
Progress report on scaling up family practice: progressing towards universal health coverage

Introduction

1. In May 2016, the Sixty-ninth World Health Assembly adopted a framework on strengthening integrated, people-centred health services in resolution WHA69.24. The resolution urged Member States to implement the framework, as appropriate, and make health care systems more responsive to people's needs.
2. This was followed in October 2016 by the adoption of resolution EM/RC63/R.2 on scaling up family practice: progressing towards universal health coverage, at the 63rd session of the Regional Committee for the Eastern Mediterranean. In the resolution, the Committee urged Member States to incorporate the family practice approach into primary health care services as an overarching strategy to advance towards universal health coverage.
3. This report summarizes progress in implementing resolution EM/RC63/R.2 in the Region.

Progress achieved since 2016

4. To raise awareness among policy-makers and provide evidence-based information on family practice in the Region, WHO has developed a number of resource materials including training manuals, operational guides, country profiles and advocacy videos. A range of activities have also been undertaken to scale up the family practice workforce and improve the quality of primary health care. The following is a summary of the main achievements.
5. Over the years, WHO has supported several initiatives to improve health financing and service delivery in the Region. The recent development of a "priority benefits package" for universal health coverage is an important step towards ensuring access to health care for all. The proposed priority benefits package consists of a core set of individual and population-based health services, available to all – and of good quality – through appropriate service delivery platforms and adequate prepayment mechanisms to advance universal health coverage. Building on these efforts, a consultative meeting was organized in September 2017 on what to purchase/provide for universal health coverage: designing, financing and delivering health service packages. Global experts, senior and mid-level policy-makers and health practitioners from 18 Member States discussed what would constitute a priority benefits package for countries of the Region. Seven countries (Afghanistan, Egypt, Islamic Republic of Iran, Jordan, Lebanon, Morocco and Pakistan) are now being supported to develop country-specific priority benefits packages, after a follow-up meeting in Islamabad, Pakistan, in August 2018.
6. To scale up the family practice workforce and help overcome a shortage of family physicians in the Region, WHO has developed a six-month online course in collaboration with the American University of Beirut, Lebanon, to orient and train general practitioners in family medicine. This course is not a replacement for the full training of family physicians, but can facilitate transitional approaches and serve as an interim arrangement. In addition, WHO is providing training of trainers in the online course for currently practicing family physicians. This initiative aims to train master trainers from interested countries in using the online course, show them how to adapt the modules based on individual country needs, and prepare them for their future facilitation, coaching and moderating role. Four countries (Egypt, Iraq, Jordan and Saudi Arabia) have completed their training of trainers, and Kuwait is planning to undertake the training in 2018.
7. In collaboration with the Ministry of Health, Kuwait, WHO has organized three rounds of on-site training in family practice for regional master trainers through Yarmouk Primary Healthcare Center. The objectives of the hands-on training are to demonstrate how all elements of a family practice programme can

be implemented at the primary health care facility level, and to identify challenges, opportunities, priorities and key actions in rolling out family practice in countries. Focal persons from 13 Member States (Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestine, Saudi Arabia, Sudan, Tunisia and United Arab Emirates) have received practical experience in step-by-step implementation of a family practice programme and have developed national road maps to scale up family practice.

8. An advisory group of family practice experts was established in December 2017 to provide strategic advice on scaling up family practice to help countries accelerate progress towards universal health coverage. The main functions of the advisory group are to provide high-level technical guidance on WHO's online training of general practitioners in family medicine, to share global and regional best practices related to family practice, and to recommend how such practices can be adapted to country contexts.

9. A number of countries have taken practical steps towards establishing the WHO quality indicators for primary health care as a routine instrument for measuring service quality and effectiveness. Examples include: establishment of national committees for implementation of the quality indicators; local adaptation and translation of the indicators; and integration of the indicators in monitoring and evaluation of priority areas (such as maternal and newborn health and noncommunicable diseases).

