

{loadposition annualreport2014} **Universal health coverage**

In 2014 WHO focused on providing Member States with technical support in implementing the commitments made in Regional Committee resolutions EM/RC59/R.3 (2012) and EM/RC60/R.2 (2013). A framework for action for progressing towards universal health coverage, and linking the various commitments, was endorsed by the Regional Committee in its 61st session in October 2014.

Health financing

Health financing strategies that are evidence-based and context-specific are essential to pursuing the goal of universal health coverage. The lack of information about the institutional and organizational arrangements of the health financing systems and the flow of funds in several countries of the Region hampers efforts to develop evidence-based health financing strategies. In addition, the limited national expertise in health financing in general, and in specific health financing arrangements such as social health insurance, in particular, is critical to moving ahead.

WHO support in developing health financing strategies involved building national capacity in generating quantitative and qualitative information by following national health accounts and the OASIS (organizational assessment for improving and strengthening health financing) approach, respectively. The focus of technical support shifted from advocacy for health financing to skills development in areas such as establishment of social health insurance programmes, strategic purchasing and multisectorality and universal health coverage, by organizing regional consultations and developing policy papers. The capacity of a pool of experts and researchers is being developed in the areas of measurement of financial risk protection, as part of monitoring progress towards universal health coverage, and in undertaking economic evaluation studies.

Country-level technical support was provided to several countries to formulate a national vision, strategy and roadmap to move towards universal health coverage. This was preceded by several diagnostic studies as related to the various health financing functions.

The work in 2015 will continue to focus on key interventions for action towards universal health coverage, including a national vision, strategy and roadmap for universal health coverage that is fully integrated within the national policy framework, expansion of social health insurance schemes, extending financial protection to the informal and vulnerable segments of the

population and reduction of out-of-pocket payments.

Health governance and human rights

Evidence-informed policies, strategies and plans are a cornerstone for progressing towards universal health coverage. Most countries do not have adequate capacity in ministries of health to formulate evidence-informed policies and strategic plans, and have limited access to, and use of, quality data for informing policy and strategy development. The current political instability and social crisis seen across much of the Region, and the limited alignment and harmonization among development partners to support one national health plan, are some of the additional challenges faced by several countries in groups 2 and 3 [1](#) .

Ongoing efforts to assess the status of national health planning has provided a better picture of the overall strengths, weaknesses and challenges facing health policy and planning in ministries of health. In an effort to build the capacity of WHO country offices to support countries in their national health policy formulation and planning processes, senior WHO staff attended workshops on strategic health planning, conducted in collaboration with the Nuffield School of Public Health and Centre for International Development, University of Leeds, United Kingdom. It is planned to build national capacities in strategic health planning and health sector regulation, and to review, in selected countries, the status of coordination among development partners and the effectiveness of external assistance.

The Region has longstanding challenges in relation to gender equality, equity and human rights in health. Extended conflicts, rising levels of poverty, varying degrees of inequity and the existence of vulnerable and marginalized groups are important underlying factors. The lack of disaggregated data and vulnerability assessment to inform public health policies and guide actions through a “human rights lens” continues.

A review of the existing evidence and gaps and continued advocacy have helped to better integrate gender, equity and human rights across the work of the Organization. A course on health and human rights was developed and piloted in Egypt in collaboration with the American University in Cairo. The course has been externally evaluated and is being conducted in Pakistan and offered to other countries in 2015.

Public health law and legislation need updating, and the capacities of ministries of health in formulating, implementing and monitoring legislation need strengthening. A review of the status and capacities for regulating the private health sector was completed in four countries and a

manual is currently being developed in collaboration with WHO headquarters. During 2015, the focus will be to build ministry of health capacities in strategic planning through training of national staff and through provision of user-friendly guidance for developing effective strategic plans. Attention will be given to capacity-building in health legislation, regulation, standard-setting and enforcement, with focus on the private sector. The effectiveness of external assistance and the status of aid flow in countries, particularly those facing conflict situations, will be assessed.

Further to the request of Member States, WHO launched a regional initiative in 2013 to assess public health capacity in countries, through identification of essential public health functions relevant to the context of the Region. In 2014, two country assessments were conducted, in Qatar and Morocco, with the support of WHO and a team of international public health experts. Through this assessment, countries led by their ministries of health, are able to identify the strengths in their public health systems as well as areas that require reinforcement. In May 2015 WHO brought together a small group of international public health experts and representatives from the two countries that conducted the assessment to discuss the experience, review the tool and refine the assessment and follow-up process. Currently, the assessment tools are being revised to make them more user friendly, following which the initiative will be offered to other countries.

Health workforce development

The health workforce situation continues to reflect global trends with regard to numerical shortages, inequitable distribution, retention and performance. Overall health workforce density is suboptimal and maldistribution, retention, migration and over-dependence on expatriate health workforce are daunting challenges that impede progress towards universal health coverage in several countries. Lack of institutional capacity for national health workforce planning is another impediment and information sources are inadequate.

