

Division of Health Systems and Services Development

Biennial Report
2006–2007



**World Health
Organization**

Regional Office for the Eastern Mediterranean

Division of Health Systems and Services Development

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Message from the Regional Director

In the name of God, the Compassionate, the Merciful

Improved performance of health systems is being recognized across the globe as critical to achieving better health outcomes. Equally, the importance of well-performing health systems based on the values of primary health care, such as equity and social justice, patient centredness, community participation and intersectoral action is assuming universal acceptance. This approach has been the cornerstone of the efforts of the Regional Office for the Eastern Mediterranean to support its Member States and is the guiding principle of the work of the Division of Health Systems and Services Development.

Health systems in countries of the Eastern Mediterranean Region vary widely. In the least developed and low-income countries, health systems are weak as a result of insufficient infrastructure, inadequate facilities, shortage of properly trained health personnel, lack of clear-cut policies and poor outreach and management. In middle-income countries with resource constraints, a reasonable infrastructure exists with an acceptable workforce; however, there are shortcomings in quality of care and weak referral systems, ineffective decentralization and management, inequitable systems for health financing and an unregulated private health sector. In high-income countries, the coverage by health services is adequate, however, many of these countries rely on an external workforce for the provision of health services. A particular challenge in the Eastern Mediterranean Region relates to the countries in complex emergencies with disrupted health systems.

I am pleased to note that the Division of Health Systems and Services Development has adopted a comprehensive approach to strengthening the various building blocks of health systems—governance, financing, health workforce, technologies, information and service provision. The initiatives taken to generate evidence on health systems, develop the capacity of policy-makers and managers, provide technical assistance and policy advice, undertake in-depth reviews of national health systems, establish the health system and health workforce observatories, and to increasingly engage with priority public health programmes are commendable. I also appreciate the Division's effort to promote intersectoral action for health as a strategy for tackling the wider social determinants of health as part of strengthening health systems based on primary health care.

This is the Division's second biennial report, which provides an overview of the main activities undertaken during 2006–2007 by the Division of Health Systems and Services Development at the WHO Regional Office for the Eastern Mediterranean. I hope that this report will provide Member States, development partners, staff within the Organization and all other stakeholders with an update on the challenges faced and the achievements made towards the development of health systems in countries of the Region.

I encourage all countries to seek the support of the Division of Health Systems and Services Development in the process of reforming their health systems.



A handwritten signature in black ink, appearing to read 'H. Gezairy'.

Dr Hussein A. Gezairy
MD FRCS

Regional Director
for the Eastern
Mediterranean

Overview of the work of the Division

The publication of the divisional report for the biennial exercise 2006–2007 offers a good opportunity to assess what has been achieved, to highlight the challenges facing health system strengthening and to forecast future developments based on new opportunities and expectations of Member States.

As can be seen from the report, all technical units have strived to achieve regional and global expected results, through technical cooperation with countries and contributions to the normative work of WHO in health system strengthening. The in-depth reviews of health systems, carried out in close collaboration with Member States and other development partners, have paved the way for a well-designed agenda for policy reforms and for improving the implementation of various health system functions and building blocks. A national health development agenda was important in preparing and developing Country Cooperation Strategies and in leading policy dialogue at country level.

Member States are becoming aware of the importance of investing in health system strengthening in order to better achieve health system goals and in improving health system performance. Technical support was provided to countries to better manage the development of human resources as human resources represent a major input in health systems. Some countries have embarked on developing their human resource observatories, as part on national health system observatories, to address the major shortcomings in human resource planning, production, distribution, management and monitoring and evaluation.

Based on the evidence generated through national health accounts and research activities on equity, sustainable and equitable health care financing policies through prepayment schemes, including community-based, social and private health insurance, were promoted. WHO's response has been coordinated as part of the international consortium on social health protection together with the International Labour Organization (ILO), GTZ and some European countries. Efforts are being made to strengthen training and research in health policy and health economics through partnership with academic institutions in the Region.

Technical support was provided to countries in improving service delivery through innovative models based on primary health care and in promoting patient safety and security in health care facilities. Accreditation of health facilities and training institutions was further developed, building on successful experiences in some countries. Standard operating procedures will be improved and training is planned to capacitate health facility managers involved in quality assurance and improvement.

In view of the importance of health and biomedical technology in health system strengthening, technical support has focused on improving access and on making rational use of technology, including medicines and medical devices. Research was carried out on medicine pricing in order to assess the issues related to financial affordability and to identify areas of support in the field of governance. National regulatory authorities dealing with medicines, vaccines and blood products are on the technical support agenda. A particular focus is being made on vaccine-producing countries in line with the regional strategy on self-reliance and self-sufficiency in vaccine production. Laboratory and blood transfusion networks are being supported in order to promote quality and to improve access to secure life-saving blood products.

Information support to health system strengthening activities is of paramount importance and countries are assisted in improving their routine information systems while increasing use of population-



based surveys. Training on International Classifications of Diseases (ICD-10) and functions is being promoted and partnership is being developed to strengthen national information systems. Health system research is being further developed and countries are advised to make use of the evidence generated in planning and management and in developing appropriate policies and strategies.

A particular focus was directed towards the social determinants of health in relation to their impact on health system outcomes. The evidence generated through research studies in some countries has benefited global knowledge networks and findings should be used to reshape policies, strategies and health interventions. A particular contribution was made by the Regional Office on the importance of political determinants in reducing access to health care services, particularly in the seven countries in the Eastern Mediterranean experiencing complex emergencies.

Support to countries continued to be provided in the area of trade and health and the potential impact of globalization on health and public health in the Region. Advocacy and capacity development workshops were organized and efforts were made to better document trade agreements in some countries.

Finally, the Qatar Declaration on Primary Health Care was endorsed by all Member States of the Region in the recently held Qatar Primary Health Care International Conference. Through this Declaration the Member States have committed themselves to strengthening health systems based on the values and principles of primary health care. The Division of Health Systems and Services Development looks forward to providing technical support to its Member States in support of this endeavour.

We hope that feedback from Member States and WHO staff at various levels, on this biennial report, will allow us to improve the quality of reporting in the future.

Dr Belgacem Sabri

**Director, Health
Systems and Services
Development**

Introduction

The health system

What is a health system?

A health system* comprises all the organizations, institutions and resources that are devoted to producing health actions. A health action is defined as any effort, whether in personal health care, public health services or through intersectoral initiatives, whose primary purpose is to improve health.

* World health report 2000 Health systems: Improving performance

To improve availability, equity, safety and efficiency of health services and ultimately to help save lives and improve health.

Why focus on developing health systems and services?

- To improve availability, quality, equity, safety and efficiency of health services at the various levels of health systems.
- To strengthen health system governance, organization and management.
- To strengthen development and management of the health workforce in order to achieve greater equity, coverage, access and quality of care.
- To develop systems of health financing that are equitable, sustainable and that can promote social protection.
- To enhance the use of essential health technologies in support of health service delivery by promoting access to affordable medicines, vaccines, devices and other technologies.
- To respond to health needs by establishing a sound health information system.

Mission

The mission of the Division of Health Systems and Services Development is to support countries of the Eastern Mediterranean Region in: strengthening the scientific and ethical foundation of national health policies and strategies as part of comprehensive social and economic development; improving the performance of health system functions; and promoting equity, quality and efficiency, with the active involvement of civil society and communities.

Objectives

- Help countries in assessing health system functions and performance.
- Support countries in improving health system functions and performance.
- Assist countries in developing networks and technology to support service delivery.
- Provide support to countries in complex emergencies.
- Provide technical assistance for dealing with the implications of trade-related agreements on health.
- Promote investment in health and pro-poor health systems through advocacy.
- Promote investment in appropriate health technologies.
- Promote an approach to health service delivery based on social determinants of health.
- Assist countries in monitoring health systems development.

