Volume 18, Issue 3

Sultanate of Oman Ministry of Health

March 2009

Community Health & Disease Surveillance Newsletter

Inside this issue:

Risk Management in Health Systems

Introduction

Risk management is an activity directed towards the assessing, mitigating (to an acceptable level) and monitoring of risks, it is an important aspect of quality improvement.

Every Healthcare professional in the course of their professional duties is required to manage risk of patients, to their colleagues and in some cases, risks that certain type of patient may present to general public. In addition, as healthcare systems become ever more complex the need of formalized risk management system and structures requires that there is staff with necessary skills and expertise to be able to lead and manage these activities at all level.

Sensible risk management is about:

- Ensuring that workers and the public are properly protected
- Providing overall benefit to society by balancing benefits and risks, with a focus on reducing real risks – both those which arise more often and those with serious consequences
- Enabling innovation and learning not stifling them
- Ensuring that those who create risks manage them responsibly and understand that failure to manage real risks responsibly is likely to lead to robust action

Enabling individuals to understand that as well as the right to protection, they also have to exercise responsibility

Risk management is central to the one of the seven new domains - for standards on safety.

The steps are summarized as follows:

Step 1: Build a safety culture - Create a culture that is open and fair

Step 2: Lead and support your staff - Establish a clear and strong focus on patient safety throughout your organization

Step 3: Integrate your risk management activity - Develop systems and processes to manage your risks and identify and assess things that could

Fig.1: Unsafe disposal practices in Health care Systems leading to High-risk situation

"Despite the possibilities of accidental losses, a rational process called *Risk Management* exists for minimizing the adverse effects of these potential losses."

go wrong

Step 4: Promote reporting - Ensure your staff can easily report incidents locally and nationally

Step 5: Learn and share safety lessons - Encourage staff to use root cause analysis to learn how and why incidents happen

Step 6: Implement solutions to prevent harm - Embed lessons through changes to practice, processes or systems

Step 7: Involve and communicate with patients and the public - Develop ways to communicate openly with and listen to patients

Recommendations for Development of Risk Management Program

Risks and accidents are facts of life. Anyone undertaking any activities faces potential exposure to accidental loss to property, income, life and health. Despite the possibilities of accidental losses, a rational process called *Risk Management* exists for minimizing the adverse effects of these potential losses.

To protect the Ministry of Health from potential financial losses which may arise as a result of the risks to which it is exposed, a comprehensive risk management program should be developed. The scope of this program may include all the divisions/ departments within the Ministry of Health.

This program should be comprehensive to include all areas of operations in each department. For example the program in the Health Services should include all potential risks associated with the patients and staff safety which is not limited to:

- Medication error
- Biological (Infection control, communicable diseases and related patient death)
- chemical (laboratories, pharmacies and general environment of care)
- physical (reduction in patient physical injury such as slip and fall, emergency evacuation process including fire, chemical spill or any other internal disaster, staff back injury, patients fall etc.)
- radioactive hazards in the healthcare/ laboratories work environment
- Determination of accuracy of patient identification prior to any invasive procedure.
- Effective communications among hospital staff and service providers through establishment of common language and nomenclature for all types of communication.
- Medication safety through establishment of a similar medication master list and reconciliation of patient medication list
- Patient and their family involvement in their own care
- Any foreseeable risks associated with patient care and remedies to deal with them such as availability and functionality of emergency resources, water supply, emergency power etc.

Plan of Action

The development and implementation of this program should include the following plan of Action:

1. A strong policy statement which should originate from His Excellency's office.

This written **'Risk Management Policy Statement'** is an effective tool in communication among all employees, visitors and citizens. This program should serves as an umbrella policy for all the departments and will have the following advantages:

- Establishes general goals and objectives
- Defines the duties & responsibilities of R.M.
- Coordinates the treatment of loss exposure among other divisions
- Establishes and/or improve communication
- Provides continuity during personnel changes
- Provides the framework of responsibility
- Identifies the R.M. Department's position

2. Development of risk management program for each specific department within

General Practitioners Training Program in PHC

Introduction

The Continuous Medical Education is one of the important ways of enhancing the knowledge and skills of the General Practitioners who are working in PHC institutions. In this regards, the Department of PHC Affairs in collaboration with Kuwait Institute of Medical Speciality (KIMS) initiated a GP training program at the beginning of November 2008. This article will discuss the objectives of GP training program and the process of its establishment. In addition, it will show how the program was implemented in the regions. Finally, the article will discuss the methods of evaluations of both the participants and the program as a whole.

Program Objectives

The GP training program aims to improve the competency of PHC doctors regarding all the health programs that are conducted in PHC institutions. In addition, it intends to strengthen the communication skills of PHC doctors in order to enhance the doctors – patients' relationship. Moreover, it seeks to enhance the overall services delivered by the PHC doctors.

