



**World Health Organization-WHO**

**Syrian Arab Republic**



**Ministry of Health**

**In Collaboration with**

**EMRO/WHO**

**Re-structuring of Primary Health Care Sector**

**Technical Assignment Report**

**Prepared By:**

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**April 2009**



**الدولية للرعاية الصحية  
HEALTH CARE INTERNATIONAL**

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## I. Executive Summary

During the period from 28 March to 9 April 2009, the Chairman of HCI-Health Care International, Dr Samy Gadalla visited the Ministry of Health in Damascus.

In consultation with the assigned national counterpart-team<sup>1</sup> and the WHO office team, all parties have agreed to amend the assignment TOR to cover the following objectives:

1. To review the existing management mechanisms of Primary Health Care (PHC) system and PHC components within the current structure of the Ministry of Health (MOH);
2. To review the current functional structure of the PHC Directorate;
3. To review the current organisational structure of the PHC Directorate;
4. To review the roles of the existing departments within the current PHC Directorate;
5. To develop a proposed functional and organisational structure for managing a comprehensive and an integrated PHC system;
6. To develop anticipated roles and relations of various departments in the newly proposed structure; and
7. To organise a consensus workshop for concerned PHC officials as well as meetings with key MOH officials. The objectives of these meetings and the workshop are:
  - a. To present the assignment deliverables,
  - b. To reach consensus on the proposed design, and
  - c. To agree on next implementation steps on central and local levels of health system.

Introductory meetings had initiated the assignment, chronologically, with:

- Dr. Aiesha Jaber, WHO-Office, Syria,
- The assigned 8-member national counterpart committee,
- Dr. Khaled Baradiey, Director, PHC Directorate-MOH, and
- Dr. Ibraim Betelmal, the WHO Representative, Syria

Dr. Gadalla has reviewed all available materials and reports and gained all needed information and data through the well-planned comprehensive debriefings from MOH officials. A debriefing meeting was held with the Assistant to H.E. the Minister of Health, Dr. Emad El-Dakker as well as a series of meetings with the heads and teams of various departments of PHC Directorate<sup>2</sup>. Another meeting was held with the director of Communicable, Environmental, and Chronic Diseases Directorate to assess the coordination mechanisms.

During the series of meetings and interviews, the following issues were explored:

- Is there a real need for re-structuring? Why (if yes or no)
- What are the strengths and weaknesses of the current structure, roles, and relations?
- What are the PHC components that managed by other directorates?
- Is PHC Directorate currently manages any role not related to PHC?
- Is the available HR on central level are capable to manage PHC on national level?
- If not, what capacity building would be needed?
- Are the he processes of planning; developing, and implementing training and health education materials/programmes, standards, and protocols are satisfying?
- Is decentralisation applied effectively? Why and How (if yes or no)
- Is referral successful? How and Why (if yes or no)
- Is integration concept and approach successful? How & Why (if yes or no)

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<sup>1</sup> Annex 1: The assigned national counterpart-team

<sup>2</sup> Annex 2: List of contacted officials and team members

A consensus workshop was held and attended by 23 participants<sup>3</sup> among the concerned officials for discussing the proposed structures, roles, and relations<sup>4</sup>. The deliverables were amended based on the fruitful discussions and the feedback of the workshop participants.

Thanks to the hard work, remarkable effort, dedicated commitment, and the highly cooperative attitude of all involved team members that helped me to accomplish the assignment objectives within the limited time of the assignment.

Attached to this report, the following developed deliverables during the assignment:

- 1- The proposed Functional Structure of PHC Directorate (Annex 5);
- 2- The proposed Organisational Structure of PHC Departments (Annex 6);
- 3- The proposed Organisational Structure, Roles and Relations of PHC Directorate departments and units as well as relations within the Ministry (Annex 7);
- 4- The existing organisational structure of the MOH and the five directorates that are managing, currently, the various PHC components (Annex 8: for clarification and comparison).

