

Introducing the framework for action for the hospital sector in the Eastern Mediterranean Region

Executive summary

1. Universal health coverage means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, without facing financial hardship. Global and regional commitments to universal health coverage include the 2030 Agenda for Sustainable Development and the Salalah Declaration on Universal Health Coverage issued in 2018 (1), and the upcoming United Nations High-Level Meeting on Universal Health Coverage is set to reinforce this momentum. For health care to be truly universal, there needs to be a shift from health systems designed around diseases and institutions toward health systems designed for people, with people. In this vision, primary health care is the foundation for health systems strengthening.

2. Hospitals are essential actors in achieving universal health coverage, and contribute to implementing the vision for primary health care in the twenty-first century. A renewed focus on hospital roles, functions and operations through an integrated and people-centred lens is critical. It brings a fresh perspective on the features of high-performing hospitals that are needed to meet present and future challenges to health and health systems.

3. The World Health Organization (WHO) Regional Office for the Eastern Mediterranean has developed a regional framework for action for the hospital sector, informed by two rounds of situation analysis. The regional framework aims to support Member States to develop a road map for hospital transformation and provides guidance on setting priorities, and formulating and implementing national and local strategic plans for their hospital sector (including both the public and private sectors). It proposes two sets of interrelated interventions, at the system (policy) level and the facility (hospital) level. At the system level, the framework builds on three interrelated domains (system design, drivers and enablers) aligned towards the realization of the strategic vision for the hospital sector in countries. At the facility level, three interrelated domains (institutional arrangements, organizational processes and management functions) are aligned towards achievement of the mission and scope of each hospital. Each domain consists of a set of subdomains, and each subdomain comprises a set of strategic interventions which Member States can draw on based on their national priorities, resources, capacities and specific context.

4. The Regional Committee is invited to endorse the proposed regional framework for action for the hospital sector in the Eastern Mediterranean Region.

Introduction

5. Service delivery is an important component of universal health coverage, and hospitals – in both the public and private sector – play a vital role as a service delivery platform. Hospitals are also essential settings for training and research, and major employers and consumers of goods and services, often having a significant impact on social cohesion and local economies. Hospitals shape public perception of the performance of a country's health system and account for a significant share of health spending (2,3). However, many countries struggle to improve hospital planning, management and performance, at both the system (policy) level and facility (hospital) level, due to rapidly evolving hospital demands, the major impact of health sector shortcomings on the capacity of hospitals to systematically and efficiently deliver high quality people-centred services, and internal hospital deficiencies.

6. Countries in conflict or recovering from conflict face additional challenges due to damaged infrastructure, shortage of human resources, disruption of medicines and medical supplies, absence of essential social support facilities and lack of financial resources (4). These countries often need additional

critical interventions to rebuild their health systems and ensure access to effective quality health services – including hospital care.

7. Ensuring that people everywhere have access to referral care and inpatient care when they need it remains an unfulfilled goal. The hospital sector needs to be transformed so that it can work effectively and efficiently to help achieve universal health coverage. Hospital transformation entails: finding new ways of integrating hospital services within the broader service delivery system, particularly primary health care; engaging and empowering communities and other social services; improving hospital management and performance; and creating an enabling environment (5).

8. The 56th session of the Regional Committee for the Eastern Mediterranean highlighted the importance of hospital management. In addition, the 59th and 60th sessions of the Regional Committee adopted resolutions on health systems strengthening and moving towards universal health coverage through strengthening service provision (EM/RC59/R.3 on Health systems strengthening in countries of the Eastern Mediterranean Region: challenges, priorities and options for future action; and EM/RC60/R.2 on Universal health coverage). Furthermore, the 61st session of the Regional Committee discussed mid-term progress on and prospects for health systems strengthening for universal health coverage 2012–2016 (EM/RC61/6). An important reference is the Framework on integrated people-centred health services, which was adopted by the Sixty-ninth World Health Assembly in 2016 (6). A draft regional framework for action for the hospital sector was presented at a technical meeting after the 65th session of the Regional Committee in 2018, and Member States requested the Secretariat to develop and present the framework as part of a technical paper at the 66th session of the Regional Committee in 2019.