Process of program establishment

Prior to the establishment of this training program a need analysis questionnaire was distributed to all regions to be filled by all the GPs. According to the needs mentioned in the questionnaire and the discussion made with the concerned personnel, the module theme was decided. Later on, a task force was formulated to design the modules of the training program. These modules are: General practice module, Chronic Diseases modules and Mother & Child Health module. For each module, there was a module leader from the task force who was responsible for setting up the objectives as well as the method of delivery of these objectives in collaboration with other members of the task force. The contents of the program were delivered via lectures, group discussion, case presentation, video presentation and tutorial. In addition module leaders identified the references that may be used in the program.

"The GP training program aims to improve the competency of Primary Health Programme doctors regarding all the health programs that are conducted in the PHC institutions."

the ministry to:

- reduce and control hazards and risks
- prevent accidents and injuries; and
- maintain safe working conditions.

3. Appointment of a ministry-wide risk manager to oversees the development, implementation and effectiveness of this program. The position should have authority not the individual.

3. Modification of the job description of the Quality Coordinator in each department to include management of this program in his/her department.

4. Appointment of a committee to gather input and coordinate the initial development of this program. The members of this committee should represent all departments involve. They should be appointed from the level of authority and responsibility.

5. This program should be monitored for its effectiveness from the inception with coordination with outside experts until it is fully implemented and is effective.

Health care organizations work to provide a safe, functional, and supportive facility for patients, families, staff, and visitors. To reach this goal, the physical facility, medical and other equipment, and people must be effectively managed. Risk management program is a comprehensive pro active Safety Program for ensuring a safe environment for the patients/ visitors and the hospital staff.

Through quality patient care, preventable system and avoidance of process failure, health care facility should achieve the biggest gain and reduce lives lost thus reduce liability and related costs. Health care facilities are an environment where there are an exceptional number of high-risk people needing protection.

"The GP training program will be revised. The contents will be updated and upgraded on the basis of analysis of the evaluation forms."

The program was conducted over a period of 3 months. The contact hours of the program was 6 hours per week. The total of 72 accredited hours were divided among the three modules (table: 1).

Table 1
Accredited hours for GP training program modules

Program Modules	Accredited Hours
GP	36 hrs
Chronic disease	15 hrs
Mother & child health	21 hrs
Total Accredited Hours	72

This program was targeting all GPs with priority to senior doctors who were working in PHC institutions excluding doctors in post internship GP year. The number of participants from the region ranged from 5 to 20. The trainers are provided by each region who were usually the family doctors working in PHC institutions in addition to specialist working in the regional hospital.

Program implementation

The GP training program was implemented in eight regions viz. Governorate of Muscat and Musandam, Regions of North & South Batinah, North & South Sharqiyah, Dakhliyah and Dhahira. In each of these regions there is a focal point (a doctor) for the program who is responsible for conducting this program in his/her region. They are the same doctors who were involved in establishing the program. The coordination of the program at regional level is done by him/her. This coordination involves arrangement of the venue, coordination with the speakers and follow-up. In addition, there is a periodic meeting at the central level to follow-up the progress of the program at the national level. These meetings were attended by all the regional focal points as well as the central coordinator from the department of PHC Affairs.

In the first intake the participants were registered in each region by manual registration forms. The number of the participants varied between regions. The total number of the participants at a national level is 87 participants. Table 2 shows the number of participant from each region.

From the next intake, the participants can registered online through the PHC website (www.primarycareoman.com). If they have difficulty in online registration the participants could also download the form from the website and send it to the central focal point of the program. Moreover all the necessary materials for the course was available online on this website.

Table 2
Regional participation in GP training programs

Region	Participants
Governorate of Muscat	17
North Batinah Region	14
South Batinah Region	14
North Sharqiyah Region	11
South Sharqiyah Region	10
Al Dakhliyah Region	9
Dhahira Region	6
Governorate of Musandam	6
Total	87

Evaluation

The evaluation of the participants will be done by a written examination of two hours conducted at the end of the program consisting of 60 multiple choice questions. The attendee should have accumulated at least 60 accredited hours in order to appear for the examination.

The first examination was conducted on 7th April 2009 in all regions. The modules were prepared at the central level by the modules leaders and distributed to the focal points who conducted the examination in their regions. The marking of the examination papers was done centrally.

The GP training program will be revised. The contents will be updated and upgraded on the basis of analysis of the evaluation forms. In addition a short term consultant from KIM will visit Oman to evaluate the entire program after the completion of the first intake. The necessary modifications will then be done to improve its contents and execution.

Health Centre Technical Team

A review of the roles and responsibilities

Dr Najad Al Zadjali, *Director of Health Services, Sohar Wilayat*

Introduction

This review of the role and responsibilities of the Technical team at PHC institution is aiming at empowering its role. MoH look to this committee as one of the gates for the participation of the community in the management of the health system.