GUIDING PRINCIPLES

- Adhering to the philosophy and principles of health for all through primary health care
- Recognizing the fundamental role of health in socioeconomic development of countries
- Using WHO's conceptual framework for health systems development

Organizational Chart

Division of Health Systems and Services Development

Health System Development Cluster

Health Policy and Planning,
Health Legislation and Bioethics
(PHP)

Health Care Delivery (HCD)

Health Economics and Social
Health Protection (HEC)

Health Management Support
(HMS)

Evidence, Health Situation
and Trend Assessment (EST)

Health Technology and Pharmaceuticals Cluster

Essential Medicines and
Pharmaceutical Policies (EMP)

Health Laboratory Support and
Health Technology (LAB)

Vaccine Production and
Technology Development (VAC)

Human Resources Development Cluster

Human Resources Policy and
Management (HRD)

Educational Development and
Training (EDT)

Nursing and Allied Health
Personnel (NUR)

I. Health System Development Cluster

1.1 Health Policy and Planning (PHP) unit

Themes

- Capacity-building in health policy formulation and strategic planning
- Health system governance, health regulation and enforcement
- Regional health system observatory
- Non-state (private) health sector and public–private partnership
- Contracting out health services
- Trade in health services
- Social determinants of health
- Capacity-building in health system development

Strategic issues

- Capacity-building to develop the necessary skills in policy analysis and formulation and in strategic planning among Member States, and for WHO Regional Office and country staff.
- Institutional development of ministries of health in order to support activities aimed at strengthening the health policy and planning function.
- Promotion of evidence-based, ethical and consistent health policies and strategies in key policy areas and on emerging health system issues.
- Enhanced understanding of governance and leadership of the health system, development of a framework for its assessment and measures for its improvement in countries.
- Improved monitoring of health system reforms in countries through the establishment of a regional health system observatory.

Key achievements

Key achievements include the establishment of an Eastern Mediterranean regional health system observatory to help monitor health systems performance of Member States. The observatory provides health system profiles of all 22 countries, which are regularly updated. In addition, it offers



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a health system database, which although is incomplete, is a rich source of data assessing health system performance.

The coordination of health system review missions followed by policy dialogue was undertaken in Afghanistan, Pakistan, Sudan and Yemen in 2007. The purpose of these missions is to undertake an in-depth review of the health sector, undertake high-level policy dialogue with the government and follow up on specific proposals for strengthening health systems. These missions are often jointly undertaken with development partners under the leadership of WHO.

Work on the governance of health systems across WHO Regions was coordinated. In this respect, a global consultative meeting was held in November 2007, which brought all offices of the Organization, development partners, academia and Member States together to identify priority areas for strengthening the governance of the health system.

Two capacity-building workshops were held for WHO staff from country offices and from within other divisions in the Regional Office, in addition, participants from the Regional Office for Africa (AFRO), the Regional Office for South-East Asia (SEARO) attended the workshop.

Ministry of health units for health policy and strategic planning have been strengthened to help design, manage and monitor health system reforms. In this regard, assistance was provided to Afghanistan, Islamic Republic of Iran, Pakistan, Sudan, Syrian Arab Republic, United Arab Emirates and Yemen during 2007 to strengthen and institutionalize policy and planning capability in ministries of health. Long- and short-term health policy advisers were sent to several countries of the Region in 2006.

In 2007, work on the social determinants of health and health equity was consolidated. In addition to several exploratory studies in several countries of the Region, in-depth work was initiated on the determinants of the use of *qat*, child labour and its affects on children's health, determinants of female genital mutilation and determinants of mental health in Yemen, Pakistan, Sudan and Palestine, respectively. The Regional Office also presented a paper on the wider social determinants of health in countries in conflict and crises in a meeting of the Global Commission on Social Determinants of Health. The Regional Office also works closely with the Social Research Center, the American University in Cairo and the Association for Health and Environmental Development, a regional civil society working in the field of social determinants of health.

Several research initiatives taken in 2004–2005 have now come to fruition, the work on trade in health services and the role of contractual arrangements in health system performance are complete. Several papers and reports have been published and workshops conducted. The Regional Office's work in health services was presented in the Global WHO Representatives' meeting in November 2007. The country studies on governance and the private sector are currently being analysed.

1.2 Health Care Delivery (HCD) unit

Themes

- Revitalization of primary health care (PHC)
- PHC performance assessment
- Improved access to health services
- Adoption of family practice
- Patient safety
- Improved quality of health services
- Partnership with the non-public sector
- District health system strengthening

Strategic issues

The PHC approach, encompassing the principal values of equity, effectiveness, quality, sustainability, community participation and intersectoral collaboration, remains the vision of the Regional Office. Revitalization of PHC is a prime issue directing the focus of health care delivery in the Region.

Access to quality health care services, in a manner that encompasses equitable distribution, varies greatly in countries and warrants significant attention, particularly in low-income countries and countries in conflict and post-conflict situations.

The safety of care has become a high priority issue in health care delivery. Studies have shown that adverse events are commonly associated with failures and/or defects in medical systems and procedures rather than individual error. Of prime interest to the Regional Office is the direction towards a paradigm shift to promote avoidance of a culture of blame and the gradual establishment of a conducive environment in the health care system built on transparency and willingness to change.

In order to meet the economic, social and technological challenges in the Region, there is a need to focus on innovative approaches for efficiency and effectiveness of health services and finding the right balance between financing and provision of care. Poor organization and management of health services at all levels and poorly-functioning referral and other support systems are important underlying reasons for ineffective health services.

The burgeoning private health sector, that in many low- and middle-income countries provides a wide range of curative health services, has become a key strategic issue. The problem becomes



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especially grave in a situation where the regulatory mechanisms either do not exist or are poorly enforced and there is little control on the quality and cost of these services.

Adoption and implementation of the regional strategy for improving emergency medical services in all, but especially in, countries in complex emergencies, needs to be advocated.

Key achievements

Commitment to the revitalization of PHC ranks as a high priority among health care delivery strategies in the Region. Such commitment is reflected, for example, in the regional meeting on PHC to be held in Qatar in November, 2008, in celebration of 30 years of the Alma-Ata Declaration.

Country efforts focused on increasing access to health care through building new PHC centres with defined catchment populations (Bahrain, Iraq, Oman, Sudan), and extending working hours and introducing the triage nursing system (Bahrain). In an effort to improve access to comprehensive health care an essential package of care has been considered in low-income countries (Afghanistan, Sudan, Yemen), middle-income countries (Egypt, Iraq, Islamic Republic of Iran), and some high-income countries (Bahrain and Saudi Arabia).

As a means to improve access to PHC, the family practice approach is being adopted by several countries in the Region. Many ministries of health have developed training programmes to ensure availability of highly-qualified human resources in the field of family practice. Expected outcomes from this organizational model include, among other outcomes, integration of vertical programmes.

A review of health system performance in Oman assisted in redirecting the PHC approach to focus on integrated chronic diseases, elderly care services at the first level of care, as well as effectively using community-based initiatives and embracing community participation as vehicles to effectively organize and manage health services. A performance review in the Libyan Arab Jamahiriya yielded a national policy document for the development of PHC.

A new project was implemented by the Health Care Delivery unit to assess the magnitude and nature of unsafe practices in health care facilities of the Region. This initiative will provide evidence on which to build patient safety strategies. Interim results demonstrate a high rate of sentinel adverse events, with a high degree of preventability. Several patient safety-related activities have been implemented including, adoption of WHO hand-hygiene guidelines in more than half of the countries of the Region, official endorsement by ministries of health of the concept of safe surgery, a challenge launched by the WHO World Alliance for Patient Safety, distribution of patient safety solutions, developed in collaboration with Joint Commission International, and development of a draft document on Eastern Mediterranean regional patient safety standards.

Countries in the Region realizing the importance of quality in health care have formed quality structures as demonstrated by the formulation of the quality supreme committee that is chaired by the Ministers of Health (Bahrain, Egypt), the National Board for Accreditation in Saudi Arabia and Jordan and the formation of quality teams at PHC centres in Bahrain, Egypt, Jordan, Kuwait, Oman and Saudi Arabia.