9. The draft regional framework for action presented in this paper was informed by two rounds of situation analysis on hospital planning and management undertaken by the WHO Regional Office for the Eastern Mediterranean. The proposed framework builds on interregional collaboration and coordination with WHO headquarters. It was discussed and developed by experts from inside and outside the Region during an expert consultation in June 2018. The framework was also discussed and enriched by focal points appointed by Member States at a dedicated regional meeting in April 2019.

10. This technical paper has been developed in response to the recommendations of Member States and aims to:

- present a summary of the situation analysis of the hospital sector in the Region;
- introduce a vision and framework for action including a set of interventions to enable the hospital sector and individual hospitals to operationalize and sustain the agenda of integrated people-centred health services and primary health care for universal health coverage; and
- propose a road map for Member States to implement the framework for action.

Analysis of the hospital sector in the Eastern Mediterranean Region

11. Two rounds of situation analysis of the hospital sector in the Region were conducted in 2015 and 2017, using self-administered questionnaires. Information collected was supplemented with a broad literature and document review, selected field visits, and interviews with experts and policy-makers from different countries of the Region (7).

12. The Region is home to over 650 million people living in highly diverse socioeconomic and geopolitical country contexts. Most countries have hospital-centric health systems, with a mix of public and private (not-for-profit and for-profit) hospital sectors. The total number of hospital beds is estimated to be 740 000 and, with the exception of Lebanon, the majority of hospital beds are in the public sector (80%), with the remaining in private for-profit (18%) and private not-for-profit (2%) hospitals. The private hospital sector is growing rapidly in the Region. Hospitals also vary widely in size, location (rural and urban), resources, specialization (general versus specialty hospitals) and organization, as well as their position in the health system (first-level hospitals, secondary care hospitals and large teaching institutions).

13. Health ministries are the main stewards of the health sector in all countries of the Region, and the hospital sector is centrally managed by the health ministry in most countries. However, weak governance and lack of capable decision-making authorities are evident in many countries. Some countries plan greater decentralization, and hospital autonomy has been exercised in some countries to improve efficiency, quality and accountability, with mixed results. Most countries do not take a systematic approach to analysing population health needs and expectations, and have limited hospital sector strategy, with no link between hospital planning and budget envelopes. A well-defined package of essential hospital services for different settings/levels is lacking in many countries, and even where such packages exist, there are obstacles to full implementation. Engagement of patients, families and communities in planning and governance of the hospital sector does not exist in most countries.

14. In most countries, there is misalignment between the distribution of hospital beds and high-technology equipment and population health needs. Established plans for the rationalization of infrastructure and distribution of high-technology equipment among hospitals exist only in six countries, and are partially implemented. In addition, public hospital infrastructure and equipment are in poor condition in many countries. Capacity and commitment to enhance the rational use of health technologies in terms of assessment, regulation and management are inadequate, and preventive and corrective maintenance of hospital equipment is intermittent in many countries.

15. Only a few countries have well-defined and functioning referral networks between hospitals and primary health care facilities, or between hospitals at different levels. Hospitals do not serve geographically defined catchment areas based on national policy mandates. Referral guidelines are available in 15 countries (68%), but are functioning in only five (23%). Regarding hospital service utilization, the overall average bed occupancy rate and length of stays were 60.7% and 4.12 days, respectively, in the Region in 2013 (7, 8).

16. Most countries are entrenched in the historical model of public provision and financing, and there is a mix of funding patterns, including public sector funds (through central government budgets and national insurance funds) and out-of-pocket payments made directly by users. Hospitals consume between 50% and 80% of government health expenditure in many countries, and there is an absence of long-term planning for hospital financing. The absence of a cost-conscious culture, poor financial management and a lack of financial incentives to drive performance result in high inefficiencies in hospitals in most countries.

17. The Region faces emergencies on an unprecedented scale due to political conflict as well as its propensity for epidemic- and pandemic-prone diseases. More than half the Region's population live in countries with graded emergencies. Many hospitals, and the availability of hospital services, in some countries have been seriously affected by conflict. For example, 51% of public hospitals in the Syrian Arab Republic are fully functioning, 25% are partially functioning and 24% are not functioning (9). In Yemen, only 45% of hospitals are fully functioning, with a severe shortage of hospital workforce (10).