Technical Committee:

Health Centre/ Local Hospital

Objectives

To enhance productivity and efficiency of primary health care services and to promote community participation and patient satisfaction

Purpose

- Enhance and promote capacity building of the management
- Enhance staff commitment to goals and objectives of top management
- Evaluate the performance and utilization within the health institution
- Create healthy team work environment
- Provide evident based feedback to other committees and top management
- Ensure effective communication within the health centre

Constitution

The Director of health service in Wilayat will establish the technical committee to advise and support the management in health services issues. The team has no executive powers other than those delegated in the terms of reference.

Membership

Chairman

Medical Officer In-charge

Secretary

Nurse In-charge

Members

Laboratory In-charge, Radiographer In-charge, Pharmacy and medical store In-charge

The chairman is authorized to obtain professional advice and to secure the attendance of staff with relevant experience whenever considered necessary.

Frequency of meetings

The team will meet on monthly basis, in the first Monday of each month.

Agenda and Papers

Meetings will be called by the chairman. The agenda will be drafted by the secretary and approved by the chairman prior to circulation.

Notification of the meeting, location, time & agenda will be forwarded to team members & others called to attend, at least five working days before meeting.

If draft minutes from the previous meeting have not been circulated in advance then they will be forwarded to committee members at the same time as the agenda.

Reporting

- The secretary will minute proceedings, and resolutions of all meetings of the team, including recording names of the present and absent members (reason of absence will be clarified).
- Approved minutes will be forwarded to Director of health service in Wilayat within one week from the meeting.

Responsibilities

The committee's primary task will be to:

- Review different activities within the health centre.
- Deal with technical and administrative issues
- Ensure effective implementation of MoH policies and guidelines
- Review statistics, indicators and feedback related to the health centre
- Review indicators within the organization related to five year plan
- Identify and prioritize health and other problems and areas for improvement, discuss and finalize recommended plan of actions

"The chairman is authorized to obtain professional advice and to secure the attendance of staff with relevant experience whenever considered necessary.".

"At least once a year the committee will review its own performance, constitution and terms of reference to ensure that it is operating at maximum effectiveness."

- Review incidents, complaints and other patient safety issues
- Initiate or strengthen the motivation, remuneration and rewarding system
- At least once a year the committee will review its own performance, constitution and terms of reference to ensure that it is operating at maximum effectiveness and recommend any changes considered necessary to Director of Wilayat.

Topics for discussion

- Health indicators and statistics
- Quality improvement
- Patient safety
- Infection control and health institution acquired infection
- Health policies and guidelines
- Patient and staff satisfaction
- Issues related to the five year plan and the institution role in it
- Drug and therapeutic issues
- Researches and studies
- Other specific issues according to the institution and situation needs

Conclusions and recommendations

- The conclusions and recommendations will be followed up through the assigned personnel nominated in the meeting minutes.
- PDCA cycle (Plan–Do–Check–Act) can be used in managing the recommendations in general. The assigned person will frame plan of actions whenever required, procure MOIC approval and follow up the implementation process accordingly.
- Feedback to be given to the MOIC as soon as the plan of action implementation is done and will be presented in the next meeting.
- Any recommendation related to issues beyond the scope of authority and capability of action will be forwarded to director of health service for further evaluation and action.

Technical Committee of Extended Health Centre

Objectives

- To enhance productivity and efficiency of primary health care services and to promote community participation and patient satisfaction
- To promote quality of health care services provided to patients.
- To ensure rational utilization of resources

Purpose

- Enhance and promote capacity building of the management
- Enhance staff commitment to goals and objectives of top management
- Evaluate the performance and utilization within the health institution
- Create healthy team work environment
- Provide feedback to other committees and top management
- Promote channels of communications intradepartmental and interdepartmental in order to improve efficiency of health services
- Enhance and promote researches and studies

Constitution

The Director of health service in Wilayat will establish the technical committee to advise and support the management in health services issues. The team has no executive powers other than those delegated in the terms of reference.

Subsequently the chairman of the committee (MOIC) will establish the professional teams within the EHC such as doctor's team, laboratory team, nursing team, radiology team, pharmacy team and dental team.

Membership

- Medical Officer In-charge (Chairman)
- Administrative supervisor (Member)
- Nurse In-charge (Secretary)

Other members

- Pharmacy and medical store In-charge
- Laboratory In-charge
- Radiology In-charge
- Medical Record In-charge
- Staff development In-charge
- Two physicians (rotation every 6 months)

The chairman is authorized to obtain professional advice and to secure the attendance of staff with relevant experience whenever considered necessary.

Frequency of meetings

The team will meet on bi-monthly basis, in the first Monday of each two months in the months of; February, April, June, August, October & December

Agenda and Papers

Meetings will be called by the chairman. The agenda will be drafted by the secretary and approved by the chairman prior to circulation.

Notification of the meeting, location, time and agenda will be forwarded to team members, and others called to attend, at least five working days before the meeting.

If draft minutes from the previous meeting have not been circulated in advance then they will be forwarded to committee members at the same time as the agenda.

