

Summary report on the

Side meeting on evaluating progress on the implementation of the framework for action for the hospital sector and strengthening hospital resilience in the Eastern Mediterranean Region

Dubai, United Arab Emirates
12 November 2022



World Health
Organization

REGIONAL OFFICE FOR THE Eastern Mediterranean

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1. Introduction

Hospitals are instrumental, within a primary health care-led system, to achieving universal health coverage (UHC), health security and the health-related Sustainable Development Goals (SDGs). Many hospitals in the Region, especially in the public sector, have failed to evolve in terms of operational processes and infrastructure, with standards of care and efficiency declining in some. During rapidly evolving outbreaks, such as the COVID-19 pandemic, the provision of care by hospitals and health care facilities tends to become interrupted and overwhelmed. A paradigm shift in health service delivery towards integrated people-centred health services is underway in some countries and the hospital sector needs to be transformed to be able to contribute to this shift.

During the 66th session of the WHO Regional Committee for the Eastern Mediterranean in 2019, Member States adopted resolution EM/RC66/R.4 on introducing the framework for action for the hospital sector in the Eastern Mediterranean Region. The regional framework aims to support Member States to develop road maps for hospital transformation. It proposes two sets of interrelated interventions, at the system (policy) and facility (hospital) levels. Among other things, the resolution called on Member States to: ensure political commitment to planning and implementing people-centred hospitals; develop/update a national hospital sector strategy using the regional framework for action and based on their national priorities, resources, capacities and specific contexts; and monitor and evaluate hospital sector performance and progress in implementing the national strategy. It also requested WHO to provide technical support to Member States to build capacity for the development and implementation of a national hospital sector strategy.

Sudan, with technical support from WHO, was the first country to adopt the regional framework for action for the hospital sector, leading to the development and endorsement of a national hospital sector strategy.

Currently, Pakistan, the occupied Palestinian territory and Morocco are working on the development and implementation of national hospital sector strategies, while Egypt and Jordan are in the initial stages of discussions regarding the development of national hospital strategies. The experiences of these countries offer insights and lessons for other countries in developing or updating their own national hospital sector strategies within the context of the regional framework for action. Moreover, the COVID-19 pandemic has exposed the need to strengthen health system resilience, particularly the resilience of hospitals as the backbone of services delivery. However, there is little literature regarding this concept and its application and measurement, especially in low- and middle-income countries and in such fragile settings facing multiple hazards and chronic shocks to the health system as exist in the Region. To explore hospital resilience, the WHO Regional Office, using a cross-departmental collaborative approach, undertook a comprehensive mixed-methods study, followed by an expert consultation, to develop an operational guide for the implementation and measurement of hospital resilience in the Region. This guide will be piloted in some hospitals in selected countries of the Region.

Against this background, the WHO Regional Office of the Eastern Mediterranean convened a one-day side meeting on 12 November 2022 on evaluating progress on the implementation of the regional framework for action for the hospital sector in the Eastern Mediterranean Region. The meeting was held on the sidelines of the 45th World Hospital Congress of the International Hospital Federation, hosted by Dubai Health Authority from 9 to 11 November 2022. Following participant capacity-building at the 45th World Hospital Congress in Dubai, the WHO side meeting offered the opportunity to discuss and update selected Member State focal points on the lessons learned from the development and implementation of national hospital sector strategies in the context of the endorsed WHO regional

framework for action. The meeting focused on discussing country experiences, lessons learned and roadmaps in developing and implementing national hospital sector strategies, and was enriched by discussions from multidisciplinary national and international hospital sector specialists. The meeting also provided an opportunity to share resources and tools to strengthen the hospital sector, such as operational guidance on hospital resilience, community health needs and assets assessments, and hospital performance assessments at the national level.

The specific objectives of the meeting were to:

- share and learn from the experience of Eastern Mediterranean Region countries in the development and implementation of their hospital sector strategies in the context of the regional framework for action;
- share global experience, evidence and good practices in the transformation and strengthening of the hospital sector;
- discuss the operational guide on the implementation and measuring of hospital resilience in the Eastern Mediterranean Region, with a focus on low-resource settings;
- introduce and discuss a set of regional indicators for assessment of hospital sector performance at the national level, as one of the strategic interventions of the regional framework; and
- develop draft work plans for implementation.

The meeting was attended by representatives from Egypt, Jordan, Morocco, the occupied Palestinian territory, Pakistan, Somalia, Sudan and the United Arab Emirates, along with experts from France, the Islamic Republic of Iran, Italy, Lebanon, Portugal, Thailand and the United Kingdom, with contributions from staff from WHO headquarters and the regional offices for Europe and the Eastern Mediterranean.