18. Across countries in the Region, there are adequate legislative and regulatory frameworks in place for running hospitals. However, some challenges and gaps exist, including: absence of an exclusive authority for hospital development and upgrading; lack of clear mechanisms for selecting and assigning hospital directors; lack of clear accountability mechanisms; unfair salary scales and pay regulations; and political intervention in decision-making. There is inadequate regulation and inconsistent enforcement of regulations for the private hospital sector. Policies are also needed to foster alignment of the mission of private sector entities with service delivery and public health objectives.

19. In most countries, hospitals employ around two thirds of the health care workforce; however, many face major workforce shortcomings and eight countries face critical health workforce shortages. The numbers and types of health workers per 10 000 population and their skills mix varies significantly across countries. Human resource management is centralized in most countries, but accurate and reliable data on hospital workforce are unavailable. In most countries, there are high rates of dual practice among public sector employees. Inequitable geographical distribution of health professionals, inadequate in-service

training and continuous professional development, and concerns about quality and performance of the hospital workforce are further challenges.

20. A few countries have started consistent programmes to train hospital managers. However, hospitals are generally managed by medical doctors who rarely have formal management training or managerial skills. There is high turnover of hospital directors most countries, and hospitals lack the authority or flexibility to introduce incentives or performance-related pay.

21. Countries increasingly recognize poor quality health care as an issue of great importance. Although quality of care and patient safety feature on the health policy agenda in some countries, commitment to quality of hospital care is still not fully demonstrated and the sustainability of related programmes remains a challenge. Regulatory (licensing) frameworks ensuring minimal quality standards exist in most countries. Of 13 countries surveyed, health facility licensing is a one-time action in six and periodic in seven, while 11 have mandatory or voluntary national and/or international hospital accreditation programmes. There is high prevalence of adverse events among inpatients; as high as 18% in some countries (11). In response, 160 hospitals from different countries have so far enrolled in WHO's Patient Safety Friendly Hospital Initiative.

22. Infection prevention and control programmes are among the most important quality and patient safety indicators of health (hospital) services. Health care-associated infections are among the most serious adverse events in health care, threatening patient safety and resulting in significant morbidity and mortality. They result in prolonged hospital stays, increased use of antibiotics and increased health care expenditures. About three in every 20 hospitalized patients get an infection while receiving health care in low- and middle-income countries (12), and up to 32% of surgical patients get surgical infections (13). The prevalence of health care-associated infections among countries of the Region varies from 12% to 18% (14).

23. In a few countries, integrated information systems are functioning well to link health care providers at different levels, but health information systems are generally weak in the Region: hospital records are not well maintained; more than half the countries do not use the International Classification of Diseases; eHealth is not given adequate priority; and the information produced is not used for improving performance.

24. Comprehensive national emergency preparedness and response plans are insufficiently developed in many countries and, in the event of an emergency, inadequately implemented. Even where emergency plans are critically important, they often lack clearly defined roles for hospitals. An established system of staff training is also lacking, and regular exercises (e.g. drills) in emergency and disaster management are not undertaken in many countries.

25. A few countries in the Region have started planning and implementing hospital reforms and performance improvement projects as part of their national health strategies and/or health transformation plans.

Vision for people-centred hospitals as part of integrated people-centred health services towards universal health coverage

26. Key to dealing with today's overall health challenges is to transform the way health and social services are planned, delivered and funded in order to deliver integrated people-centred health services. In this vision, adopting a primary health care approach and strengthening primary health care is the foundation for achieving universal health coverage and the health-related targets of the Sustainable Development Goals (SDGs). The primary health care approach applies to all providers in the health care ecosystem, and successful primary health care development depends on the capacity of hospitals – as a concentration of the health workforce, health technologies and financial resources – to distribute resources and knowledge within the community and among health and social care providers. A renewed focus on hospitals' roles, functions and operations through an integrated and people-centred lens is critical, particularly to reach underserved and marginalized populations.

27. In this context, the vision for people-centred hospitals states that the hospital sector actively contributes to the attainment of universal health coverage and the SDGs: leading by example for sustainable development, contributing to building healthy communities and stronger health systems, and striving for integrated high-quality care, organized around people's needs and preferences. In this view, while appropriate scaling-up of buildings and infrastructure will be necessary (particularly in the many areas that remain underserved), priority should be given to transforming what hospitals do and how they do it. Hospitals should not only cater for patients' immediate outcomes and experience; they should also adopt a longer-term perspective and population health approach, partnering with health and social service providers and with communities.