## **II. Situational Analysis**

The Ministry of Health (MOH) has initiated the process of reviewing the organisational structure of PHC sector, since six months, in order to enhance its management approach and services. This assignment is a continuation of that effort. The purpose of this part of the assignment was assessing the strengths and weaknesses of the current structure as well as identifying the gaps and duplication points that affect, negatively, the effectiveness and efficiency of PHC sector management and services.

As regard Leadership, the specific PHC components are fragmented. Currently, five directorates are accountable for managing and implementing the “technical” components/services of PHC, i.e.:

1. PHC Directorate
2. Communicable, Environmental, and Chronic Diseases Directorate
3. Healthy Villages Directorate
4. Oral & Dental Health Directorate
5. Mental & Psychiatric Health Directorate

The assessment has been based on the “Organization Excellence Criteria”. The following section summarises the assessment domains and the main findings/areas for improvement.

### **Leadership**

Currently, there do exist; within the PHC policy and the accountable MOH policy makers; a vision for PHC concepts and the critical need for it but the overall MOH vision towards the comprehensive and integrated PHC sector exists needs to be sharpened and enhanced. The comprehensive and integrated PHC concept is confine to the PHC Directorate management and a couple of its departments’ heads. The other four correlated directorates are not sharing the same vision and attitude.

No evidence of any mechanism to measure this stated vision. No strategic goals or objectives have been derived.

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<sup>3</sup> Annex 3: Participants List of Consensus Workshop

<sup>4</sup> Annex 4: Working paper of consensus workshop (PowerPoint presentation)

The commitment to the comprehensive integrated PHC is shown more on promoting concepts rather than adoption and implementation.

### **Strategic Planning**

No overall strategic and implementation plans are available for the comprehensive and integrated PHC. The PHC Directorate has identified many interventions to promote the integration culture but it falls short on identifying the performance standards and indicators.

The integrated strategic planning process is not clear. That is why the resources allocation and resources re-allocation processes are facing clear weaknesses.

### **Human Resource Management**

Human Resource (HR) Management and HR Development systems are not evident. The integration of HR management and HR development systems is in a great need to be institutionalised within the PHC Directorate culture.

Similar to most of the EMR states, recruitment is done through the public appointment system. There is neither systematic strategy nor mechanisms for HR development and career development. Capacity building and training programmes need to be more matured.

### **Processes Management**

Many procedures manuals, guidelines, and protocols need to be prepared and/or updated then to be used by various departments.

The journey of developing performance standards and indicators is still passing through its primary stage and is in great need for allocating effort and resources.

The Quality programme including process improvement and problems identification activities are still in the start-up phase and need to be insensitively enhanced focusing on the integration of these improvements towards the strategic goals, which is clearly missing.

### **Information Analysis & Decision Taking**

The Health Management Information System and the infrastructure of Information & Communication Technology are still facing major challenges within PHC sector. Consequently, the specific and reliable information needed to chart the progress and decision-making and decision-taking are in great need for more investments.

Specific data and type of information needed could only be identified, after developing and adopting the strategic integrated planning system, integrated monitoring and supervisory systems as well as adopting integrated techniques and tools.

### **Organization Results**

The lack of “integrated” planning, implementation, monitoring, evaluation, and information management within the fragmented PHC sector and the unclear performance management system show the lacking of evident-based results.

## **Satisfaction**

The fragmented leadership and the clear duplication of systems and techniques on various health programmes and health system levels; are evident. This obvious impact on the level of satisfaction of internal and external clients and of the community is really tough.