Reporting

- The approved minute's form will be used for minute's documentation.
- The secretary will minute proceedings, and resolutions of all meetings of the team, including recording names of the present and absent members (reason of absence will be clarified).
- Approved minutes will be forwarded to Director of health service in Wilayat within one week from the meeting.

Responsibilities

The committee's primary task will be to

- Review different activities within Extended Health Centre.
- Establish professional teams within EHC such as doctor's team, laboratory team, nursing team, radiology team, pharmacy team and dental team.
- Review efficient work of team's meetings within the Extended health centre and facilitate any actions accordingly
- Forward any recommendations to higher level through proper channels whenever needed
- Deal with technical and administrative issues
- Ensure effective implementation of MoH policies and guidelines
- Review statistics, indicators and feedback related to the health centre
- Review indicators within the organization related to five year plan
- Identify and prioritize health and other problems and areas for improvement, discuss and finalize recommended plan of actions
- Review incidents, complaints and other patient safety issues
- Initiate or strengthen the motivation, remuneration and rewarding system
- At least once a year the committee will review its own performance, constitution and terms of reference to ensure that it is operating at maximum effectiveness and recommend any changes considered necessary to Director of Wilayat.

Topics for discussion

- Health indicators and statistics
- Quality improvement
- Patient safety
- Infection control and health institution acquired infection
- Health policies and guidelines
- Patient and staff satisfaction
- Issues related to the five year plan and the institution role in it
- Drug and therapeutic issues

"The team will meet on bi-monthly basis, in the first Monday of each two months in the months of; February, April, June, August, October & December."

"Any recommendation related to issues beyond the scope of authority and capability of action of the institution will be forwarded to DHS for further evaluation and action."

- Researches and studies
- Other specific issues according to the institution and situation needs

Conclusions and recommendations

- The conclusions and recommendations will be followed up through the assigned personnel nominated in the meeting minutes
- PDCA cycle (Plan–Do–Check–Act) can be used in managing the recommendations in general. The assigned person will frame plan of actions whenever required , procure MOIC approval and follow up the implementation process accordingly
- Feedback to be given to the MOIC as soon as the plan of action implementation is done and will be presented in the next meeting
- Any recommendation related to issues beyond the scope of authority and capability of action of the institution will be forwarded to director of health service for further evaluation and action

Professional Team of Extended Health Centre

Objectives

To enhance productivity and efficiency of health services within the scope of service offered to patients and other customers and to promote community participation and patient satisfaction

Purpose

- Enhance and promote technical competency & capacity building of staff
- Enhance staff commitment to goals and objectives of management
- Evaluate the technical performance and resources utilization
- Create healthy team work environment
- Provide evident based feedback to the technical committee
- Ensure effective communication intradepartmental and interdepartmental

Constitution

The MOIC will establish the technical team to advise and support the management in health services issues. The team has no executive powers other than those delegated in these terms of reference.

Membership (e.g. Doctor's team):

- MOIC / senior physician (Chairman)
- Senior General practitioner (Secretary)
- Internal medicine (Member)
- Paediatrician (Member)
- Two physicians (Member)

(Other specialties to be changed every 6 months)

The chairman is authorized to obtain professional advice and to secure the attendance of staff with relevant experience whenever considered necessary.

Frequency of meetings:

The team will meet on monthly basis, in the first Monday of each month.

Agenda and Papers

Meetings will be called by the chairman. The agenda will be drafted by the secretary and approved by the chairman prior to circulation.

Notification of the meeting, location, time & agenda will be forwarded to team members & others called to attend, at least five working days before meeting.

If draft minutes from the previous meeting have not been circulated in advance then they will be forwarded to committee members at the same time as the agenda.

Reporting

- The secretary will minute proceedings, and resolutions of all meetings of the team, including recording names of the present and absent members (reason of absence will be clarified).
- Approved minutes to be forwarded to MOIC within one week from meeting

Responsibilities

The committee's primary task will be to:

- Review different activities
- Ensure effective implementation of MoH policies and guidelines
- Strengthen the communication within

the institution

- Review the in- & out-referral and relations with other institution's services
- Review statistics, indicators and feedback
- Review indicators within the organization related to five year plan
- Review incidents, complaints and other patient safety issues
- At least once a year the committee will review its own performance and terms of reference to ensure that it is operating at maximum effectiveness and recommend any changes considered necessary to MOIC

Topics to be discussed

- Health indicators and statistics
- Quality improvement
- Patient safety
- Health policies and guidelines
- Patient and staff satisfaction
- Drug and therapeutic issues
- Researches and studies
- Other specific issues according to the services and situation needs

Conclusions and recommendations

- The conclusions and recommendations will be followed up through the assigned personnel nominated in the meeting minutes
- PDCA cycle (Plan–Do–Check–Act) can be used in managing the recommendations in general. The assigned person will frame plan of actions whenever required , procure MOIC approval and follow up the implementation process accordingly
- Feedback to be given to the MOIC as soon as the plan of action implementation is done and will be presented in the next meeting
- Any recommendation related to issues beyond the team scope of authority and capability of action will be forwarded to MOIC for further evaluation and action