28. While this vision of hospitals' roles and position is valid for the sector as a whole, its operationalization for individual institutions will be translated into their mission and scope, depending on their ownership status (public/private) and mandate, and local health needs and available services in the area.

Realizing the vision: the framework for action for the hospital sector in the Eastern Mediterranean Region

29. The regional framework for action for the hospital sector aims to assist Member States in driving operationalization of the vision for people-centred hospitals towards universal health coverage. It proposes two sets of interrelated interventions: at the system (policy) level and the facility (hospital) level. Fig. 1 illustrates the framework for action for transforming the hospital sector in the Eastern Mediterranean Region.

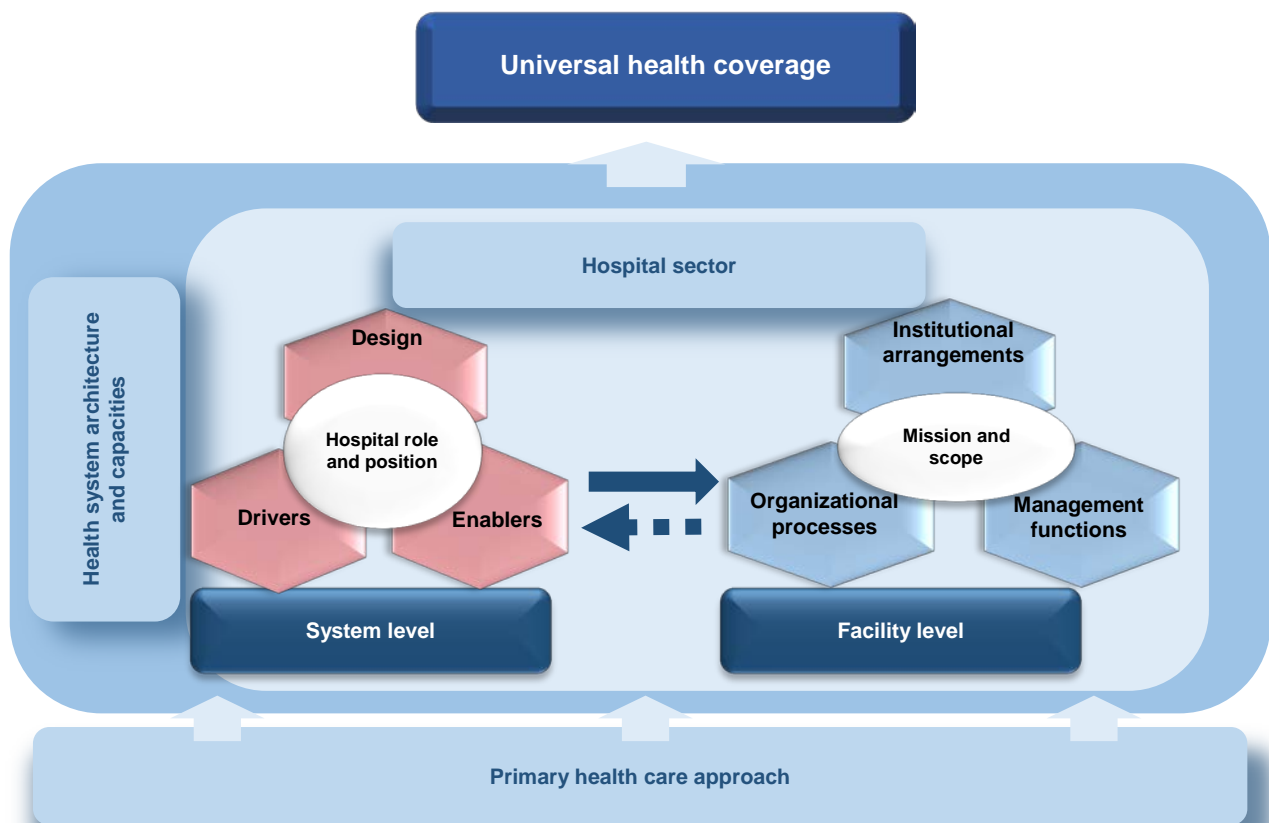


Fig. 1. Framework for action for the hospital sector: two levels of interventions

30. The two approaches (levels of interventions) are closely interrelated.

- At the system level, decision-makers (e.g. policy-makers) (re)define the position, roles and functions of hospitals within the system and set clear objectives for their contribution to universal health coverage and health outcomes, thereby fostering a new health and social care model with a renewed role for hospitals, complementary to primary health care services.
- At the facility level, decision-makers (e.g. the governance board and management team) (re)organize and optimize hospital production processes to deliver people-centred care and strengthen internal performance to deliver on their mandate (mission and scope).

