Skype) |
| 11:20 – 11:30 | Access to essential medicines and health technologies in achieving universal health coverage<br>Dr Marthe Everard, Coordinator, Essential Medicines and Health |
| 11:30 – 11:40 | Good Governance for Medicines/Dr Marthe Everard |

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|---|---|
| 11:40 – 12:00 | Health technology assessment: impact on quality and efficiency of health systems/Dr Adham Ismail, Regional Adviser, Health Technology and Biomedical Devices |
| 12:00 – 13:00 | Discussion |
| 14:00 – 14:20 | Case study: introduction to decision-making in health technologies with relevance to universal health coverage/Dr Adham Ismail |
| 14:20 – 14:50 | Discussion |
| | Technical Session Six: Integrated service delivery<br>Moderator: Dr Arbi Ali Gomati, Directorate of Health Financing Affairs, Ministry of Public Health, Libya |
| 14:50 – 15:10 | Global Health Initiatives: Why are Global Health Initiatives important to public health programmes?/Dr Mounir Farag, Acting Regional Adviser, Hospital Care and Management |
| 15:10 – 15:30 | The role of policy dialogue in health system strengthening and public health programmes/Dr Denis G. Porignon, Technical Officer, Health Policy, Development and Services, WHO/HQ |
| 15:30 – 16:30 | Discussion |

**Thursday, 12 December 2013**

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| | Session Six (continued)<br>Moderator: Dr Henk Jan Bekedam, WHO Representative, Egypt |
| 08:30 – 08:35 | Recap of Day 3 |
| 08:35 – 08:55 | Health service provision: integrated service delivery/Dr Mohammad Assai |
| 08:55 – 09:15 | Service delivery through family practice: a serious option to consider/Dr Denis G. Porignon |
| 09:15 – 09:35 | Hospital care: roles of hospitals in today’s health system/Dr Mounir Farag |
| 09:35 – 10:30 | Discussion |
| 11:00 – 11:20 | Quality and safety in health care/Dr Mondher Letaief, Technical Officer, Quality and Safety |
| 11:20 – 12:00 | Health system performance assessment/Dr Henk Jan Bekedam, WHO Representative, Egypt |
| 12:00 – 13:00 | Discussion |
| 14:00 – 17:00 | Group work: country case study on universal health coverage |
| 17:00 – 17:20 | Post-test and evaluation |

**Friday, 13 December 2013**

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|---|---|
| | Moderator: Dr Mohammad Assai, Coordinator, Integrated Service Delivery, WHO/EMRO |
| 08:30 – 08:35 | Recap of Day 4 |
| 08:35 – 10:30 | Group presentations: country case study on universal health coverage and discussion |
| 11:00 – 12:00 | Concluding session/Dr Mohammad Assai |

**Annex 2**

## LIST OF PARTICIPANTS

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