## **III. Recommendations**

1. There is a crucial necessity to integrate various and comprehensive components of PHC under a new organisational and functional structure that supports the role of PHC Directorate. The new structure shall ensure achieving the challenging goals and objectives of PHC interventions as well as meeting the needs and expectations of the community.
2. The proposed structure innovatively creates two new positions/roles, i.e., an assistant to the Director of PHC Directorate for technical affairs and an assistant for administrative affairs. The rationale behind creating the two positions/roles is integrating and coordinating the horizontal functions needed to ensure effectiveness and efficiency of managing PHC sector. The two assistants will oversee the cross-cutting technical, managerial, financial, and administrative functions that are currently managed in a fragmented way by all departments and teams, i.e., planning, resource allocation, monitoring, evaluation, HRD, MIS, statistic, quality improvement, health education, research, internal & external relations and communications, etc. (See Annexes 5, 6, and 7).
3. Furthermore, the proposed structure innovatively recommends creating an entity or a department for “Integrating Health Services”. This entity needs to be linked to the office of H.E. the Minister. Its role is clarified in Annexes 5, 6, and 7.
4. An effective structure must be compatible with the already existing and approved organizational structure of the MOH. A detailed proposal for building the new PHC structure and its roles is attached (Annex 7).
5. Consequently, a detailed organisational structure has to be developed. The PHC sector needs to be defined by a multi-level plans on various levels (governorates, districts, and PHC centres).
6. Operational policies and procedures for PHC directorate and its departments as well as developing or updating technical and administrative guidelines, protocols, standard operating procedures, etc. of various programmes and interventions.
7. The PHC sector needs to be well organized and to have its performance standards, indicators, monitoring system, and performance evaluation measures. These will cover developing work pathways, intra-departmental and cross-departmental relations and communications.
  - a. Reviewing and updating the available standards of health services using the quality management concepts (listening to all customers).
  - b. Developing the process (performance) standards and indicators focusing on the quality management concepts (listening to the process).
8. Quality management system needs to be created among PHC sector departments as well as all other directorates’ departments and teams of the MOH and its facilities.
9. The existing capacity in the in PHC Directorate and in all team(s) on various levels should be further developed. To be more effective and technically competent, the PHC Directorate teams already trained in basic skills needs to be developed to be able to run the national PHC programmes and interventions on national level. The teams must be continuously developed to be able to continue achieving the changing needs and expectations of the community.

10. Coordination and integration between all MOH directorates, departments, and programmes (horizontally) has to be encouraged and to be a built-in component of the health management style and approach.
11. Establishing a technical body responsible for coordination between donors and international organisations to ensure maximum utilisation of available resources and proper allocation of these resources as needed for and by national strategic plan. Moreover, this body will be responsible for coordination between projects and individual consultants to ensure a complementary approach in utilising the technical expertise and the technical deliverables of those experts and cooperative projects whether within the same international organisation/project as well as among various organisations/projects.

## Plan of Action

<u>Action</u>	<u>Responsibility</u>	<u>Time Frame</u>
<b>Phase A</b>		
1. Establishing the new Structure of PHC Directorate		
<ul style="list-style-type: none"> <li>• To review and modify the proposed structure and roles.</li> </ul>	MOH	Month 1
<ul style="list-style-type: none"> <li>• To approve the proposed structure and roles.</li> </ul>	MOH	Months 2 and 3
<ul style="list-style-type: none"> <li>• To assign/recruit qualified candidates for the approved structure</li> </ul>	MOH	Months 4, 5, and 6
<ul style="list-style-type: none"> <li>• To design and approve the new structure and roles on governorate and district level.</li> </ul>	MOH & WHO	Month 7
2. Organisational & Teams Capacity Building		
<ul style="list-style-type: none"> <li>• To develop relevant competencies of assigned team members</li> </ul>	MOH & WHO	Month 7
<ul style="list-style-type: none"> <li>• To develop capacity building plans of the PHC Directorate staff</li> </ul>	MOH & WHO	Month 7
<ul style="list-style-type: none"> <li>• To implement capacity building and training programmes</li> </ul>	MOH & WHO	Months 8 to 12
<ul style="list-style-type: none"> <li>• To design and develop/update systems, standards, indicators, guidelines, protocols, SOPs, policies &amp; procedures for PHC Directorate</li> </ul>	MOH & WHO	Months 8 to 12
<ul style="list-style-type: none"> <li>• To design and develop MIS system, Monitoring &amp; Evaluation Systems, and Performance Assessment System</li> </ul>	MOH & WHO	Month 7
<ul style="list-style-type: none"> <li>• To test MIS, Monitoring &amp; Evaluation, and Performance Assessment Systems</li> </ul>	MOH	Months 8 to 12