Note: Other professional teams will have nearly the same terms of reference except membership as it can be composed of In-charge of the unit/section as chairman, senior staff as secretary and two to three members according to staff pattern which may differ according to the unit/section

Wilayat Administrative Committee

Objectives

- To support the sustainable development of primary health care and other integrated health services
- Provide advice to MOICs working within line of authority as well as to higher authorities on matters related to planning, coordination, leadership and quality aspects
- Fostering collaborations horizontally and vertically within health care facilities as well as with other governmental or public sectors
- Recommend the required actions related to referral and feedback to and from secondary and/or tertiary health care services
- To enhance productivity and efficiency of primary health care services and to promote community participation and patient satisfaction
- To promote quality of health care services provided to patients.
- To ensure rational utilization of resources; e.g. laboratory services, radiology services, drug and other therapeutic resources

Purpose

- Contribute to development of policies and implementation plans to give effect to strategic plan, Primary Health Care, integrated care, community initiatives, and other local and national strategies
- Provide a forum for management within line of authority to obtain consistent and co-ordinate advice including but not limited to advice on management, quality, health issues ….etc. in order to optimize response to local needs, improve satisfaction and reduce health inequalities
- Enhance and promote capacity building of the management

"PDCA cycle (Plan–Do–Check–Act) can be used in managing the recommendations in general."

"The Director of health service in Wilayat will establish the Wilayat administrative team to advise and support the management in health services and administrative issues."

- Identify opportunities for synergies and improvement between the various projects and programs provided by primary health care
- Enhance staff commitment to goals and objectives of top management
- Evaluate the performance and utilization within Wilayat health institution
- Create healthy team work environment
- Provide feedback on the impact of policy and strategy implementation to other committees and top management
- Promote and Support effective change management as well as channels of communications in order to improve efficiency of health services

Constitution

The Director of health service in Wilayat will establish the Wilayat administrative team to advise and support the management in health services and administrative issues. The team has no executive powers other than those delegated in these terms of reference.

Membership

- Director of health service (Chairman)
- Superintendent of health service (Secretary)
- Medical Officer In-charges (all Wilayat health institutions) (Members)
- Wilayat nurse In-charge (Member & Recorder)
- Pharmacy and medical store In-charge (Member)
- Administrative supervisor (Member)
- Staff Development In-charge (Member)
- Quality Improvement In-charge (Member)
- Infection control In-charge (Member)

The chairman is authorized to obtain professional advice and to secure the attendance of staff or outsiders with relevant experience whenever considered necessary.

Frequency of meetings

The team will meet quarterly, in the third Monday of the months; Mar/Jun/Sep/Dec.

Agenda and Papers

Meetings will be called by the chairman. The agenda will be drafted by the secretary and approved by the chairman prior to circulation.

Notification of the meeting, location, time and agenda will be forwarded to team members, and others called to attend, at least five working days before the meeting.

If draft minutes from the previous meeting have not been circulated in advance then they will be forwarded to committee members at the same time as the agenda.

Reporting

- The approved minute's form will be used for minute's documentation.
- The secretary will minute proceedings, and resolutions of all meetings of the team, including recording names of the present and absent members (reason of absence will be clarified).
- Approved minutes will be forwarded to Director General of health service within one week from the meeting.

Responsibilities

The committee's primary task will be to:

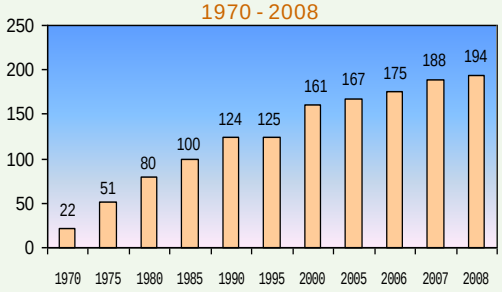
- Review different activities within the Wilayat and confirm sustainable adherence to MoH policies.
- Review efficient work of teams within line of authority
- Forward any recommendations to higher level through proper channels whenever needed
- Deal with technical and administrative issues
- Ensure effective implementation of MoH policies and guidelines
- Review statistics, indicators and feedback , analysis of such data and feedback to be given accordingly
- Review indicators related to five year plan
- Review and ensure proper utilization of resources
- Review incidents, complaints and other patient safety issues

SWOT Analysis of Oman Primary Care Setting

Introduction

Ministry of Health (MoH) taking the "equity" initiative to ensure that all Omani citizens have a fundamental right to a free health service at the point of delivery and to ensure the distribution of quality patient care services, through planning and development of capable workforce. During the last several decades, Primary Health Care in Oman has gone through various stages of development, involving both, the infrastructure as well as the type and the quality of services provided. From a few health centres in 1970 providing very basic health care in Muscat, it has extended to a wide network of modern health centres covering more than 98% of the population in the Sultanate. Thus by the end of 2008, the total number of PHC institutions in the country has increased to 194 centres (consisting of 148 Health Centres, 17 Extended Health Centres, and 29 Local Hospitals) Figure (1).