31. Interventions and choices are affected by the architecture and capacities of the country's health system. Conversely, actions at both levels – for the hospital sector and the individual facility – will impact the general architecture and capacities of the health system.

32. At the system level, the framework builds on three sets of interrelated domains – design, drivers and enablers – aligned towards the realization of the strategic vision for the hospital sector in countries. Each domain consists of a set of subdomains, and each subdomain comprises a set of strategic interventions which Member States can draw on based on their national priorities, resources, capacities and specific context. Implementing the national vision for the hospital sector and enhancing hospitals' contribution to service delivery objectives and population health requires, simultaneously:

- strengthening system design (degree of vertical and/or horizontal integration, public/private mix, hospital typologies and role delineation across providers), autonomy and accountability, regulation and people's participation (**design**);
- designing and implementing provider payment systems and monitoring and feedback mechanisms (**drivers**) to encourage, recognize or reward improved hospital performance and achievement of roles and functions;
- ensuring adequate infrastructure, technologies, human resources and information systems (**enablers**) as necessary preconditions to deliver on hospital roles and functions.

33. At the facility level, the proposed framework has three sets of interrelated domains – institutional arrangements, organizational processes and management functions – aligned towards achieving the mission and scope of each hospital. Each domain consists of a set of subdomains and each subdomain comprises a set of strategic interventions. Hence, operationalization of the hospital sector vision at the facility level requires, simultaneously:

- strengthening an institution's governance structure (e.g. hospital board), ensuring meaningful patient/staff/community participation and engagement, and considering options for integration of services, in order to enhance responsiveness to local needs and improve transparency and accountability (**institutional arrangements**);
- optimizing internal clinical and non-clinical processes, encouraging a supportive organizational culture and continuous quality improvement, and enhancing hospital performance monitoring and reporting (**organizational processes**);
- strengthening management functions including infrastructure and facility management, financial management, human resource management, supply chain management and information management in order to build capacity to deliver on a hospital's mission and scope (**management functions**).

34. Annex 1 presents the proposed framework for action for transforming the hospital sector in the Region, including strategic interventions at the system level and facility level, and the proposed support from WHO and other development partners. The interventions are relevant in most Member States, regardless of country context; however, they need to be prioritized and implemented gradually.

35. The proposed framework provides guidance for Member States in setting priorities, and formulating, implementing and evaluating national policy/strategic plans for their hospital sector. Engagement, ownership and commitment on the part of national authorities are critical for successful implementation. All key stakeholders, including civil society organizations representing patients and communities, should be involved in this process.

36. Although the vision described is universal, the path to transformation should be adapted to the local context, and different policy instruments may be needed to specifically tackle the most pressing local issues. Recognizing differences in country contexts will help to develop realistic and applicable solutions. Analysis of the environment, policies and regulations will suggest a customized path to ensure alignment of incentives and policy levers. It is important to acknowledge potential vested interests and align political agendas to develop long-term targets, as well as achieving short-term satisfactory goals. The change management process includes well-documented steps that combine bottom-up and top-down approaches.

37. The Regional Committee is invited to endorse the proposed framework for action for the hospital sector in the Eastern Mediterranean Region.

Adapting the framework: recommended country actions and WHO support

Country actions

38. Ensure the highest level of political commitment for planning and implementation of people-centred hospitals as part of integrated people-centred health services in moving towards universal health coverage.

39. Use the regional framework for action as guidance to develop/update and implement a national strategic plan for the hospital sector, aligned with or embedded within overarching national health policies, strategies and plans, and taking into account country-specific challenges, priorities and capacities.

40. Use the regional framework for action to engage all stakeholders and guide the policy dialogue on transformation of the hospital sector in the country.

41. Ensure the availability of adequate financial, human, technological and technical resources for implementation of the national strategy for strengthening the hospital sector through a robust resource planning and budgeting process.

42. Build and expand the mechanisms, and institutional and informational arrangements, for monitoring and evaluation of hospital sector performance and progress towards implementation of the national strategy for the hospital sector.