<u>Action</u>	<u>Responsibility</u>	<u>Time Frame</u>
<p><b>Phase B</b></p> <p>1. Full implementation of new systems and tools:</p> <ul style="list-style-type: none"> <li>• On Ministry level</li> <li>• On Governorates &amp; Districts level</li> <li>• Evaluation &amp; Improvements</li> <li>• Celebrate Success</li> </ul>	<p>MOH</p> <p>MOH</p> <p>MOH &amp; WHO</p> <p>MOH</p>	<p>Months 13 to 18</p> <p>Months 16 to 21</p> <p>Months 22 to 24</p> <p>End of second year</p>

## Acknowledgment

I would like to express my deep appreciation to the national counterpart committee led by Dr. Monzer Kojak and to all team members of the Referral Department, PHC Directorate, MOH – Syrian Arab Republic for their remarkable support and facilitation that made this assignment successful and enjoyable.

Moreover, I express my deep gratitude to Dr. Khaled Baradeiy, Director of PHC Directorate, Dr. Ibrahim Betelmal, the WHO Representative in Syria and his team for their sincere cooperation and support.

I do believe that through the genuine future effort of the dear Syrian colleagues I have met, the PHC sector in Syria will proceed successfully to achieve their unique objectives.

Additionally, I wish to acknowledge the many colleagues at EMRO who have contributed to the success of this assignment and who gave me this opportunity to play a role with my dear brothers and sisters in Syria during their challenging journey.



## Annex 1: National Counterpart Committee

<b><i>Ministry of Health – Syria</i></b> <b><i>PHC Directorate</i></b>		
1	Dr. Monzer Kojak (Chairman)	Director, Referral Department
2	Dr. Nedal Abu Rasheed	Chief Editor, Syrian Epidemiology Newsletter
3	Dr. Al-Hajaj Al-Sharea	Head, Adolescents' Health Promotion Programme
4	Dr. Feras Al-Hussein	Head, Early Detection of Cancer Programme
5	Mr. Ahmed Al-Okla	Administrator & UNICEF Accountant
6	Mr. Bashar Al-Akel	Accountant, RH Department
7	Mr. Maher Al-Boshi	Head, Logistics Unit
8	Mr. Haytham Hydar	Administrator, Referral Department
<b><i>WHO Office – Syria</i></b>		
1	Dr. Aiesha Jabeer	Technical Officer

## Annex 2: Contacted/Interviewed Officials

<i>Ministry of Health – Syria</i>		
1	Dr. Emad El-Dakker	Assistant to H.E. Minister of Health
2	Dr. Khaled Baradeiy	Director, PHC Directorate
3	Dr. Hany Al-Laham	Director, Communicable & Chronic Diseases Directorate
4	Dr. Ibrahim Betelmal	WHO Representative, Syria
5	Dr. Mayas El-Taweel	Director, Nutrition Department, PHC
6	Dr. Seham Dawoud	Nutrition Department, PHC
7	Dr. Samer Aarous	Nutrition Department, PHC
8	Dr. Fayza Gawharah	Nutrition Department, PHC
9	Dr. Yasser Al-Saleh	Director, PHC Development Department, PHC
10	Dr. Alaa Erkesousy	Director, Statistics & Monitoring Department, PHC
11	Dr. Eman Al-Kodsy	Director, Family Medicine Unit, PHC
12	Dr. Mousa Shamyah	Director, Health Education Department, PHC
13	Dr. Monzer Kojak	Director, Referral Department
14	Dr. Nedal Abu Rasheed	Chief Editor, Syrian Epidemiology Newsletter
15	Dr. Al-Hajaj Al-Sharea	Head, Adolescents' Health Promotion Programme
16	Dr. Feras Al-Hussein	Head, Early Detection of Cancer Programme
17	Mr. Ahmed Al-Okla	Administrator & UNICEF Accountant
18	Mr. Bashar Al-Akel	Accountant, RH Department
19	Mr. Maher Al-Boshi	Head, Logistics Unit
20	Mr. Haytham Hydar	Administrator, Referral Department
21	Dr. Aiesha Jabeer	WHO Office
22	Dr. Nezar	WHO Office
23	Dr. Ahmed Abboud	Child Health Department, PHC
24	Dr. Mohamed Al-Najar	PHC Development Directorate