Fig.1: Number of PHC Centres in Oman 1970 - 2008



Commitments towards PHC

The MoH is committed to provide a PHC care as outlined by Alma-Ata Declaration , considering PHC centre as the first point of contact, and an essential entrance to all the other health care levels (i.e. secondary and tertiary levels), as well as a acting link between individuals , their families, the community where they live, and the health care system. The development of PHC services

"During the last few decades PHC in Oman has gone through various stages of development involving both the infrastructure & the quality of services provided."

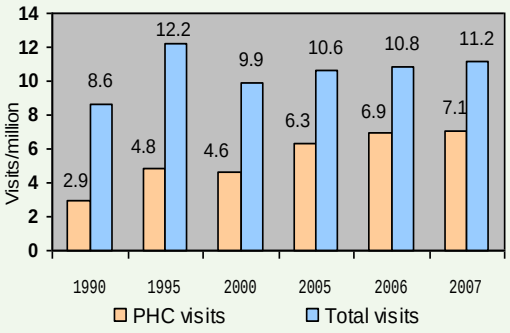
- Review and discuss issues related to Continuous professional education and training
- Review and discuss quality stressing on patient safety, risk management, utilization review and infection control issues
- Submit certain issues beyond the scope of authority to be discussed in the Wilayat health committee or regional health committee.
- At least once a year the committee will review its own performance, constitution and terms of reference to ensure that it is operating at maximum effectiveness and recommend any changes it considers necessary to Director General of health service.

Conclusions and recommendations

- The conclusions and recommendations will be followed up through the assigned personnel nominated in the meeting minutes
- PDCA cycle (Plan–Do–Check–Act) can be used in managing the recommendations in general. The assigned person will frame plan of actions whenever required , procure chairperson approval and follow up the implementation process accordingly
- Feedback to be given to the chairperson as soon as the plan of action implementation is done and will be presented in the next meeting
- Any recommendation related to issues beyond the scope of authority and capability of action of the directorate will be forwarded to Director General of health services for further evaluation and action

in Oman has led to a dramatic improvement in the PHC indicators like immunization coverage, reduction of infant and maternal mortality rates, and an improvement in the average life span of the Omani population, thus revealing morbidity and mortality patterns similar to those of developed countries. This has been made possible due

Fig.2: Trend of PHC Visits in Oman 1990 - 2007



to, a) the Ministry of Health's strong commitment towards the WHO's "Health for All by 2000" strategy and achieving the Millennium Development Goals'. and b) by the implementation of the philosophy and the strategy of PHC as declared by Alma-Ata PHC conference in 1978, after redesigning it to suite the local circumstances.

During the Five-Year-Plans spanning over the period 1995-2010, the PHC went through different stages of development. In the early plans, the major concern was to address the basic health issues like, immunization coverage, control of communicable diseases, reducing fertility rates, managing PEM, and anaemia among pregnant mothers etc. In the later plans, due to the transition from communicable to non communicable, lifestyle related and chronic diseases, as well as the emergence of new diseases, the emphasis has shifted to changes in the PHC service delivery. To cope with this changing in the trend of diseases, the current PHC strategy has been developed, wherein the Ministry has emphasized the need for further strengthening of PHC services by:

a) establishment of new PHC centres,

b) integrated management of chronic diseases at the health centres, and

c) screening for specific diseases like diabetes, hypertension, obesity , renal problems and high cholesterol.

In addition, with a view to rapidly disseminate the latest advances in medicine and technology to the health professionals in the Sultanate, the MoH has established a recognized CPD Programme for all PHC professionals. This would not only help them in updating their knowledge but also in maintaining the competences in their specialties, thus ensuring that the patients and the community receive the best quality of health care.

"PHC system has focused in building strong basic health infrastructure by establishing PHC institutions that are accessible & offer continuity of care for every 10,000 population."

Strengths

- PHC is the first and main entrance to healthcare (primary, secondary& tertiary), and it provides the first form of contact between the community and the health system.
- Oman has a well developed communicable disease surveillance system in place which may serve as a model for development of "event" surveillance systems.
- PHC system has focused in building strong basic health infrastructure by establishing PHC institutions that are accessible and offer continuity of care for every 10,000 population.
- PHC has developed triage systems for managing patients' unscheduled care and referral systems from community physicians.
- PHC service model is based on a curative, pathological, disease-based focus of health system
- PHC is taking the necessary precautions to prevent illnesses and following new techniques in early discovery of illnesses.
- PHC is providing prevention and cure for individuals subjected to all types of accidents (home, road, industrial).
- PHC has been through modernization, organizational strengthening through decentralization, human resource production and is now entering the consolidation phase.

- PHC is involved in accreditation and re-accreditation of private medical sectors.
- A CME system has been established based on needs assessment process.
- Establishing the annual Conference with positive feedback from delegates.