43. Generate evidence and develop case-studies on local and national experiences of hospital transformation within integrated service delivery strengthening, and share experiences through regional platforms.

WHO support

44. Provide technical support to Member States in building capacity for the development and implementation of a national hospital sector strategy, as part of national health policies, in the context of the regional framework for action to transform the hospital sector and improve hospital performance.

45. Support Member States to implement proposed strategic interventions at both the system and facility levels.

46. Assist in networking and coordination with international/national partners and stakeholders to implement proposed strategies and facilitate resource mobilization.

47. Support regional and country-specific policy dialogue on developing and/or transforming the hospital sector, and foster documentation and sharing of global, regional and national experiences to generate evidence and identify good practices.

48. Report periodically on progress towards implementation of the regional framework for action for the hospital sector and its contribution to achieving universal health coverage and strengthening primary health care in the Region.

49. Assist Member States to build managerial capacities of hospital managers and facilitate professionalization of hospital management in countries.

50. Provide support and guidance to countries in emergency and post-conflict situations to reconstruct the hospital sector and improve hospital performance.

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Annex 1. Framework for action for the hospital sector in the Eastern Mediterranean Region

| Strategic interventions at the system level | | | |
|---|---------------------|---|--|
| Domain | Subdomain | Action by countries (strategic/policy interventions) | Support from WHO and other development partners |
| Vision | | <ul style="list-style-type: none"> Formulate/update a vision to transform the hospital sector and reaffirm its contribution to the health system (i.e. towards achieving universal health coverage and contributing to the SDGs). Develop/update and implement a national policy/plan for the hospital sector, aligned with the overarching national health policy/strategy, in the context of the regional framework for action and based on population health needs assessment. Institutionalize mechanisms to engage stakeholders in developing the vision and strategic policy/plan regarding a renewed role for the hospital sector. Frame the expected roles and positions for hospital subsectors (e.g. first-level referral hospitals, general hospitals, teaching hospitals, private and nongovernmental organization hospitals), allowing tailoring to local specificities. | <ul style="list-style-type: none"> Facilitate convening of stakeholders for dialogue on the vision and strategy for hospital transformation. Develop national capacities in hospital planning, leadership and management. Provide technical support to develop/update national hospital strategic plans in the context of the regional framework for the hospital sector. |
| Design | Institutions | <ul style="list-style-type: none"> Map the territory and define “catchment areas” (clusters) around which to build hospital networks. Develop institutional mechanisms to ensure equity in access to hospital services for the whole population. Establish governance structures with clear population-based responsibilities and with a role to ensure the coordination of services. Strengthen hospitals’ accountability to the public and create governance boards on which the community is represented. Gradually increase the responsibility and autonomy of public hospitals while ensuring full alignment with legal, regulatory and policy instruments. Support synergies and collaboration between public and private health care providers within a clearly defined legal, regulatory and accountability structure. | <ul style="list-style-type: none"> Share global experience, evidence and good practices in transformation and strengthening of the hospital sector. Support countries to develop, implement and institutionalize a universal health coverage priority benefit package (UHC-PBP) including hospitals at different levels. Provide technical support to strengthen hospital governance at the national and local levels. Build capacity in assessing, regulating and partnering with private sector hospitals. Assist in developing regulations and national policies/strategies for hospital quality of care and patient safety. Facilitate networking with regional and global entities working on hospital care, planning and management. |
| | System architecture | <ul style="list-style-type: none"> Develop hospital service packages and standards for hospitals across different settings and levels. Develop/improve a comprehensive national referral and counter-referral system. Generate and institutionalize coordination mechanisms across different levels and types of services (e.g. integrated care pathways, standardized protocols) and create incentives for their implementation. Reorient the model of care, introduce cost-effective approaches to hospital admissions (e.g. more day care and ambulatory care, home and community/primary care), adopt new technologies and promote outreach activities. Use macro decision-supporting tools such as needs assessment, feasibility studies, health technology assessment and cost analysis. Prepare national disaster management plans and develop guidelines for the health system including the hospital sector. Take the consequences of damaging events as an opportunity to rebuild a more equitable hospital sector as part of the overall health system. | |
| | Regulation | <ul style="list-style-type: none"> Develop/strengthen (re)licensing regulations for both public and private health facilities and for health care providers. Use (simultaneously) a mix of regulatory instruments to ensure hospital quality of care and patient safety. Develop/update and implement a policy/plan for infection prevention and control programmes at national and local levels along with a well-designed surveillance system for health care-associated infections. Develop/strengthen regulations to enforce patients’ and relatives’ rights and give them a voice. Strengthen the ministry of health’s enforcement capacity in licensing, legal authority, monitoring and feedback. Set regulations to develop/update nationally approved evidence-based guidelines, protocols and standards for hospital services. | |