### Annex 3: Consensus Workshop - Participants' List

Monday, 6 April 2009

1	Dr. Lena Aalwash	PHC Development Department, PHC
2	Dr. Lamma Al-Yafy	RH Department, PHC
3	Dr. Reem Dahman	Director, RH Department, PHC
4	Dr. Hesham AL-Dery	Child Health Department, PHC
5	Dr. Nabil Kharatta	Child Health Department, PHC
6	Dr. Seham Dawoud	Nutrition Department, PHC
7	Dr. Samer Aarous	Nutrition Department, PHC
8	Dr. Fayza Gawharah	Nutrition Department, PHC
9	Dr. Yasser Al-Saleh	Director, PHC Development Department, PHC
10	Dr. Samir Saleh	Elderly Health Promotion Department, PHC
11	Dr. Samar Naddour	Elderly Health Promotion Department, PHC
12	Dr. Essam Abdul-Rahman	Referral Department, PHC
13	Dr. Roola Asaad	Referral Department, PHC
14	Dr. Monzer Kojak	Director, Referral Department
15	Dr. Nedal Abu Rasheed	Chief Editor, Syrian Epidemiology Newsletter
16	Dr. Al-Hajaj Al-Sharea	Head, Adolescents' Health Promotion Programme
17	Dr. Feras Al-Hussein	Head, Early Detection of Cancer Programme
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20	Mr. Maher Al-Boshi	Head, Logistics Unit
21	Mr. Haytham Hydar	Administrator, Referral Department
22	Dr. Aiesha Jabeer	WHO Office
23	Dr. Ahmed Abboud	Child Health Department, PHC
24	Dr. Mohamed Salem Al-Najar	PHC Development Directorate