While the gaps in the development of the health workforce are clear, solutions to address these gaps are not always clear. To respond to this challenge, a regional strategic framework for health workforce was developed, following a critical review by a group of international experts and a regional consultation to help move the health workforce agenda forward. The framework will be aligned with the global workforce strategy that is currently being developed by WHO headquarters and the Global Health Workforce Alliance.

After a gap of almost two decades, the area of medical education was revisited and a comprehensive online survey undertaken targeting over 300 medical schools. Among other things, the survey confirmed a move towards the privatization of medical education, while also

showing inadequate regulation, lack of accreditation systems, teacher-centered curricula, and use of traditional assessment methods unlinked to learning outcomes and competencies. The results were presented at a meeting of regional and international leaders in medical education. A road map was developed to guide medical schools in becoming more socially accountable, community-oriented and accredited, in support of universal health coverage. The subject of medical education will be discussed by the Regional Committee at its 62nd session, following which countries will be expected to adapt the regional action framework based on national priorities.

Plans are under way to carry out a comprehensive review of the status of nursing and midwifery in the countries of the Region. The review is aimed at providing clear strategic directions based on practical and feasible actions that are evidence-based and guided by reliable information and good practices.

Technical support was provided to the Arab Administrative Development Organization of the League of Arab States for the conference on migration of health workers. The Regional Office participated in the ninth annual meeting of the International Association of National Public Health Institutes, which was held for the first time in the Eastern Mediterranean Region. A side-meeting of regional public health institutes was organized to encourage networking and development of collaborative programmes to strengthen public health in the Region.

The fellowships programme continued to support countries in building national capacities in the five regional priority areas, with 74 fellows benefiting from across the Region. The programme was closely involved in organizing the Leadership for Health programme in collaboration with the Harvard School of Public Health. This was launched in early 2015 with the aim of developing future public health leaders who can address, in a proactive way, national and local health problems that have direct impact on population health, and play active roles in the global public health sphere. The programme was conducted in two parts, in Geneva and Muscat, and both components were highly rated by the participants and facilitators. Based on initial success and high demand, the second round of the programme will commence in November 2015.

Particular emphasis will be given in 2015 to helping countries develop national health workforce strategies and action plans, and to implement the strategies to strengthen medical education and nursing and midwifery. New initiatives will include assessment of continuous professional development for physicians and improved reporting by countries on the implementation of the WHO Code of Practice for the International Recruitment of Health Personnel.

Essential medicines and technologies

Pharmaceutical sector country profiles developed during 2014 highlighted gaps in key areas related to regulatory authorities for medicines, including: organizational structure and technical capacity; national medicines policies; transparency and accountability in regulation and supply of medical products; mechanisms to contain antimicrobial resistance; promotion/advertising of medical products; and access to controlled medicines, including medicines for pain management.

Approaches to strengthening regulatory capacity for medicines and medical devices were discussed during the Eastern Mediterranean Drug Regulatory Authorities Conference held in May 2014. Prior to the conference, a survey of 17 national regulatory authorities revealed that the majority (80%) of authorities have core regulatory functions in place and all are responsible for the registration of medical products. Only 40% of national regulatory authorities undertake fast-track registration of WHO prequalified medicines whereas 80% undertake fast-track vaccine registration.

Work progressed in good governance for medicines in 16 countries. In a regional meeting focus was placed on conflict of interest management as a priority issue in governance policies. The good governance for medicines programme in the Region is the most developed among all WHO regions, with 6 countries in phase I; 7 in phase II and 3 in phase III. The updated pharmaceutical sector profiles for all countries revealed that access to controlled medicines for pain management and mental disorders remains very limited and patients are therefore suffering when they should not have to. Progress was made in the area of health technology assessment, regulation and management with the creation of the Eastern Mediterranean Regional Health Technology Assessment Network for information exchange and knowledge sharing. This was an outcome of the second intercountry meeting on development of national health technology assessment. A regional survey was conducted to map health technology assessment resources. The survey, which targeted health technology-related officials and champions in 15 countries, showed that 52% of regional entities perform assessment-like activities that are mainly related to measurement of clinical effectiveness and economic evaluation of medical devices and medicines. The survey indicated the need to re-organize and/or initiate assessment activities in the Region in order to make rational investments to health technologies that are accessible for the majority of the population.

In 2014, the first two medical products produced by a local pharmaceutical company in Egypt and the first medicine quality control laboratory in the private sector in Pakistan were prequalified by WHO. National medicine quality control laboratories in two other countries are in the process of becoming prequalified by WHO.

In 2015, focus will be placed on the implementation of Health Assembly resolutions on strengthening regulatory systems for medical products, including strengthening pharmacovigilance. Reporting on counterfeit medical products will be strengthened. In line with the global action plan on antimicrobial resistance, support will be provided for development of national plans to strengthen surveillance of antimicrobial resistance and the responsible use of antimicrobial medicines.

Integrated service delivery

Most countries in the Region are committed to strengthening family practice. However, implementation is uneven and inconsistent. An assessment of the status of family practice revealed significant gaps in terms of political commitment, patient registration, packages of essential health services, essential medicines lists, referral systems and staff. Another big challenge is the insufficiency of trained family physicians and the inability of current training programmes to meet the enormous needs.