The meeting was inaugurated by Dr Rana Hajjeh, Director of Programme Management at the WHO Regional Office for the Eastern Mediterranean, and Dr Essam Howayyer, on behalf of Dr Yousif Mohammed Al-Serkal of the Ministry of Health and Prevention of the United Arab Emirates.

2. Summary of discussions

Framework for action for the hospital sector in the Eastern Mediterranean Region

The opening session introduced the regional framework for action and WHO initiatives on strengthening the hospital sector in response to Member State requests and the vast needs of the Region. Dr Hamid Ravaghi, Regional Adviser for Hospital Care and Management, highlighted the challenges faced by hospitals in the Region, which include changing contexts (marked by epidemiological transitions, technological advances and emergencies), health system shortcomings (exacerbated by the COVID-19 pandemic) and internal hospital deficiencies, that all highlight the need for a paradigm shift in service delivery.

WHO initiatives to strengthen the hospital sector in the Region

The following major areas of work undertaken by WHO's regional Hospital Care and Management team to build people-centred hospitals in the Region were described.

- Strategic planning and implementation, including the development of national hospital sector strategies in seven countries, developing operational guidance on strengthening hospital resilience (to be piloted in at least three countries in the Region) and synthesizing and piloting hospital performance indicators.

- Capacity-building programmes, including training of trainers and regular programmes for strengthening hospital managers' leadership and technical capacities across seven components of hospital care and management (conducted in six countries), hospital emergency preparedness and response courses (implemented in seven countries and adapted to virtual and open-access formats on OpenWHO), emergency unit management and mentorship (implemented in eight countries), and a self-paced course on financial management for non-financial managers.
- Evidence generation and the development of various tools and guides, including rapid hospital assessment tools, COVID-19 readiness assessment tools, hospital sector profiles (in half the countries of the Region), a guide to transforming the hospital sector ("A path to transformation"), policy papers on hospital resilience and numerous peer-reviewed publications. In addition to these, WHO has disseminated knowledge, tools and resources through events, webinars and conferences.
- Cross-departmental collaboration with almost all WHO Regional Office departments, resulting in guidance on emergency, critical, and operative care (the ECO Framework), hospital resilience, community health needs and assets assessment, and palliative care, and supporting the launch of a new WHO collaborating centre for hospitals care and management.
- Finally, in addition to all the above, the team responds to technical-related requests from Member States on hospital strategic planning, hospital governance, hospital efficiency, hospital bed planning, capacity-building programmes for hospital managers, rapid hospital assessment (at policy/facility levels), strengthening hospital emergency units, temporary field hospitals (during and after the COVID-19 pandemic) and collaboration with other partners (such as USAID and the World Bank).

This was followed by a presentation highlighting collaboration between WHO headquarters and the WHO Regional Office that positioned hospitals at the intersection of service delivery, governance and financing, and identified their central contributions to models of care, care pathways and UHC packages. There was discussion on defining hospital functions, which highlighted the political, financial and social importance of hospitals to communities and policy-makers alike. Issues related to the role of hospitals within a primary health care approach, the high-burden on hospitals due to poor referral pathways, misuse of emergency departments for primary care, quality of care, collaboration and the role of the private sector were also raised.

Country experiences in developing and implementing national hospital sector strategies

Country presentations were then made on the progress of the implementation of the regional framework for action in Egypt, Jordan, Morocco, the occupied Palestinian territory, Pakistan, Sudan and United Arab Emirates. The main challenges and drivers for change, primary stakeholders in strategy development/implementation, top priorities, key lessons and next steps were described. Countries also reflected on how they utilized the framework to guide their national health strategies and made recommendations for improving the framework for more effective country implementation.

A moderated discussion with regional and international hospital management experts highlighted various common interventions that should be considered for improving the hospital sector in the Region. These include: 1) designing relevant payment systems to pay for the different functions of hospitals in an effective, efficient and equitable way; 2) better governance and management, including defining catchment areas, defining models of care and building networks of

hospitals that can share specialists, resources and technologies, especially given the limited number of hospital beds per population in the Region; 3) meaningful community engagement integrating patient and community voices in hospital governance and management, with particular emphasis on the importance of patient-centred care in hospital transformation; and 4) capacitating hospital managers with various managerial tools/guides. Furthermore, the need for transformative leadership in hospital management was raised as a critical intervention to enable hospital sector transformation.