| Strategic interventions at the system level | | | |
|---|---|---|---|
| Domain | Subdomain | Action by countries (strategic/policy interventions) | Support from WHO and other development partners |
| | People and participation | <ul style="list-style-type: none"> • Institutionalize mechanisms to engage patient representatives, civil society organizations and local representatives in hospital sector governance, planning and monitoring. • Develop health literacy and patient education programmes to empower and engage people in their care process. • Include performance goals and measures related to community participation and patient rights within the performance dashboard. | |
| Drivers | Payment system | <ul style="list-style-type: none"> • Design relevant payment systems to pay for the different functions of hospitals (elective, emergency, outpatient, health promotion, and so on) in an effective, efficient and equitable way. • Develop systems that allow a transparent and efficient resource allocation process across different levels of the health system and across various hospitals, with proper financial monitoring mechanisms. • Link hospital payment systems to performance (e.g. quality, efficiency, equity and integrated people-centredness) incentive mechanisms. • Build a system that promotes a cost-conscious culture among managers and optimizes resource utilization. | <ul style="list-style-type: none"> • Support development of appropriate payment systems for the hospital sector. • Build capacities in health financing and financial management of policy-makers, hospital directors and relevant cadre. • Build capacity in performance monitoring of the hospital sector at the national and local levels. |
| | Monitoring and feedback | <ul style="list-style-type: none"> • Develop a comprehensive multidimensional performance dashboard for hospitals to report to relevant governing bodies. • Build/expand mechanisms and institutional arrangements for monitoring and evaluation of progress towards implementation of the national strategic plan for the hospital sector. • Develop/enhance public reporting of hospitals' performance (e.g. quality, safety and patient experience). • Develop a system to monitor professional negligence and misconduct in order to improve safety/quality of care, and ensure the system is effectively implemented at the facility level. | <ul style="list-style-type: none"> • Share international/regional networking and proposals for mobilizing funds. • Develop a framework for costing and tariff setting for hospital services. |
| Enablers | Infrastructure and technologies planning | <ul style="list-style-type: none"> • Define policies to ensure all hospitals have standard environmental conditions, available essential commodities, and adequate deployment of health care workers. • Develop norms/standards to design and build safe and resilient hospitals in alignment with related regulations. • Rationalize capital investment planning and ensure long-term sustainability. • Ensure the sustainability of hospitals beyond initial investment by systematically allocating sufficient maintenance budgets and integrating flexibility into hospital design to adapt to technologies, models of care and users' needs and preferences. • Consider investing in technologies enabling the population to benefit from specialized care in remote areas (telemedicine and mobile health). • Steer specific policies to push hospitals to become environmentally friendly. | <ul style="list-style-type: none"> • Share global experience, evidence and good practices in strengthening the hospital sector. • Provide technical support and guidance on hospital management training programmes and professionalization of management. • Provide technical support to develop and enhance health/hospital information systems and medical records. |
| | Workforce policies | <ul style="list-style-type: none"> • Enhance the national hospital sector staffing plan (quantity, skill mix and quality), recruitment, distribution and retention as part of the national health workforce strategic plan. • Establish incentive-based payment systems for hospital staff aiming to enhance quality, efficiency and productivity. • Develop/enhance a system to mandate in-service continuous professional development and competence building for hospital staff. • Build leadership and managerial capacity in hospital management and develop conditions for professionalization of management. • Promote teamwork and collaboration across care settings by integrating opportunities for educational outreach and staff rotation between care levels in health workforce policies. | <ul style="list-style-type: none"> • Provide technical support to develop/enhance a national/local hospital workforce plan. • Facilitate networking with regional and global entities working on hospital care, planning and management. |
| | Information systems | <ul style="list-style-type: none"> • Establish integrated information systems to gather data on resources, activities and outcomes as a prerequisite for sound management, planning and strategic purchasing of hospital services. • Develop information technology infrastructures and standards that allow inter-institutional information flow (interoperability). • Develop/enhance electronic medical records. | |