A lack of quality care at primary health care level and the unregulated expansion of the private health sector in most group 2 and 3 countries pose additional challenges. Public sector hospitals consume a significant proportion of health budgets, do not meet standards of quality and safety in many countries and in others are increasingly dependent on user fees. Hospitals are generally not integrated within the health system and do not provide referral support.

Family practice has been promoted as the principal approach to achieving people-centred integrated services. A situation analysis of the current status of family practice programmes and training for family physicians was presented at a regional consultation organized in collaboration with the World Organization of Family Doctors. The results of a 2014 situation analysis revealed that most countries have developed, and just over half are implementing, an essential package of services, a system of patient registration and family/individual folders is practised in half the countries, and the referral system is partially or fully functional in five countries. However, more than 90% of physicians working in primary care facilities are not trained in family medicine. Family medicine departments are available in 13 countries and the annual output of family physicians is 700, the majority of whom are from group 1 countries.

A roadmap was developed to strengthen service delivery through the family practice approach and is aligned with the framework for action for progressing towards universal health coverage. During 2015, the work on scaling up family practice as the principal approach to people-centred integrated health care will continue to be promoted. A particular task will be to share evidence

on how to scale up the production of family physicians in the short and medium term.

Several studies were also undertaken to better understand the private health sector, including assessment of the quality and cost of care in the private health sector in six countries and of the status of private sector regulation in four countries, as well as a review of the lessons in public–private partnership. These studies were presented at a regional consultation which resulted in identification of a number of priorities in regard to work with the private sector.

A regional consultation on addressing the quality and safety of care was organized in collaboration with the Central Board for Accreditation of Healthcare Institutions, Saudi Arabia. The Patient safety assessment manual, published in 2011, was updated and field tested in two countries and a tool kit for patient safety was developed. A framework for assessing and improving quality at the primary care level is currently being piloted. Capacity building will be intensified in the areas of patient safety and quality, assessment, regulation and partnership with the private health sector and hospital care and management.

Hospital care and management is a new area of work that is being given increasing attention. The focus has been to develop a comprehensive analysis of the status of public sector hospitals in the Region. A course on hospital management was offered in collaboration with the Aga Khan University, Karachi, for countries in conflict. The course is being updated and will then be rolled out to the Region.

Technical support was also provided to eligible countries for new applications for support from the Gavi, The Vaccine Alliance for health system strengthening worth US\$ 85 million. Concurrently, health system capacity development workshops were conducted in order to build capacity of programme managers from these countries.

Health information systems

Intensive work took place in reviewing health information systems in the Region through expert consultations, intercountry meetings and rapid and comprehensive assessments. Gaps and challenges were identified and an approach was developed to strengthen the national health information systems. The resultant framework for health information systems and core indicators, which were endorsed by the Regional Committee (EM/RC61/R.1), will provide clear guidance for countries. The regional health information framework and its core indicators cover three areas: health risks and determinants, health status and health system performance.

The emphasis placed on strengthening cause-specific mortality statistics, as recommended in the regional strategy to strengthen civil registration and vital statistics systems endorsed by the Regional Committee in 2013, resulted in an increase in the number of countries reporting mortality statistics, from 7 countries (Bahrain, Egypt, Jordan, Kuwait, Morocco, Oman and Qatar) to 12 countries (with the addition of Islamic Republic of Iran, Palestine, Saudi Arabia, Tunisia and United Arab Emirates). The quality of information reported improved somewhat but there is still work to be done to obtain optimal quality. A WHO collaborating centre was established in Kuwait to support further improvement in mortality statistics and better use of the WHO family of international classification.

In the next two years, WHO is committed to supporting Member States in their endeavours to strengthen their health information systems, based on the new framework, and provide reliable information that will enable them to monitor health determinants and risks and health status and assess health system response, which, in turn, will inform policy and decision-making for better health care delivery. WHO will also continue to support Member States in addressing the gaps in their civil registration and vital statistics systems, which were demonstrated by the rapid and comprehensive assessments conducted over the past two years.

Research development and innovation

A regional meeting was held for members of the Eastern Mediterranean Advisory Committee on Health Research and research experts to discuss integrating research in shaping the future of health in the Region. The meeting focused on the identification of research priorities related to the five regional strategic priorities. This exercise is expected to conclude in January 2016 and the results will guide research activities for 2016–2017. The call for proposals for the special grant for research in priority areas of public health for 2104 was also focused on the strategic priorities. Twelve awards ranging from US\$ 10 000 to US\$ 20 000 were granted in early 2015.

¹ Three groups of countries are defined in the Region, based on population health outcomes, health system performance and level of health expenditure are: group 1: Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and United Arab Emirates; group 2: Egypt, Islamic Republic of Iran, Iraq, Jordan, Lebanon, Libya, Morocco, Palestine, Syrian Arab Republic and Tunisia; group 3: Afghanistan, Djibouti, Pakistan, Somalia, Sudan and Yemen.

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