While the discussions reflected the political, social, and economic diversity of the Region, the common denominator was the need for fit-for-purpose hospitals in the post-COVID era. The lessons learned from the COVID-19 pandemic and the financial and human resource challenges, confirm that hospital sector transformation is unavoidable for rebuilding more resilient health systems. Ministries of health and international organizations alike should integrate hospitals within socioeconomic recovery plans. Additionally, coordination and engagement with various sectors, such as primary health care, community organizations, the private sector, academia and donors (particularly in humanitarian settings), are necessary for hospital sector improvement/transformation. Recommendations on improving hospital sector autonomy, financing, quality and safety should be contextualized to meet the needs of communities.

Hospital resilience operational guidance

An overview of a regional study on hospital resilience presented the study's findings and conceptual framework, and forthcoming operational guidance. Building on the innovative experience of hospitals in responding to COVID-19 in the Region, the study provides new evidence and describes practical tools for strengthening hospital

resilience, especially in resource-restrained and fragile settings. In particular, it explores how hospital resilience is conceptualized, applied and evaluated, to offer practical tips for translating these concepts into practice.

To guide implementation and evaluation, an operational matrix has been developed to guide hospital managers. The hospital resilience operational guidance was presented and Member States were invited to nominate a pilot hospital for implementing the guidance in their countries. Discussion highlighted the importance of continuous learning and improvement and integrating resilience within routine hospital operations.

Regional indicators for assessment of hospital sector performance at national/subnational levels

Assessing hospital/hospital sector performance is essential to understanding what hospitals do and whether they have reached goals for quality, efficiency, equity and safety. Following the extensive mixed-methods study, 52 performance indicators are suggested across eight domains at the national/subnational level. The domains include: effectiveness; patient safety; responsiveness to people's needs; efficiency; timeliness; resources and capacity; integration and coordination; and corporate and social responsibility (the hospital in its environment). These align with the domains, sub-domains and strategic interventions of the regional framework for action for the hospital sector.

Discussion by participants revealed 70–80% agreement regarding the proposed indicators. While most tertiary hospitals are likely to collect data for some of these indicators, many are not connected to the national health information system which makes it difficult to reliably analyse

the hospital sector at the national level. Participants felt that patient satisfaction, Caesarean section rates and mortality rates were among the most important indicators that could be easily collected. Provider satisfaction should also be included. Participants further noted that there were no indicators related to emergency disaster readiness and/or resilience. Several countries were keen to pilot the hospital sector performance indicators at national and subnational levels.


Community health needs and assets assessment

Technical discussions concluded with an overview of the community health needs and assets assessment. One of the required paradigm shifts in hospital sector transformation is the shift from an approach based on treating the illnesses and diseases of individuals to a population health approach. The first step in this requires identifying community health needs and reorienting health care delivery and services to address these needs (community- and person-centred hospitals). A recent systematic review found that across the Eastern Mediterranean Region, there is inadequate participation and engagement by stakeholders, including patients/communities/staff, in community health needs assessment and subsequent misalignments between the distribution of hospital beds/resources and community health needs. Bed planning and defined catchment areas were highlighted as priority interventions for building healthy cities given the ongoing urbanization in the Region. Pakistan and Sudan shared examples of collaborating with community groups, highlighting their role in needs assessment, planning, implementation, accountability, resource mobilization and health promotion.

3. Conclusion

The meeting was closed by Dr Awad Mataria, Director for UHC/Health Systems at the WHO Regional Office for the Eastern Mediterranean, who encouraged taking action on hospital sector transformation as part of strengthening overall health system resilience, along with continued intercountry and interregional collaboration to advance the agenda. He highlighted the need for hospital and health system resilience in the post-COVID era, recalling the limited hospital capacity to absorb the surges of COVID-19 cases in the early waves. Moreover, as part of hospital transformation, he stressed that hospitals need to be repositioned within primary health care-oriented health systems, to optimize their efficiency. The hospital sector should not be viewed in isolation, but rather by taking a collaborative approach, inclusive of the public, private, military, governmental and nongovernmental sectors, along with academia, which can cultivate centres of excellence and provide support in planning the workforce pipeline. This multisectoral approach should also be extended to communities where collaborative governance can enable implementation of patient- and community-centred approaches in hospital care. He concluded by saying that investment in hospitals and the transformation of the hospital sector are key to health systems strengthening and community/social development.

Participants were invited to identify the next steps in strengthening and transforming their hospital sectors in four main areas: 1) strategic planning; 2) nominating hospitals to pilot the hospital resilience operational matrix and guide; 3) selecting at least 2–3 performance indicators for testing at the national level; and 4) implementing community health needs and assets assessments.



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