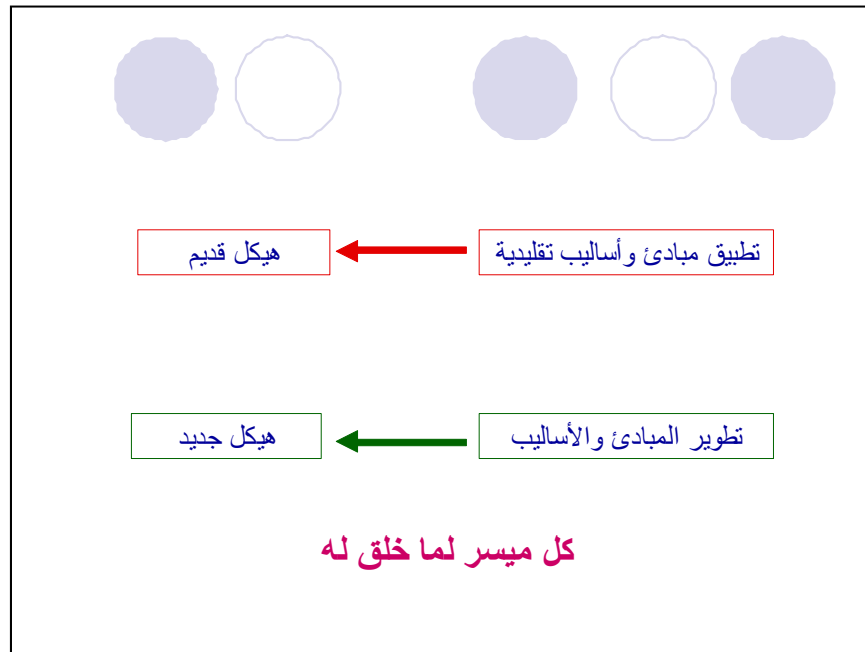
**Documentary Photos of Participants**

## Annex 4: Consensus Workshop Working Document

### Slide 1



### Slide 2



### Slide 3



● توفر الأدلة على أنه هناك حاجة لتعديل وتطوير الهيكل الحالي (تقييم)


● **كيف؟**

● ضرورة وضع استراتيجية وخطة عمل لتطوير الهيكل الحالي

● توفير الكفاءات القادرة على التحكم فى سير واستمرارية العمل عند بداية تطبيق الهيكل الجديد

● تحديد فرق العمل والأفراد الذين سيتأثرون سلبا وإيجابا بتطوير الهيكل الحالي

### Slide 4



● تطوير نظام إدارة تقديم خدمات رعاية صحية أولية "شاملة" لجميع عناصر ومكونات الرعاية الصحية الأولية **من خلال تطوير الهيكل التنظيمى** – وذلك:

● تجاوبا مع الدروس المستفادة من التطبيق فى ضوء الهيكل الحالي


- لتجنب الازدواجية
- لضمان تكامل النظم والخدمات
- لتوحيد المحاور الإدارية على مختلف المستويات
- لتوحيد آليات التنفيذ على كافة مستويات النظام الصحى
- لضمان التخصيص الأمثل للموارد وتعظيم الاستفادة منها
- لرفع مستويات الكفاءة والفعالية
- للاستجابة لتطور احتياجات وتوقعات المجتمع ومتخذى القرار

## Slide 5



**النتائج المبدئية لتقييم الوضع الحالي**

## Slide 6



**الرعاية الصحية الأولية**

- نظام متكامل محدد وواضح المعالم والمحاور والمكونات على مختلف مستويات النظام الصحي
- يتولى إدارته مسئولون يتمتعون بقدرات إدارية وقيادية
- ويتولى تنفيذه فرق عمل قادرة على تنفيذ مختلف أنشطة ومكونات الرعاية الصحية الأولية
- ويعتمد على نظام معلومات قادر على متابعة وقياس كفاءة الأنشطة والخدمات وفعاليتها وعدالتها على مختلف مستويات النظام الصحي

## Slide 7



### مكونات الرعاية الصحية الأولية الشاملة

- رعاية الأمومة شاملة تنظيم الأسرة والتحصين
- رعاية الطفولة شاملة التحصين والإرواء الفموى
- مكافحة الأمراض المعدية والمتوطنة
- التنقيف الصحى
- الإصحاح البيئى (سلامة المياه والغذاء)
- المشاركة المجتمعية
- توفير الخدمات العلاجية الملانمة للأمراض والإصابات الشائعة (شاملة الخدمات المتنقلة)
- توفير الأدوية الأساسية واللقاحات وضمان كفاءة سلسلة التبريد
- تعزيز الصحة التغذوية
- الصحة الإنجابية
- صحة الأسرة
- الصحة المدرسية
- صحة المراهقين والشباب والمسنين والفئات ذوى الاحتياجات الخاصة

## Slide 8



### أدوار أصيلة للرعاية الصحية الأولية تنفذ من خلال إدارات أخرى

- الصحة النفسية (المفهوم/التعريف الشامل للصحة)
- الأمراض السارية
- الأمراض البيئية
- الأمراض المزمنة
- الإصحاح البيئى
- صحة الفم والأسنان
- المشاركة المجتمعية (القرى الصحية)

