

## **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 (resolution WHA69.24). The resolution urged Member States to implement the framework, as appropriate, and to 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: Scaling up family practice: progressing towards universal health coverage by the 63rd session of the WHO 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 (UHC). Member States were further urged to strengthen and cost essential health services packages for delivery through health care facilities providing services based on family practice.
3. This report summarizes the progress made in implementing resolution EM/RC63/R.2 in the Region in the 2 years to June 2020.

### **Progress achieved since 2018**

4. In 2018, WHO and the World Organization of Family Doctors (WONCA) co-published *Family practice in the Eastern Mediterranean Region: universal health coverage and quality primary care*. The book was launched at the 65th session of the Regional Committee and at the Global Conference on Primary Health Care in Astana, Kazakhstan in October 2018. Directed at policy-makers, health professionals, health educators and health students, the book examines ways to improve primary health care in high-, middle- and low-income countries, and in countries experiencing emergencies. In addition to 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. An online version of the book was subsequently made available on World Health Day 2019<sup>1</sup> and an Arabic translation will be completed in the last quarter of 2020.
5. To support Member States in implementing resolution EM/RC63/R.2 and to fulfil the commitments made in the 2018 Declaration of Astana, the WHO Regional Office for the Eastern Mediterranean established the Primary Health Care Measurement and Improvement (PHCMI) initiative in 2019 in collaboration with the United Nations Children's Fund (UNICEF) Middle East and North Africa Regional Office, the Bill & Melinda Gates Foundation and WONCA. The PHCMI initiative provides tools that policy-makers, development partners and advocates can use to assess primary health care services in countries in order to identify challenges and gaps, and guide performance improvement strategies and plans.
6. In July 2019, PHCMI partners conducted the first regional consultative meeting on primary health care for UHC. The consultation represented the formal launch of the PHCMI initiative and was the first in a series of regional meetings focused on improving primary health care, including services based on the family practice approach.
7. In May 2020, as part of the PHCMI initiative, participants from Egypt, Iran (Islamic Republic of), Jordan, Libya, Morocco and Pakistan held a virtual consultation to present their endorsed primary health care country profiles and vital signs profiles. A vital signs profile is a measurement tool that provides a snapshot of the primary health care system in a country in order to identify gaps in care and prioritize improvements.

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<sup>1</sup> See: <http://applications.emro.who.int/docs/9781138498587-eng.pdf>.

8. In October 2019, a new Regional Professional Diploma in Family Medicine (RPD-FM) was launched during a side event at the 66th session of the Regional Committee. The RPD-FM is a one-year bridging programme in which general practitioners are introduced to the family practice approach and gain improved knowledge and skills in service delivery. The RPD-FM aims to address the severe shortage of family physicians in the Region and will help to achieve the regional target of 3 family physicians per 10 000 population by 2030.

9. In a joint letter to health ministers, the regional directors of WHO and UNICEF announced the implementation of the RPD-FM in 12 countries during 2020–2021: Egypt, Iran (Islamic Republic of), Iraq, Jordan, Lebanon, Oman, Pakistan, Palestine, Saudi Arabia, Somalia, Tunisia and the United Arab Emirates.

10. In March 2020, the Regional Director approved the formulation of a Steering Committee for the RPD-FM to support its implementation in the Region. The Steering Committee will act as a governing body to develop policies and plans for the implementation of the RPD-FM in countries. The Steering Committee held its first meeting in July 2020.

11. In March 2020, WHO and partners agreed on a regional joint action plan for 2020–2021 to support countries in the Region in implementing the *Global Action Plan for Healthy Lives and Well-being for All*, including the first accelerator on primary health care. WHO, UNICEF, the United Nations Population Fund (UNFPA), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations High Commissioner for Refugees (UNHCR) agreed to include the implementation of three different primary health care models of care (including family practice) in their joint two-year workplan on primary health care.

12. Resolution EM/RC63/R.2 called on Member States to strengthen and cost essential health services packages. To promote rational priority setting for health services, the Regional Office has supported the systematic design, development, costing and delivery of essential health services packages and essential intersectoral packages of policy interventions – that is, the UHC priority benefits package (UHC-PBP). In this context, the Regional Office has completed the first draft of the regional UHC-PBP and operational guidance on how to develop UHC-PBPs at national level. In addition, a UHC-PBP for countries in emergency settings is being developed. WHO has provided technical support to a number of countries in the Region in implementing their national UHC-PBP.

## **Main challenges**

13. Resolution EM/RC63/R.2 emphasizes the need to strengthen the capacity of family medicine departments in public health institutes. However, currently only 20% of medical schools in the Region have a family medicine department. The adequate production of well-trained family physicians has emerged as a major global health challenge, with most countries having insufficient numbers of family physicians – as is the case in the WHO Eastern Mediterranean Region.

14. In the Region, 93% of primary health care facilities are managed by general practitioners who have neither vocational training nor experience in creating health care teams oriented towards family practice.

15. The response efforts being made to address the COVID-19 pandemic are currently focused on hospital settings, with only limited attention being given to the key role played by family practice in this context. A strong primary health care sector is crucial for dealing with the majority of COVID-19 cases at local level, while community-level surveillance and preventive community education are vital in controlling the spread of the disease.

## Opportunities and way forward

16. There is growing political commitment among countries of the Region to adopt the family practice approach to improving health service provision. Focal points in 13 countries – Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestine, Saudi Arabia, Sudan, Tunisia and the United Arab Emirates – have received practical experience in the step-by-step implementation of a family practice programme and have developed national road maps to scale up family practice.

17. A number of countries have taken practical steps towards incorporating the WHO quality indicators for family practice into the routine measurement of health service quality and effectiveness. Examples of such steps include the establishment of national committees for the implementation of the quality indicators, local adaptation and translation of the indicators, and integration of the indicators for monitoring and evaluation of priority areas (such as maternal and newborn health and noncommunicable diseases).

18. The PHCMI initiative has also received strong political support. Thirteen countries in the Region are in the process of data collection and are aiming to complete their primary health care country profiles and vital signs profiles by the end of 2020. Funds are being allocated through an intensified primary health care programme to support the improvement phase in Egypt, Pakistan and Somalia.

19. The RPD-FM can be considered as a transitional period during which the general practitioner will be introduced to family medicine, and will gain improved knowledge and skills in service delivery. The Regional Office is now working on the development of the fully automated RPD-FM package.

20. To build on the 2019 achievements in UHC-PBPs, WHO has developed a workplan to: (1) provide technical advice to countries experiencing emergencies on delivering a basic package of health services during the recovery phase; (2) support countries in developing costing guides to assess the financial implications of expanding coverage through UHC-PBPs to the entire population; (3) technically guide the development of a regional framework for UHC-PBP; and (4) update the WHO guide on implementation of the UHC-PBP.

21. The Regional Office is developing a guidance note to advise primary health care policy-makers (particularly at subnational level) and service providers in both the health and social protection sectors, of their frontline defence functions during the response phase of the COVID-19 pandemic. This guidance note outlines the four functions of primary health care in the context of the pandemic – namely, continuity of essential services, prevention of COVID-19, diagnosis of COVID-19 and management of COVID-19 cases at community level.

22. To support health care providers in implementing the above guidance, 8 hours of fully automated online training on managing COVID-19 in the primary health care setting will be developed. The interactive, multimedia and mobile application training is based on WHO technical materials related to COVID-19, and follows the recommended four functions of primary health care during the pandemic. The online training is being developed through the joint efforts of WHO, UNICEF, UNFPA, UNHCR and UNAIDS.