Private–public partnership has been initiated by health sector reform programmes in several countries. Community participation, nongovernmental organization engagement and community-based initiatives are now integral elements in health care delivery in many countries of the Region. An example is the regional adoption of the patients for patient safety strand of the work of the World Alliance for Patient Safety, which ensures that the perspective of patients, and the public at large, is met in the health care system. This was an entry point for the involvement of users in the delivery of quality health care in the Region.

Several countries have continued their efforts to strengthen the district health system as a building block of their services and their support systems, for example, in Egypt there are 30 district provider organizations in six governorates. Such district provider organizations have contractual arrangements with governorate health financing. Also, Lebanon is pilot-testing district health care management to interconnect PHC centres at district level ensuring a referral system and adequate sustainable financing.

1.3 Health Economics and Social Health Protection (HEC) unit

Themes

- Social health protection and universal health coverage
- Health care financing options
- Health financing subfunctions: collection, pooling, purchasing
- Analytical tools
- Capacity-building in health economics and health care financing

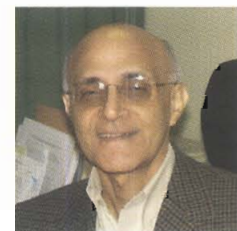
Strategic issues

- Development of evidence for health care financing.
- Development of evidence-based health financing options.
- Assisting countries to improve and extend social health protection.
- Advocacy for mobilizing resources for underfunded health systems.
- Reducing the share of out-of-pocket health expenditure from total health expenditure.
- Developing the capacity of Member States to use economics and financial principles to improve health system performance.
- Development of health economics networks.

Key achievements

Technical support for the development of health care financing was intensified in the 2006–2007 biennium. Particular attention was paid to measuring and analysing the impact of out-of-pocket health expenditure on households and to provide financing options to Member States for the development of social health protection.

The health economics and health care financing network, HEC-Exchange, was successfully launched in May 2006 in order to promote the use of health economics and health financing principles, to share regional and international experiences and to strengthen communications between health economists, health care financing experts and policy-makers in the Region. Over 200 members of the network, including senior policy-makers, academics and WHO staff, regularly receive and exchange articles, studies and publications on key issues in the field, as well as calls for papers and proposals and information about conferences and symposiums, both at regional and global



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Ms Naglaa Salah

level. In addition, technical and financial support was provided to the Maghreb health economics network (RESSMA) to promote health economics and health care financing for francophone countries. Similar networks have been promoted in other parts of the Region.

The execution of the World Bank-funded health sector reform project in the Islamic Republic of Iran was completed in December 2006. The outcome of the project is expected to pave the way for the Ministry of Health and Medical Education to achieve universal coverage and introduce new measures, including a family physician model and patient referral system.

Studies were commissioned to map the health care financing systems of selected Member States. Studies were also commissioned to measure fairness in financial contribution and analyse the impact of households' catastrophic health expenditure and its determinants. These studies will be conducted in other Member States in the 2008–2009 biennium.

Efforts to develop and institutionalize national health accounts in Member States continued in the biennium. The short version of the national health accounts producer guide was translated and published in Arabic and French. Furthermore, a new methodology for the development of mental health expenditure "National health account mental health subaccount" was developed in collaboration with the mental health and substance abuse programme in the Regional Office and headquarters. It is expected that the methodology will be used for validation in four Member States in the near future.

In November 2007, a health care financing consultative meeting was organized. Over 70 experts from 15 countries in the Region, the International Labour Office, the World Bank, all WHO Regions and headquarters, Thailand, United Kingdom, academia and the Regional Office took part in the meeting. The outcome of this meeting is expected to contribute to the development of the WHO health care financing strategy.

A formal regional academic programme in health economics and policy is being planned for the Region. The programme includes a Masters Degree in health economics and policy, executive courses and research.

Future directions

- Development of viable social health protection systems will remain the focus of the Health Economics unit and the Regional Office.
- Development, use and institutionalization of analytical tools are the foundation of evidence-based health care financing. Support for these activities will be continued and expanded in the Region.
- Close collaboration of different technical units in WHO and its international partners with nationals' health policy-makers will be intensified.
- Regional networks will be promoted and strengthened.
- Capacity-building in health economics and health care financing will be given high priority in the 2008–2009 biennium.

1.4 Health Management Support (HMS) unit

Themes

- Strengthen district health system schemes as the viable decentralized entity of the health care delivery system ensuring universality, quality, equity and efficiency of health services
- Tailored health strengthening capacity-building courses for ministry of health staff of GAVI Alliance and Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)-eligible countries
- Strengthen country organizational management capacities at district level, including secondary care
- Technical support in GAVI and GFATM funding channels proposal development, implementation and follow-up
- Empowering the role of civil society organizations



Dr Amr Mahgoub
Regional Adviser



Dr Mounir Farag

Strategic issues

- Develop and update guidelines, develop family practice settings, promote innovative approaches for training (problem-based learning, family medicine, distance learning) and promote hospital autonomy.
- Assess and analyse the decentralized system in countries: decision space identification, recommendations for strengthening or development and evaluation.
- Use the management and leadership framework to assess the numbers, competencies, functional support systems and conducive and enabling work environment, develop strategies for improvement, and evaluate interventions.
- Achieve and sustain increased immunization coverage and other maternal, neonatal and child health services through health system strengthening.
- Strengthen health systems to fulfil the objectives and goals of HIV/AIDS, tuberculosis and malaria programmes.
- Expand the participatory role of civil society organizations (nongovernmental or private) as part of community involvement in health systems strengthening at district and community levels.



Ms Sally Abbas

Key achievements

As part of management and leadership development, the module for pharmaceuticals and drug logistics and distribution was completed for the Health Management Department, Aden University, and the road map document for the Diploma and Master of Science (MSC) programmes is ready. Also, collaboration with Liverpool School of Tropical Medicine was initiated to start the MSC programmes in different fields of health systems strengthening in the Syrian Arab Republic and Saudi Arabia.

Evaluation of community health management (district team problem solving) implementation constraints in Egypt was undertaken. Also, the management effectiveness programme in Egypt was evaluated as a well-developed and powerful managerial tool addressing how to overcome implementation problems. The main constraints facing the two programmes were lack of political commitment and institutionalization and the lack of integration with human resources development national strategies and plans.

A management and leadership framework was used to assess the numbers and competencies in six countries of the Region as part of human resources for health mapping. In this context the Regional Office is leading in achieving excellence in the regional hospital management workshop series, in collaboration with the Arab Administrative Development Organization in Jordan and Cairo.

Although GAVI made significant investment to improve immunization in eligible countries during 2000–2005, the Alliance recognized that investing in the programme alone was not sufficient to increase and sustain coverage or contribute to achieving the targets of Millennium Development Goals 4 and 5, unless health system building blocks are addressed and strengthened. The same concept was adopted by the GFATM at a later stage.

Technical assistance to the six GAVI health system strengthening-eligible countries was provided through the Regional Office to develop their application and review processes before submission to the GAVI Secretariat.

The first capacity-building workshop on health system strengthening for country office and ministry of health staff in GAVI health system strengthening-eligible countries was conducted between 2 and 5 December, 2007, in Cairo, Egypt. It was attended by 40 participants and included the participation of headquarters.

The first activity in GFATM activities was a 4-hour meeting for the health system strengthening and programme group to conduct a systemic, epidemiological and programmatic situation analysis of Afghanistan and Sudan.

A regional training workshop on Global Fund round 8 proposal development was conducted and attended by programme focal points and health system strengthening focal points in targeted countries to introduce the health system strengthening component integrated for the three diseases (HIV/AIDS, tuberculosis and malaria). There is a need for technical assistance from WHO.

Technical assistance and regional support were delivered to Somalia and South Sudan to prepare for Global Fund/health system strengthening due on 4 July 2008.