## Slide 9

### أدوار "فنية" عامة (تتقاطع عرضيا مع جميع الأنشطة):

- تطوير الموارد البشرية (متضمنا التدريب)
- المعلوماتية
- التتقيف الصحى

## Slide 10

### أدوار فنية متداخلة وغير واضحة التبعية وغير محددة المسؤولية

- وضع السياسات
- التخطيط
- تخصيص الموارد
- إعداد وتحديث المعايير والمؤشرات
- إعداد وتحديث أدلة العمل والبروتوكولات وأدلة السياسات والإجراءات
- الإشراف والتوجيه
- المتابعة
- التقييم
- التعرف على فرص التحسين وتحديد المشاكل (الجودة)
- المعلوماتية
- إدارة الأزمات



## Annex 5: PHC Functional Organogram

### مديرية الرعاية الصحية الأولية

#### الهيكل الفني

#### FUNCTIONAL ORGANOGAM

	تعاون رسمي (بقوة النظام)
	تنسيق داخل المديرية
	تعاون رسمي خارج المديرية (بقوة النظام)
	تنسيق خارج المديرية

العلاقات خارج المديرية

العلاقات داخل المديرية

تنسيق	تعاون رسمي	تعاون رسمي (بقوة النظام)	تنسيق داخل المديرية	تنسيق خارج المديرية (بقوة النظام)	تنسيق خارج المديرية	الصحة الإيجابية	صحة الأطفال	صحة المسنين	صحة المراهقين والشباب	صحة ذوي الاحتياجات الخاصة	التغذية	الصحة النفسية وصحة الفم والأسنان	الأمراض السارية والمزمنة	الإصحاح البيئي	المشاركة المجتمعية	صحة الأسرة	الخدمات الداعمة	تكامل الخدمات الصحية	العلاقات خارج المديرية	العلاقات داخل المديرية	الدائرة
																					الشعب والبرامج الوطنية والفرعية
																					السياسات والتخطيط
																					تطوير الموارد البشرية والتدريب
																					التتقيف الصحي
																					الجودة
																					وضع المعايير وأدلة العمل
																					الإشراف والتوجيه
																					المتابعة
																					التقييم
																					الدراسات والبحوث
																					تخصيص الموارد والتنسيق
																					المعلوماتية
																					الإعلام والاتصال
																					الإحصاء
																					تنمية المراكز الصحية
																					إدارة المناطق
																					الشفنون المالية
																					الشفنون الإدارية
																					الإمداد
																					الأليات والحركة والصيانة
																					إدارة الأزمات
																					الأرشيف
																					المكتبة والتطوير والتأهيل المستمر

## Annex 6: PHC Departments Organisational Structure

### مديرية الرعاية الصحية الأولية

#### هيكل الدوائر

#### Departments Organogram

الشعب				الدائرة
	الأمومة الآمنة	صحة المرأة	تنظيم الأسرة	الصحة الإنجابية
	الأطفال حديثي الولادة	الرعاية المتكاملة	التلقيح	صحة الطفل
			تعزيز صحة المسنين	صحة المسنين
			تعزيز صحة المراهقين	صحة المراهقين والشباب
	صحة الأغذية والمياه	عوز المغذيات الدقيقة	الإرضاع الوالدى	التغذية
			الصحة النفسية	الصحة النفسية
			صحة الفم والأسنان	صحة الفم والأسنان
			الأمراض السارية	الأمراض السارية
		الأمراض البيئية	الإصحاح البيئى	الإصحاح البيئى والأمراض البيئية
		الصحة المدرسية	تعزيز الصحة والتواصل الصحى	صحة الأسرة
		تعزيز صحة المجتمع	التنمية الأساسية	المشاركة المجتمعية
الإمداد	الشنون المالية	الشنون الإدارية	الديوان	الخدمات الداعمة
الفئات ذات الاحتياج الخاص	دعم الرعاية الصحية الأولية	أضابير العائلة	الإحالة	تكامل الخدمات الصحية