| Strategic interventions at the facility level | | |
|---|---|--|
| Domain/ subdomain | Action by countries (strategic interventions) | Support from WHO and other development partners |
| Mission and scope | <ul style="list-style-type: none"> Reaffirm the hospital's expected role in maintaining the health of the served community and confirm its role in the local health system. Develop a culture of service whereby hospital providers are serving the public, respecting a clear code of conduct and working together to address health needs in the most efficient way. | <ul style="list-style-type: none"> Facilitate networking among hospital leaders in the Region. |
| Institutional arrangements | <ul style="list-style-type: none"> Align the organizational strategy with the national health strategy, taking the specificities of the local health system into consideration and working closely with local health authorities. Ensure that the governance board and its committees fully execute their mandates, on a regular basis, in a context of gradually earned autonomy. | <ul style="list-style-type: none"> Share global experience, evidence and good practices in strengthening the hospital sector. Provide technical support to strengthen hospital governance and accountability. |
| Governance Service design Engaging people | <ul style="list-style-type: none"> Create mechanisms to effectively engage hospital staff, particularly clinical teams, in hospital management/performance improvement plans. Develop coordination mechanisms with all health system partners (primary care providers, pre-hospital services, rehabilitation and long-term care providers) to establish formal collaboration, design patient and information flows, and adopt corresponding incentives. Adapt service delivery approaches to respond to changing health needs and technological evolutions (e.g. day care and same-day admissions). Explore possibilities to ensure access to the most vulnerable populations (leaving no one behind). Increase participation by citizens, beneficiaries and patients in hospital planning, supervision and decision-making. Create spaces and mechanisms whereby patients, beneficiaries and the population can express their preferences/complaints and contribute to community-supported governance, and develop information, programmes and tools for patient education. Reaffirm and enforce a code of conduct and code of ethics, including a patients' rights charter. | |
| Organizational processes | <ul style="list-style-type: none"> Introduce/enhance quality and safety improvement programmes (set objectives, develop reporting and monitoring systems, and provide incentives). Consolidate and improve the functioning of hospital committees by setting clear roles and responsibilities and ensuring accountability. Adopt or develop clinical/non-clinical guidelines, clinical pathways, protocols and standardized procedures, and enforce their implementation. Adopt and implement the WHO Patient Safety Friendly Hospital Initiative. Develop/update and implement core components of an infection prevention and control programme in hospitals, in line with national plans. Adopt a continuous improvement culture and initiate and support bottom-up innovation processes. Distribute responsibilities and decision-making power closer to the care delivery units. Develop and implement hospital emergency and disaster preparedness and response plans (approved, tested and with trained staff). Establish and implement a comprehensive performance monitoring system, and distribute responsibilities accordingly. | <ul style="list-style-type: none"> Provide technical support on quality improvement and implementation of the WHO Patient Safety Friendly Hospital Initiative. Build capacity in monitoring of performance of hospitals. |
| Process design Organizational culture Monitoring and feedback | | |
| Management functions | <ul style="list-style-type: none"> Improve facility and asset management (e.g. improve maintenance programmes – adopt equipment inventories and apply life-cycle management). Promote a clean and safe environment and ensure safe waste disposal and management. Link the budgetary process with the hospital's goals and objectives. Establish strategies/procedures for utilization review, cost monitoring and cost containment with an accurate reporting system. Adopt adequate staffing and staff management standards, and develop career paths and continuous professional development programmes. Improve staff recognition and rewards for good performance. Develop leadership and management capacities at all levels and stimulate collaborative work approaches. Provide a work-friendly and safe working environment and adopt safety and security measures. Optimize supply chain management supported by effective contingency plans. Adapt information systems to the needs of inter-professional/intra- and inter-institutional care pathways. Use information technology/technological advances, customized to the hospital's configuration and needs, as tools to improve performance. Develop/improve a standardized medical record system in hospitals. | <ul style="list-style-type: none"> Build capacity in leadership and management of hospitals. Provide technical support on human resource management. Provide technical support to develop and enhance hospital information systems and medical records. |
| Infrastructure and facility management Financial management Human resource management Supply chain management Information management | | |