1.5 Evidence, Health Situation and Trend Assessment (EST) unit

Themes

- National health information systems
- Information in decision-making
- Evidence-based health statistics
- Information dissemination
- Data collection and validation, including applications of geographic information systems technology

Strategic issues

Weaknesses in national health information systems in terms of reporting quality and timely information continues to reflect systemic shortages of resources, especially well-trained human resources in the health information and statistics areas, and inadequate basic technologies.

Not all countries have credible registration of births and deaths. Of the eight countries using the International Classification of Diseases (ICD), only three countries are using ICD-10, while the rest are still using ICD-9. Only two countries have completed a national burden of disease study.

There is duplication and fragmentation of data collection and lack of rigorous validation within the different programmes. Vital registration systems are not functioning well in most low-income countries.

There is a need to expand the capacity of health information systems to monitor quality indicators of resources, coverage and new areas, such as social determinants of health, health system performance, and to immediately address the needs for monitoring the health-related targets of the Millennium Development Goals.

Support for health sector reform in its strategic direction of decentralization will require appropriate capacity of subnational health information systems to enable measurement of population-based health status, prioritization, planning, costing and budgeting, monitoring and evaluation of health care.

Key achievements

Addressing the needs of the Region and responding to the needs of national health systems in different technical aspects of health information systems continued. A few countries started



Dr Samuel Mikhail



Dr Sahar Parvez



Ms Hanaa Hashim

to implement national burden of disease studies. Jordan started to improve its mortality statistics, including cause of death and utilization of ICD-10. The Syrian Arab Republic secured funds from the European Union to improve its mortality statistics. Yemen, with WHO support, was able to mobilize resources from donors to support the health sector reform process and implement the health facility survey, and facilitated implementation of the information technology and health information system component of the World Bank project.

Support was provided to conduct the World Health Survey in member countries of the Gulf Cooperation Council (GCC). Meetings were convened by the Executive Office of the Executive Board of the Health Minister's Council for the Cooperation Council States, in Riyadh and Kuwait, for participating countries to adapt and finalize the instruments. The survey is an important tool for supplementing the routine health information system with additional, valid and reliable information and will support the monitoring of health system performance in those countries (burden of disease, coverage, responsiveness, expenditure), including indicators for the Millennium Development Goals.

In collaboration with the Health Metrics Network Secretariat, 11 proposals were prepared for the first round of funding. Six countries (Oman, Somalia, Sudan, Syrian Arab Republic, Tunisia and Yemen) were awarded a total of almost US\$ 800 000 for the coming year to conduct situation analysis, develop plans or address a specific area of care in their health information systems. Eligible countries need either to re-submit or prepare new proposals for the second round.

II. Health Technology and Pharmaceuticals Cluster

2.1 Essential Medicines and Pharmaceutical Policies (EMP) unit

Themes

- National medicines policies
- Universal access to essential medicines
- Policies and regulation of traditional medicines
- Active and resourceful national regulatory authorities
- Quality and safety of medicine
- Rational use of medicines
- Trade, intellectual property rights and access to medicines

Strategic issues

- Approximately one third of the population of the Region still does not have regular access to essential medicines.
- There is a need for continued support to ensure that all countries develop a national medicines policy that is implemented, monitored and regularly updated.
- The majority of countries do not have fully functional medicine regulatory authorities to guard the quality of both imported and locally-produced medicines.
- Irrational medicine prescribing, dispensing and self-medication continue to be major problems in most countries.
- Most higher and continuing education facilities and training programmes for health professionals lack attention to the essential medicines concept.
- Member States are in need of ensuring that trade agreements are public health sensitive and their impact on medicine prices and access to essential medicines is minimal.

Key achievements

The WHO medicine strategy (2004–2007) was pursued throughout 2006–2007. The strategy has four main objectives: policy, access, quality and safety, and rational use of medicines.



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Dr Mohamed Bin Shahna



Ms Lamiaa El Syed



Ms Marayan Selwanis

National medicines policies were drafted in Bahrain, Iraq and Tunisia and updated in the Syrian Arab Republic. Fellowships were awarded to several professional officials in different fields of the pharmacy sector. The Essential Medicines and Biologicals (EMP) web site was launched as part of the Regional Office web site.

A further medicine pricing survey was conducted in Yemen in 2006. A technical paper on medicine prices and access to medicines in the Eastern Mediterranean Region was presented in the Fifty-fourth Session of the Regional Committee in October 2007 and resolution EM/RC54/R.8 was endorsed. Six-page summary reports of the medicine pricing surveys for four countries have already been produced, others are being prepared; a regional synthesis report drawing on the findings of all the national surveys is being printed; post-medicine pricing survey workshops have been conducted in Jordan; training workshops on conducting a medicines pricing survey were organized for teams from Bahrain, Islamic Republic of Iran, Libyan Arab Jamahiriya and Oman. A profile of the GCC group purchasing programme has been developed and will be printed in 2008. Emergency medicine supply management in Iraq was supported. Pharmaceutical sector assessment has also taken place in five countries. Three countries have undertaken national assessments for good governance in pharmaceutical management, and 10 countries have initiated assessment of national intellectual property protection regimes and infrastructure as a collaborative project.

Medicines regulatory authority assessment was conducted in two countries using the WHO tool. The WHO prequalification programme for medicines was initiated in the Region and a regional meeting involving potential manufacturers and regulators was organized. Technical staff of medicines quality control laboratories from 14 Member States were trained on the prequalification of medicines quality control laboratories. The participation of 19 regulators from 10 countries in the Twelfth International Conference of Drug Regulatory Authorities in South Korea was supported. Four countries have been included in the global plan to combat counterfeit medical products.

Efforts to improve the use of medicines were specifically supported in Egypt, Libyan Arab Jamahiriya, Somalia, Sudan and Syrian Arab Republic. Capacity-building assistance was provided for improving pharmacy and medical curricula and in the area of medicines information. National essential medicines lists were updated in Bahrain, Egypt, Iraq, Jordan, Morocco, Sudan, Syrian Arab Republic and Yemen.

Regional guidelines on minimum requirements for the registration of herbal medicinal products were published and disseminated. A second WHO collaborating centre on traditional medicine was established in the Region in the United Arab Emirates. Regulatory authorities in several countries were supported in good manufacturing practice, good laboratory practice, good agricultural and collection practice, collection of medicinal plants, provision of literature and training of traditional medicine practitioners.

Seven intercountry, regional and global meetings, training workshops and other activities were conducted or hosted on the WHO operational package for monitoring and assessing the pharmaceutical situations in countries, medicine prices, global medicines council, WHO prequalification programme on priority essential medicines and the intergovernmental working group on public health innovation and intellectual property rights; more than 150 national staff participated and were trained.

2.2 Health Laboratory Support and Health Technologies (LAB) unit

Themes

- Blood transfusion safety, including biological standardization
- Diagnostics and laboratory technology
- Diagnostic imaging and medical devices
- Clinical procedures and transplantation

Strategic issues

- Reduction in avoidable morbidity and mortality through improved access to safe blood and blood products and the rational use of blood transfusion, with a particular focus on life-saving transfusions in countries emerging from disaster situations.
- Equitable access to safe, high-quality, reliable and appropriate diagnostic technologies and laboratory services.
- Accessible, safe and reliable diagnostic imaging services through introduction of quality assurance concepts in radiographic techniques and radioprotection.
- Increased patient safety by ensuring access to safe and effective medical devices.
- Strengthened capacity at primary health care facilities to provide life-saving emergency and essential surgical care and the availability and correct use of suitable equipment.
- Ethical, safe and suitable access to allogeneic and xenogeneic transplantations, under the effective oversight of health authorities.
- Improved surveillance, strengthened national regulatory authorities and development of policies, guidelines and legislation in support of biomedical technology.

Key achievements

Technical support was provided to countries in order to improve external quality assurance through capacity development and in collaboration with regional and international partners. Such partnership has led to the development of a regional network in food laboratory surveillance. Laboratory services in communicable disease, inaugurated in Iraq, Islamic Republic of Iran, Jordan, Lebanon, Sudan, Syrian Arab Republic and Yemen, have also been upgraded. Biosafety standards and practices—coupled with national regulations—were promoted in the environments of many



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Dr Adham Ismail



Ms Ghada Rajab

regional laboratories. The issue of safety is important, especially under the current threat of the H5N1 avian influenza virus.