Weaknesses

- PHC has little capacity to respond to all patient's demands and expectations for more frequent & longer consultation time, and is seeking support and guidance on health related issues.
- PHC has shortage of Omani physicians with a high turnover of the expatriate workforce.
- Most if not all expatriate doctors are not trained in family medicine.
- There are no structured training programme systems to prepare and develop the PHC workforce to be fit for the future purpose.
- There is no systematic audit of clinician workload for patient care & time usage.
- PHC has no clear career development policy for all workforce particularly physicians.
- There is no systematic structured training for clinical leadership and engagement of the workforce in developing and implementing the future heath service policies.
- There is no exposure for medical students in the primary care setting. As it is predicted many graduates will be working as PHC physicians in future, this seems incongruent with the self sufficiency policy.
- The standard of training to become a family or community physician is variable.
- The hospital specialists have very little knowledge of capability and capacity within the primary care setting.
- Lack of involvement of users in service redesign and feedback.

Opportunities

- Establishing Clinical Governance systems to improve quality of patient services, its process and the outcome of the care.
- Enhancing clinical systems and information to be available within primary and secondary care setting
- Establishing developmental and summary process of annual appraisal for clinical workforce linked to individual aspiration, the need of the organization and their performance in order to improve recruitment, retention and refreshment of PHC team.
- Preparing the workforce to promote and encourage self-care among the population.
- Developing policy initiatives to tackle unhealthy life styles and an integrated system of tackling chronic diseases and its risk factors
- Establishing qualification (diploma) for family physician as part preparing them for their role.
- Development of training for the workforce and support services for patients with mental heath issues.
- Developing closer links with the SQU and placement of medical students in primary care setting.
- Developing an Academic Primary Care Institution for research and education.
- Extending the Ministry of Health's activities in postgraduate education training and CPD in medicine, dentistry and nursing and other health care staff.

Threats

- Organizational barriers to communicate between primary, secondary and tertiary.
- Tension between primary/secondary and health/social care priorities
- Development of capacity within Primary Health Care must not be neglected in

"There are no structured training programme systems to prepare and develop the PHC workforce to be fit for the future purpose."

providing a comprehensive care closer to patient home.

- Development of activity in medical research and teaching based in primary care setting.
- Continue to recruit non-trained family physicians.
- Continue to provide services which are not based on population assessed health needs.

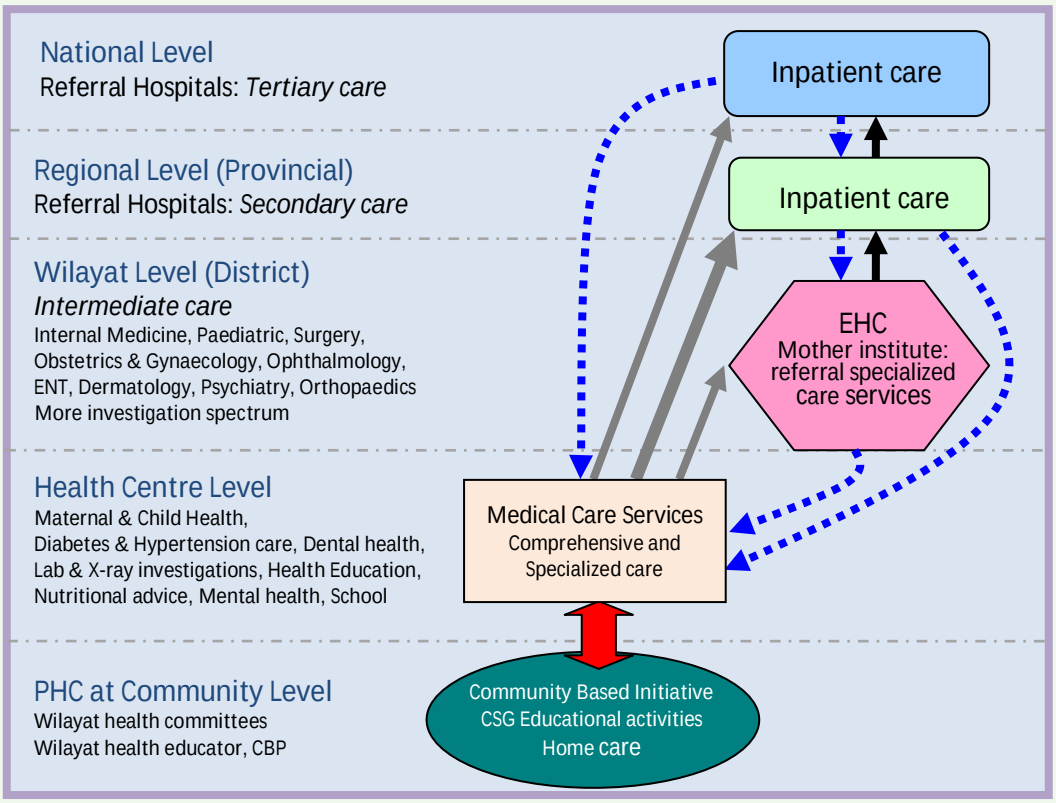
PHC Future Focus

- Continue building of new health centres aiming at a HC per 10,000 population
- Re-designing the current structure of the health centres to match both service needs and training needs
- Continue Addressing the rise of non communicable diseases with more attention to early detection of diseases and management
- Continue giving attention to the control of Communicable diseases at all levels (community & health centre)
- Continue building capacity of PHC through continuous Professional Development (CPD) and the introduction of the accreditation hours.