10. WHO is collaborating with the World Organization of Family Doctors (WONCA) to publish *Family practice in the Eastern Mediterranean Region: universal health coverage and quality primary care*, a new book directed at policy-makers, health professionals, health educators and health students. It examines ways to improve primary care in high-, middle- and low-income countries, and in countries experiencing emergencies. As well as detailed country studies, there are chapters on key family practice issues including online training for general practitioners, quality of care, health workforce and service delivery.

11. Effective engagement with the private health sector for service delivery through the family practice approach is key to achieving universal health coverage. The importance of partnership with the private health sector is increasingly acknowledged by health ministries, and policies for engaging with the private sector are evolving across the Region. The Regional Committee, at its 64th session in October 2017, recognized the critical role of the private health sector in advancing universal health coverage. The Committee adopted resolution EM/RC64/R.1, which requested the Regional Director to develop a regional framework for action on advancing the role of the private health sector in the move towards universal health coverage. This framework will be presented to the Regional Committee at its 65th session in October 2018.

12. WHO is conducting an in-depth assessment of the private health sector in the 22 countries of the Region. The regional assessment has two main objectives: identifying opportunities and challenges related to engagement of the private health sector in service delivery; and developing strategic action plans for effective partnership towards achieving universal health coverage. Fact sheets on the private health sector in 17 countries, including regulations, workforce and financing, have been developed and shared with Member States. In 2017, the document *Analysis of the private health sector in countries of the Eastern Mediterranean: exploring unfamiliar territory* was updated. The update shows the most recent data relating to financing, service provision, health workforce, medical and allied institutions, medicines, governance, accreditation, and the quality and safety of private health care facilities in countries of the Region.

Main challenges

13. There is growing political commitment among countries of the Region to adopt the family practice approach to improve service provision. Despite that commitment, family practice faces major challenges in most Member States including inadequate health facilities infrastructure, low community awareness and insufficient technical capacity for expansion. A shortage of qualified family physicians means that 93% of health facilities are managed by physicians with no postgraduate training, leading to the poor image of public sector health services and contributing to their underutilization. The quality and efficiency of services are further impaired by the lack of functioning referral systems and hospital networks.

14. There are significant challenges to ensuring effective participation and contribution of the private sector towards the achievement of public health goals. The private health sector is very active in delivering both ambulatory care and hospital services in the Region. More than 60% of health services in the three countries with the highest populations – Egypt, Islamic Republic of Iran and Pakistan – are provided by the private health sector. This needs to be taken into account in the development of strategies to strengthen primary health care and introduce family practice. The private health sector has grown with minimal policy direction, however, and is rarely addressed in governments' health sector planning processes. In many countries, the private sector has emerged as a consequence of inadequate and underperforming public sector health services.

Opportunities and the way forward

15. On the 40th anniversary of the Declaration of Alma-Ata, at the Global Conference on Primary Health Care on 25–26 October 2018, the world will come together to renew a commitment to strengthening primary health care to achieve universal health coverage and the Sustainable Development Goals. That commitment will be expressed in a new Declaration. The 40th anniversary conference will emphasize the need to modernize primary health care and address current and future challenges in health systems, while maintaining the core values and principles represented in the original Alma-Ata Declaration in 1978.

16. WHO recognizes family practice as a strategic priority for strengthening health systems. The road map for WHO's work in the Eastern Mediterranean Region 2017–2021 commits to developing a replicable model for an integrated district health system (IDHS) based on the family practice approach. The IDHS initiative will make district health authorities responsible and accountable for managing service delivery at the district level. Port Said Governorate, Egypt, will be the first site to implement IDHS based on family practice. This initiative will be expanded to selected districts in Jordan, Lebanon, Morocco, Pakistan and Sudan.

17. The 65th session of the Regional Committee will include a panel discussion on the 40th anniversary of the Alma-Ata Declaration on primary health care. The panel will present evidence-based information to Member States on the role of primary health care/family practice in universal health coverage.