Regional training courses were carried out on voluntary non-remunerated blood donation, transfusion transmissible infections, good manufacturing practices in blood and blood products, as well as appropriate clinical use of blood and blood products. An international colloquium on voluntary non-remunerated blood donation has offered an opportunity to promote blood donation in the Region. Efforts were made to improve regulatory activities through the strengthening of national authorities to assure the quality and safety of blood products and related in-vitro procedures.

Particular interest was made to protect ethical values in organ transplantation and to develop the necessary health legislation instruments. A regional consultation took place, in this respect, in Kuwait. Commendable efforts were made in Pakistan to improve the legal support for organ donation, including the recent ordinance on forbidding vending organs from living persons. Technical procedures, including surgery, were promoted at various levels in Afghanistan.

Concepts of quality assurance of radiographic imaging techniques and radioprotection have been introduced to all Member States through two consecutive training workshops held in Bahrain. This will be followed by a third workshop, as requested by Member States, addressing the issue of adequate interpretation of diagnostic images. Similar projects are going to be implemented in South Sudan and Oman.

Based on needs assessment of technology resources, including mapping of existing laboratories and available facilities, all countries of the Region were assisted in rehabilitating their laboratory networks and blood transfusion services, especially countries emerging from complex disaster situations. The example of the blood transfusion training centre in Baghdad, Iraq, is phenomenal. Capacity-building and the assistance of the technical unit is needed by these groups.

Communication and computer networking to link the peripheral and district laboratories to central public health laboratories was established. Laboratory networks were involved in antimicrobial resistance surveillance and containment, control of hospital-acquired infections, biosafety and biosecurity, and were linked with surveillance and epidemiology departments in order to better detect and respond to emerging diseases, outbreaks and epidemics.

Adequate procurement policies and practices are fundamental to ensuring access to medical devices and to guide their rational use. The unit is currently collaborating with the Essential Health Technologies (EHT) department in headquarters for the purpose of developing a framework that can be used by Member States to develop their own prioritized lists of health technologies, especially medical devices. Prioritization will depend on several factors, including existing inventory, disease profiles and trends, financial resources, population demographics, health system information, national standards, public health conditions and national objectives.

Challenges

Technology support to service delivery, including laboratory, blood transfusion networks and imaging is hampered by some systematic weaknesses, particularly in low- and middle-income countries of the Region. Under-funded and weakly-staffed health systems are negatively affecting the development of the biomedical technology network. The situation is more acute in countries facing complex

emergencies, including wars, occupation and civil strikes. Despite promotion and advocacy, the increase in voluntary blood donation is small while the need for transfusion services is growing.

Concerns over quality and blood transfusion safety are voiced in some countries. There are limited efforts to rationalize biomedical technology selection and utilization, particularly in the field of heavy-duty laboratory devices and imaging equipment.

Future directions

- Countries shall be further supported in their efforts to strengthen their laboratory, blood transfusion and imaging networks. Particular interest shall be paid to underfunded health systems and to countries in complex emergency.
- Partnership to improve technology support to service delivery will be strengthened in order to develop national and regional capacities.
- Efforts should be made to protect ethical values, including equity in access to health and biomedical technology.
- Normative work to develop guidelines and standards for technology selection, assessment and management will continue.

2.3 Essential Vaccines and Biologicals Policy (VAC) unit

Themes

- National regulatory authorities for vaccines
- Vaccine quality
- Networking among national regulatory authorities
- Regional strategy for self-reliance and self-sufficiency in vaccines
- Vaccine research and development
- Vaccine procurement system

Strategic issues

There are a myriad of issues in the area of vaccines which have a negative impact in assuring vaccine quality and achieving the target of vaccine self-sufficiency in the Region, including:

- some countries, particularly the middle-income countries face difficulties in ensuring a consistent vaccine supply at an affordable price;
- weaknesses of vaccine regulatory systems;
- limited vaccine production and absence of good manufacturing practice compliance for some vaccine producers;
- lack of trained and qualified human resources;
- need for networking among regulators in the Region to share information and experiences and to support each other;
- partnerships need to be developed with development banks, such as the Islamic Development Bank or the African Development Bank to support regional vaccine self-sufficiency.

Key achievements

Following the advocacy paper on the need for a regional strategy for vaccine self-reliance presented and endorsed by the Regional Committee in 2004, a vaccine self-sufficiency strategy was developed in 2006. A new unit was created in 2007 to support vaccine regulation, research, development and production.



Dr Houda Langar



Ms Hala Hassan

A plan of action was developed according to the WHO strategy to ensure quality, efficacy and safety of vaccines, as well as to ensure the vaccine self-sufficiency strategy in the Region.

Strong support was provided to vaccine-producing countries in the Region and some vaccine self-procuring countries, as well as to some GAVI-eligible countries, through mainly WHO global training network courses. Twenty-two participants from Djibouti, Egypt, Islamic Republic of Iran, Morocco, Oman, Pakistan, Saudi Arabia and Tunisia attended specific global training network courses on animal laboratory, vaccine lot release, good manufacturing practices, adverse events following immunization and *Haemophilus influenza* type b vaccine quality control. Technical assistance and some in-country training was organized to build the capacity of human resources in some vaccine-producing countries (Egypt and the Islamic Republic of Iran).

National regulatory authority assessments and visits to review regulatory systems were undertaken during 2006 and 2007 in Morocco, Tunisia, Egypt, Islamic Republic of Iran, Pakistan, Sudan and Yemen.

A workshop was organized to strengthen the quality management system in national control laboratory for vaccines.

Furthermore, some joint activities were conducted jointly with the Vaccine Preventable Diseases and Immunization unit in the Division of Communicable Diseases to strengthen the vaccine procurement system in GAVI-eligible countries. In addition to a review mission of the vaccine procurement process in Sudan and Yemen, a training workshop on vaccine procurement system and national regulatory authority addressed mainly to GAVI countries, as well as a workshop on pooled vaccine procurement process in countries of the Maghreb were organized.

Some fellowships were awarded to regulators from Iraq and producers from Pakistan to improve their skills in the areas of vaccine regulation and production.

Networking among the national regulatory authorities in countries of the Region for the control, as well as implementation of pooled vaccine procurement system, will be the next steps to be initiated in 2008–2009, in addition to the support of countries to strengthen vaccine regulation and ensure the quality, safety and efficacy of vaccines.

III. Human Resources Development Cluster

3.1 Human Resources Policy and Management (HRD) unit

Themes

- Sustainable institutional strengthening of ministries of health and their governance role and the development of harmonized national coordination
- Establishment of national human resources for health observatories to generate intelligence needed for informed decision-making and evidence-based human resource planning and policy, production and overall management of the health workforce
- Accreditation and problem-based learning of health professions education
- Competency-based national training capacities to ensure access to skilled, motivated and supported health workers within a robust health system

Strategic issues

- The regional strategic focus has been on working closely with country nationals to strengthen governance and national capacity on human resource planning and evidence-based policy formation as a whole and institutional performance of human resource development units in ministries of health and subnational settings, in particular. Joint missions with headquarters have been undertaken and subsequent resources mobilized to boost the area of work of human resources for health at the country level.
- Linking human resources to the achievement of health goals and outcomes has been successfully used to ensure political commitment and development of human resource development plans and policies.
- The quality of health care services depends on health workers with sufficient numbers, needed competencies, enabling work environments and supportive management systems.
- Four regional guides have been drafted and are in the process of publication on strengthening the establishment of effective human resources development units at central and subnational levels; development of human resources for health plans and policies with regulatory framework; establishment of national human resources for health observatories; and establishment of national systems for accreditation.