Strengthen PHC by establishing an electronic referral networking of all health care levels (primary, secondary and tertiary care hospitals).

"Strengthen PHC by establishing an electronic referral networking of all health care levels (primary, secondary and tertiary care)."

Fig.3: The Current PHC Model in Oman



Strengthen PHC by establishing an electronic referral networking all health care levels (primary, secondary and tertiary care hospitals)

Primary Health Care Now More Than Ever

World Health Report 2008

*(Excepts from the Director-**General's Message**)*

The year 2008 marked both the 60th birthday of WHO and the 30th anniversary of the Declaration of Alma-Ata on Primary Health Care in 1978. While the global health context has changed remarkably over six decades, the values that lie at the core of the WHO Constitution and those that informed the Alma-Ata Declaration have been tested and remain true. Yet, despite enormous progress in health globally, our collective failures to deliver in line with these values are obvious and deserve our greatest attention.

In moving forward, it is important to learn from the past and, in looking back, it is clear that we can do better in the future. Thus, this World Health Report revisits the ambitious vision of primary health care as a set of values and principles for guiding the development of health systems.

These avenues are defined in the Report as four sets of reforms that reflect a convergence between the values of primary health care, the expectations of citizens and the common health performance challenges that cut across all contexts. They include:

⇒ *universal coverage reforms* that ensure that health systems contribute to health equity, social justice and the end of exclusion, primarily by moving towards universal access and social health protection;

⇒ *service delivery reforms* that reorganize health services around people's needs and expectations, so as to make them more socially relevant and more responsive to the changing world, while producing better outcomes;

⇒ *public policy reforms* that secure healthier communities, by integrating public health actions with primary care, by pursuing healthy public policies across sectors and by strengthening national and trans-national public health interventions; and

⇒ *leadership reforms* that replace disproportionate reliance on command and control on one hand, and laissez-faire disengagement of the state on the other, by the inclusive, participatory, negotiation-based leadership indicated by the complexity of contemporary health systems.

The PHC reforms necessary to refocus health systems towards health for all

While universally applicable, these reforms do not constitute a blueprint or a manifesto for action. The details required to give them life in each country must be driven by specific conditions and contexts, drawing on the best available evidence. Nevertheless, there are no reasons why any country – rich or poor – should wait to begin moving forward with these reforms. As the last three decades have demonstrated, substantial progress is possible.

Doing better in the next 30 years means that we need to invest now in our ability to bring actual performance in line with our aspirations, expectations and the rapidly changing realities of our interdependent health world. United by the common challenge of primary health care, the time is ripe, now more than ever, to foster joint learning and sharing across nations to chart the most direct course towards health for all.

Interested readers can access the full document on URL http://www.who.int/whr/2008/en/index.html

"The four sets of reforms that reflect a convergence between the values of primary health care, the expectations of citizens & the common health performance challenges that cut across all contexts. ".

"The wisest mind has something yet to learn."

Sultanate of Oman
Ministry of Health

Address for Communication:

Directorate General of Health Affairs

Ministry of Health HQ, PO Box 393, PC 113,

MUSCAT , Sultanate of Oman

Tel: + (968) 24 600808

Fax: + (968) 24 696099

E-mail: dg-ha@moh.gov.om

Visit: http://
www.moh.gov.om

Your contribution is valuable to us:
Please write to us concerning your ideas and experiences, sharing them with a wider audience could benefit others, leading to new ideas, techniques and policies and helping to avoid struggling with problems others have already solved.

Note to contributors:
While submitting articles related to studies conducted in Oman, the authors should attach a copy of the approval of ethical committee/research committee of the institution or the Regional Directorate.
Your opinion matters to us. Any suggestions to improve the contents and the design of this Newsletter will always be gratefully received.

Citation should be according to the following example: Ministry of Health Oman, National Response Strategy for HIV/AIDS in Oman, Comm & Dis Surv Newsletter, 2008; 17 (1): 1-6.

Editorial Board

Concept, layout & Design
Dr Shyam Bawikar

Back issues of this Newsletter are posted in PDF format on...
http://www.emro.who.int/emrinfo/oman-newsletter.asp
http://www.moh.gov.om/ ...Reports & Publications

Disclaimer

The statements of facts and opinions expressed in the articles of this newsletter are solely those of the respective authors and or contributors.

This quarterly Newsletter is published by
Directorate General of Health Affairs,
Ministry of Health, Oman

Sponsored by

gsk GlaxoSmithKline