Dr Ghanem Al Sheikh
Regional Adviser



Dr Walid Abubaker



Ms Zeinab Gaafar



Ms Shahinaz Khalil

Key achievements

In line with the global mandate to support the health workforce worldwide (*The world health report—Working together for health*, 2006), human resource development has been repeatedly declared by the Regional Office as a regional priority in Regional Committee resolutions to assist Member States in strengthening the national capacity of human resources and achieve balanced deployment and access to more motivated, skilled and supported health workers, particularly in underserved areas.

Conducting work with human resource development units in ministries of health to strengthen the governance function and ensure institutional responsiveness to human resources for health-related pressing needs and challenges. Accordingly, assessment and organizational performance tools were developed and used to identify gaps and undertake necessary rectifying measures.

Mapping further human resources for health in countries of the Region has been carried out, baseline data generated and incorporated into national human resources for health information systems, and when possible, into human resources for health national observatories. This achievement has contributed to regional and global health workforce analysis and policy dialogue.

Guidance has been provided in the development of country-wide monitoring and evaluation systems to quantitatively measure qualitative change and improvements over time. A generic monitoring and evaluation framework was developed using baseline and benchmark indicators.

Providing support to produce country-specific action plans for establishing national accreditation systems for medical schools.

Countries have been assisted in reforming health educational programmes and the possible use of problem-based learning approaches.

Assisting in national and regional participation in global task forces and forums held to tackle human resources for health-related challenges, including maldistribution, migration, retention, pre- and in-service training and leadership and financing, among others.

Providing hands-on support to countries in proposal writing and submissions in the area of human resource development and decentralized governance, e.g., multi-donor trust funds, the Global Health Workforce Alliance, the GAVI Alliance and others.

Supporting countries in building sustainable systems for massive scaling up of the health workforce and continuous professional development. For example, Sudan and Bahrain have successfully achieved rapid human resources for health production and functioning systems for continuous professional development.

3.2 Educational Development and Training (EDT) unit

Themes

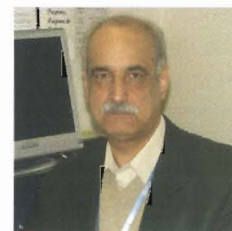
- Regional fellowships programme
- Establishing, promoting and monitoring educational development centres
- Health professions education

Strategic issues

- Human resources for health must be developed to match the needs of communities, both quantitatively and qualitatively.
- Through effective use of the fellowships programme, countries can be supported in preparing their workforce for leading positions in health services.
- Close cooperation between different parties is needed for proper administration and management of this activity, especially between the selection committees in countries, the concerned technical unit in the Regional Office and the Fellowships unit.
- Among the main challenges in the fellowship programme are to establish selection committees, improve the response rate by fellows and countries in submitting evaluation reports, and discourage requests that are not in line with WHO policies, rules and regulations.
- Educational development centres have an important role as contributors in capacity-building within the health professions education institutions and in promoting staff development, educational planning, curriculum development, evaluation, research in education, etc. The establishment of such centres should be supported in every institution dealing with health professions education.

Key achievements

The administration of fellowships continued to be a major activity in the unit. More than 850 fellowship application forms were received and processed during the biennium. A Regional Office fellowships web site was established and the database on training institutions was further developed and updated. Electronic processing of fellowship requests through CAMS was fully utilized. The Regional Office fellowships programme was discussed in several meetings and the unit participated in many relevant activities at global level and contributed in the preparation of the terms of reference and action plan of the task force for impact assessment of the fellowships programme.



Dr Ali Hassan Abadi
Regional Adviser



Ms Iman Atteya



The fellowships team

The administration of fellowships was assessed through consultancy during the summer of 2007 and the unit benefited from the recommendations made on different aspects of processing and monitoring fellowships. Contribution was also made to the reorientation of fellowships focal points in the Regional Office for South-East Asia and in the development of recommendations for improvement of the procedures in that Region.

An advisory meeting was held to develop guidelines for the establishment, networking and collaboration of educational development centres. Two new educational development centres: the Educational Development Centre in Khartoum University and the Department of Medical Education in the Arabian Gulf University in Bahrain were designated as WHO collaborating centres. The WHO Collaborating Centre for Educational Development in Shahid Beheshti University, Islamic Republic of Iran, was re-designated for another four years. Follow-up was made for further development of the Centres in Tabriz and Esfahan in the Islamic Republic of Iran. Proposals for designation were received and reviewed from King Saud bin Abdulaziz University of Health Sciences in Saudi Arabia, Tehran University of Medical Sciences in the Islamic Republic of Iran and the University of Lahore in Pakistan.

Monitoring of current collaborating centres in the field of health professions education in Egypt (Suez Canal University), Sudan (Gezira University), Pakistan (College of Physicians and Surgeons of Pakistan), Islamic Republic of Iran (Shahid Beheshti University), was undertaken through continuous contacts, communications and review of annual reports. Action was taken for re-designation of two centres (Gezira University in Sudan and the College of Physicians and Surgeons in Pakistan).

Steps were taken towards the networking of these centres and countries were encouraged to support the activity.

The unit contributed in several other activities related to human resources for health that included:

- participating in, and coordinating, national activities for the evaluation of integration of health services and medical education in the Islamic Republic of Iran;
- participating in World Health Day 2006 and contributing to the preparation of materials for World Health Day;
- participating in the planning meeting on nursing human resources for health held in Morocco in November 2006;
- participating in the meeting on the human resources for health observatory in Oman in December 2006;
- participating in an in-depth assessment of health professions education and human resources development in Pakistan undertaken during a divisional mission of health system assessment;
- the Educational Development and Training (EDT) unit was actively involved in developing an assessment tool for health profession education institutions. A meeting was held in Ankara, Turkey, in June 2007, to review the assessment forms that are now under final revision. The tool was further revised in the unit and was used for the assessment of four medical universities in Somalia;

- undertaking a joint mission by the EDT and Nursing and Allied Health Personnel (NUR) unit to Somalia to carry out a needs assessment of different medical and nursing schools in the country. The mission report, including 10 major recommendations and a workplan for rehabilitation and development of these institutions was prepared and presented to higher management. Proposals are to be developed for fund-raising and putting the workplans into action. Two workshops were organized for faculty development of Somali and Afghan academicians in Sudan.



3.3 Nursing and Allied Health Personnel (NUR) unit

Themes

- Improving basic nursing and allied health education and establishing specialty nursing programmes, including preparation for the advanced practice role
- Ensuring development and retention of the nursing and midwifery workforce
- Providing a regulatory framework for nursing, midwifery and allied health education and practice
- Expanding continuing education activities
- Strengthening nurses' involvement in policy-making
- Building management and leadership capacities of nurses, midwives and allied health personnel
- Institutionalizing quality improvement programmes in nursing and midwifery to ensure provision of safe and effective nursing and midwifery services
- Developing nursing research programmes and advocating evidence-based nursing practice



Dr Fariba Al Darazi
Regional Adviser



Ms Sherifa Mokhtar

Strategic issues

- There is a shortage of nurses and midwives in the Region and a growing demand for better prepared nurses at all levels, especially at the advanced specialist level.
- There is an increasing demand for reform of existing pre-service nursing, midwifery and allied health education and for the development of new educational programmes and educational capacity-building in post-conflict countries.
- More focus is needed on implementation of management processes conducive to efficiency and effectiveness to ensure retention and the development of the nursing workforce.
- Nursing and midwifery regulation needs to be institutionalized as a means to improve the quality of nursing care, and by the same token, to protect the health of people.
- In many countries new schools of nursing and allied health can not be opened and existing schools can not be expanded because of the shortage of qualified teachers. Reforms are

needed in the basic education of allied health personnel and in regulating their practice, improving the quality of performance and meeting the continuing education needs of this important resource.

- Incorporation of nursing strategic plans in overall health plans and allocation of both material and human resources to implement strategic nursing plans still remains a challenge.
- Establishment and further strengthening of nursing information systems, which are linked with other information systems in ministries of health, is still a challenge in the Region.

Key achievements

Collaborative activities continued to focus on investment in the development of nursing, midwifery and allied health resources as a critical component of the health system and health services development. Efforts are being made to manage the crisis related to the shortage in nursing and midwifery staff while trying to improve the quality of training of nursing and allied personnel in general. Collaboration was ensured through the provision of technical support, training of teachers and practitioners through fellowships and national training activities, provision of audiovisual supplies and equipment, support to the development of bilateral collaboration between countries in the Region, twinning between educational institutions and WHO collaborating centres for nursing development in the Region and the upgrading of teaching-learning materials.

Technical support continued to South Sudan to develop the nursing and allied health resources and to strengthen the capabilities of existing nursing, midwifery and allied health teachers, and in addition, plans are underway to build and open the Rumbek Institute of Health Sciences, which would in the future prepare nurses, midwives and allied health professionals for the provinces in the south. Technical support was continued to Somalia through collaborative programmes with partners to strengthen the nursing schools in the three zones in order to be able to produce nurses and midwives to meet the country's health service needs. In addition, support was provided in collaboration with WHO headquarters, to conduct a comprehensive needs assessment of the nursing schools and the Institutes of Health Sciences in Somalia and prepare a draft framework for a midwifery programme which is expected to be established in Mogadishu, Hargeisa and Bossaso, in September 2008, to prepare urgently-needed midwives for the country. A group of practising midwives and midwifery teachers from the three zones underwent a refresher training course to prepare them to mentor future midwifery students. In Afghanistan, support continued to the Institutes of Health Sciences and the community midwifery programme, in collaboration with partners.

Support continued to Djibouti, Iraq and Sudan to improve pre-service nursing, midwifery and allied health education. Tunisia was supported to strengthen the newly-established university level nursing education programme through a twinning mechanism with a nursing faculty in Lebanon. Technical support was provided to Bahrain and Oman to establish a specialty programme in advanced nursing practice in primary health care.

Saudi Arabia, Yemen and the United Arab Emirates implemented the third cycle of the leadership and management training programme developed by the International Council of Nurses through the national trainers who were prepared in the first cycle of the programme with support from WHO. Support was provided to the programme in Jordan, which was established in 2006 under the

patronage of Her Royal Highness Princess Muna Al Hussein, WHO Patron for Nursing and Midwifery in the Eastern Mediterranean Region. Yemen was supported to develop job descriptions for all levels of nurses and midwives, and support was also provided to establish a nursing quality improvement programme in health services. In the Syrian Arab Republic, a national workshop to develop a strategy for the reform of nursing education was held and a national strategy for the reform of nursing education was formulated and support was provided to implement this strategy. In addition, through the support of partners, the development of community and primary health care nursing services and education in the north-eastern region, which has the lowest health indicators in the country, has been initiated.

In Pakistan, a national strategy and plan of action for the reform of nursing, midwifery and lady health visitors' education was developed through national consultation. A process of mapping all the institutes preparing nurses, midwives and lady health visitors has been initiated in order to identify the gaps and areas of need to proceed with the reform process.

The unit organized a global consultation on nursing and midwifery held in Pakistan, in collaboration with WHO headquarters, the International Council of Nurses, the International Council of Midwives and the Ministry of Health of Pakistan. A declaration strengthening nursing and midwifery was produced as an outcome of the consultation.

Technical support was also provided to the Arab Association of Deans of Nursing and the Technical Nursing Committee of the Gulf Cooperation Council in the areas of quality of nursing education and patient safety.

The support team



Ms Hanaa Ghoneim



Ms Rita Meimari



Ms Heba Alkhudari



Ms Abla Elsolami

Objective

The main role of the administrative support team is to assist the technical staff and facilitate the work of the Division in providing technical support to countries in the development of effective and equitable health systems to address the needs of populations, especially vulnerable groups.

The support team is divided into assistants to technical units and administrative staff. Assistants to technical units assist technical staff in ensuring timely and proper implementation of the work of individual units. Administrative support staff comprising a Senior Programme Administrative Assistant and three senior clerks manage the specialized work of: recruiting consultants/temporary staff and all contract-related issues; organizing conferences; implementing general programmes; managing and handling staffing issues; and coordinating the work of the support team and technical staff for implementation of activities.

Achievements

- During the biennium new tools were introduced by the Organization to ensure efficiency of work, and in particular, in July 2007, new contract reform was introduced. To meet the needs of the programme the team had to familiarize itself efficiently with the new tools and functions.
- The team recruited 241 Short-Term Consultants and Temporary Advisers, issued 257 Special Service Agreements and 363 Agreements for Performance of Work (amounting to US\$ 2 725 918). They also organized 32 meetings and coordinated with headquarters to organize activities related to GAVI global funds and other partners to implement activities related to health systems strengthening.
- In order to upgrade the capacities of the whole team, staff attended training courses on: time and stress management; presentation skills and training trainers; assertiveness; meetings and negotiations; team-building and conflict management; and advanced communication skills.
- The team also participated in the capacity-building of national staff at the Ministry of Health, Sudan, by organizing an administrative effectiveness course, and also by briefing country office staff in two country offices on general administrative information relating to the Organization.

Challenges

- The main challenge is to reach the goals of the Division identified by the Organization as priority areas.
- During the biennium there was a quick turnover of staff either as a result of resignation or promotion outside the Division. Our aim is to work with management to identify a path for career development of staff, especially with the introduction of the new Global Management System.
- The workload of support staff has increased as they have greater involvement in managing technical programmes.
- Strong collaboration between professional and support staff requires investment in staff development and learning.

Special topics

Web-based applications

1. Essential Medicines and Pharmaceuticals Policies web site

www.emro.who.int/emp

The purpose of the Essential Medicines and Pharmaceutical Policies (EMP) web site is to provide Member States with tools to support development in the area of medicines policies and management and encourage the sharing of experiences across countries.

To achieve this, the web site aims to:

- provide basic information on the work of the unit in the Region;
- provide brief information on regional and country pharmaceutical situations with reference to WHO medicines strategy;
- support networks of medicines practitioners and regulators in the Region;
- make available selected WHO and country publications;
- post selected regional news and events pertaining to medicines;
- encourage transparency through providing a common platform for posting official documents.

2. Regional health professionals directory

www.emro.who.int/hped

The number of health professions education academic and training institutes in the Region has increased in number in the last few decades. More than 500 institutes (public and private) are currently listed. The main aim is to share knowledge among all these stakeholders at national, regional and global levels.

The directory lists all available data on the institutes that award at least a Bachelor Degree in any of the health professions. The directory provides information to support different stakeholders interested in conducting research, studies or exchanging experience among health professionals educational institutes within and outside countries of the Region. Stakeholders include institutes, professionals, students, communities and other organizations.

The data in the Directory is continuously updated and newly-established institutes are added whenever information is made available.

3. Management effectiveness initiatives web site

www.emro.who.int/mei

The management of health care is a pivotal factor in the delivery of an effective health service with growing recognition of the key role that non-clinical activities play in the way that health care is delivered. Management effectiveness is crucial in all health care settings: hospitals, primary health care clinics, mobile units, laboratories and pharmacies.

The Regional Office offers technical assistance in developing key health management tools and approaches, such as hospital accreditation, licensing of health professionals and facilities, patient safety, quality assurance, the introduction of family practice, evidence-based medicine, decentralization, hospital autonomy, community health management and the district health system approach and the implementation of the management effectiveness programme, as part of its overall efforts in management effectiveness in the Region.

4. Regional health systems observatory

<http://gis.emro.who.int/healthsystemobservatory/main/Forms/Main.aspx>

The main aim of the observatory is to contribute to the improvement of health system performance and outcomes in countries of the Region.

Its specific objectives are to:

- develop health system profiles for all countries of the Region;
- establish a database for information on health systems in the Region;
- set up a Region-wide network of researchers and policy analysts on health systems;
- ensure development;
- undertake and monitor research activities on key health system issues;
- publish and share findings with all stakeholders.

Special programmes

1. Social determinants of health

Activities on the social determinants of health were initiated following the second meeting of the Commission on Social Determinants of Health in Cairo, in May 2005. In 2006 and 2007, work focused on the essential task of providing evidence for action, and based on this evidence, identifying and beginning to initiate action at regional and country levels. Work has been undertaken in the following areas.

Expanding the evidence base

- Continuing to identify social determinants and their role in health outcomes through country level and thematic studies
- Contributing information from the Region to the Commission and its knowledge networks
- Collaborating with social researchers (at the Social Research Center of the American University) in workshops on policy-relevant research on social determinants of health and health equity
- Preparing and disseminating formal publications (*British Medical Journal*), discussion papers and country studies.

Policy initiatives and advocacy

- Promoting an approach to health service delivery based on social determinants of health
- Producing a policy brief (the first of a regional series): "Tackling health inequities through action on the social determinants of health"
- Initiating work on intersectoral action for health at the country level to explore ways to integrate actions of ministries of health with other ministries in order to tackle the social determinants of health.

Collaboration with civil society partners

- Collaborating with the regional civil society facilitator, the Cairo-based Association for Health and Environmental Development on a publication on the social determinants of health in countries affected by conflict.

Future directions for 2008–2009

- Developing an equity monitoring tool as an new area in the health information system to be included in the regional health systems observatory
- Conducting a regional meeting on social determinants of health and health equity to follow the launch of the report of the Commission on Social Determinants of Health in late 2008.

2. *Globalization, trade and health*

Achievements

- Studies in 10 countries undertaken and presented before policy-makers on assessing trade in health services in the Eastern Mediterranean Region in collaboration with the International Development Research Centre, Canada. All reports were published and uploaded on the regional health system observatory and a paper accepted for publication in an international peer-reviewed journal
- The Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS)
- Public health and intellectual property rights

Challenges

- Institutionalize the work on globalization, trade and health in the Division of Health Systems and Services Development
- Mobilize additional resources to keep up the momentum built in the area of trade in health
- Continue to raise the importance and the different aspects of globalization and trade liberalization that can influence international health and national health system performance

Strategic directions

- Develop an evidence base on globalization, trade and health and use it for increasing awareness among policy-makers on matters related to globalization, trade and health
- Strengthen capacity in ministries of health, ministries of trade and commerce, civil society organizations, academic institutions and other related agencies in the area of trade and health

Challenges

In addition to political, social and economic challenges affecting the eco-environment, health systems are facing specific challenges which need to be taken into consideration in developing the divisional response.

Rising poverty in some countries, social exclusion affecting large populations, continuation of political disturbances in some countries and climate change have a direct impact on health systems and their response. The work initiated by WHO on social determinants and the technical support provided in the field of trade and health should bring some elements of response.

The major challenge remains the limited access to health services caused by underfunded health systems in most low-income countries. Traces of such gaps are limited access to medicines and weak coverage by essential health services. Despite advocacy for investing in health, national

sources will not allow sustainable financing in the short and mid term. There is a need to improve financial health protection by promoting prepayment schemes in health care financing options.

Weak health governance remains a recurring challenge in view of the changing landscape of service delivery represented by the growing role in financing and provision of care by the poorly-regulated private sector. Ministries of health usually lack clear vision for health development and have a limited regulatory role. Limited information and legislative support are among the factors which hamper the move towards evidence-based policies and strategies.

Appropriate planning for human resource development and production of skilled health professionals remains high on the policy agenda of ministries of health. Internal and external migration of human resources represents a source of concern and is further exacerbated by globalization.

There is increasing awareness about quality of health services backed by important advocacy and information roles played by the media and civil society organizations. There is a growing need to secure patient safety and security in health facilities at the various levels of health systems.

In view of the growing interest of funding agencies, including the GAVI Alliance and the GFATM, to support countries in strengthening health systems in order to improve delivery of various technical programmes, the Regional Office is under severe pressure to provide technical assistance to benefiting countries. Technical support includes proposal development, implementation of planned activities and monitoring and evaluation of national programmes.

The limited expertise available inside and outside the Region in the field of health system strengthening requires innovative approaches for technical cooperation in this field. Identification of national experts, partnership with national and regional training institutions and capacity development by WHO are among the alternative avenues for technical backstopping.

Pressures exist in the field of rational use of essential health technology in view of its growing cost and impact on availability of quality services. Evidence should be developed on access, medicine pricing and use and assessment of health technology in health systems of the Region. Particular interest should be paid to develop and strengthen governance of health technology with a focus on quality assurance and improvement.



Future directions for 2008–2009

Technical support, covering the various health system functions and building blocks, shall be provided to countries according to the agreed-upon biennial plans.

In order to strategize the divisional input, there is a need to prioritize involvement making use of the outcomes of the health system review exercises and taking into consideration new developments related to strategic planning activities at country level and to social and political environments affecting health systems.

The work of the Division shall also be affected by the additional pressure for technical assistance from countries benefiting from GAVI and GFATM health system strengthening windows.

As WHO will be celebrating the thirtieth anniversary of Alma-Ata, particular interest shall be paid to reviving health systems based on primary health care in order to achieve health for all. The move towards universal coverage through improving social health protection remains high on the Regional Office agenda for technical cooperation.

The analytical work carried out on health care financing in the Region, including studies on catastrophic ill-health care expenditure and monitoring of the developments in relation to expansion of health insurance shall facilitate the design of an evidence-based strategy for social health protection in the Region. Efforts shall be pursued to develop and own national health accounts analysis and to initiate work on costing and cost analysis in health systems.

Countries will be further supported to strengthen their governance function through the promotion of strategic thinking in planning and management and the development of regulatory mechanisms to better manage the public–private mix in service delivery. Institutional strengthening of ministries of health through the development of health policy units shall be supported while promoting national health policy forums.

Technical support in the area of aid effectiveness shall be increased in view of the important financial gap, particularly in low- and some middle-income countries. Policy dialogue, following health system in-depth reviews, will offer an opportunity to promote investment in health and to align the efforts of donor agencies with national health priorities. National mechanisms for aid coordination should be supported by WHO at country and regional office levels.

Human resource development remains among the main priorities in health systems of the Region. Studies were carried out in the last biennium to improve the knowledge base about human resources and some countries have developed national human resources for health observatories. Countries will be supported in strengthening human resource development departments in ministries of health through technical support and provision of guidelines. Reforms aimed at improving production of health workers shall be further supported.

Innovative models for health care delivery, focusing on community participation and empowerment, will be promoted in the Region. A specific interest shall be paid to the development and strengthening of family practice and to alternative options for hospital admissions, including day care, home and community health care. The work initiated in quality assurance and improvement, with particular focus on patient safety and security, will be strengthened. Efforts should be made

to improve data collection and analysis of adverse events in health facilities and to design appropriate strategies to improve patient safety.

Community-based initiatives, implemented in several countries of the Region, will offer a conducive environment to implement the PHC approach based on intersectoral collaboration and community contribution in health development. Proactive approaches to implement healthy lifestyles should be pursued.

There is a need to improve health and biomedical technology in support of service delivery throughout the Region. Laboratory, blood transfusion and clinical imaging networks should be strengthened, particularly in countries facing complex emergencies and/or going through recovery and development phases. Technical support shall be availed to countries in the field of technology selection, use and assessment with a particular focus on medicines and health and biomedical devices. Training of health professionals at the various levels of health systems on the rational use of health technology is of paramount importance.

Efforts shall also be made to strengthen national regulatory authorities in order to secure affordable and quality technology. Strengthening national regulatory authorities, through capacity development and provision of technical expertise, remains among the work priorities of the Division. The regional programme aimed at self-reliance and self-sufficiency in access to quality vaccines deserves better implementation through partnership with development banks and the private sector.

Research activities on the social determinants of health shall be supported and efforts should be made to strengthen collaboration with academic training and research centres of the Region. Civil society organizations should be made use of to promote policies and strategies aimed at improving social determinants.

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