

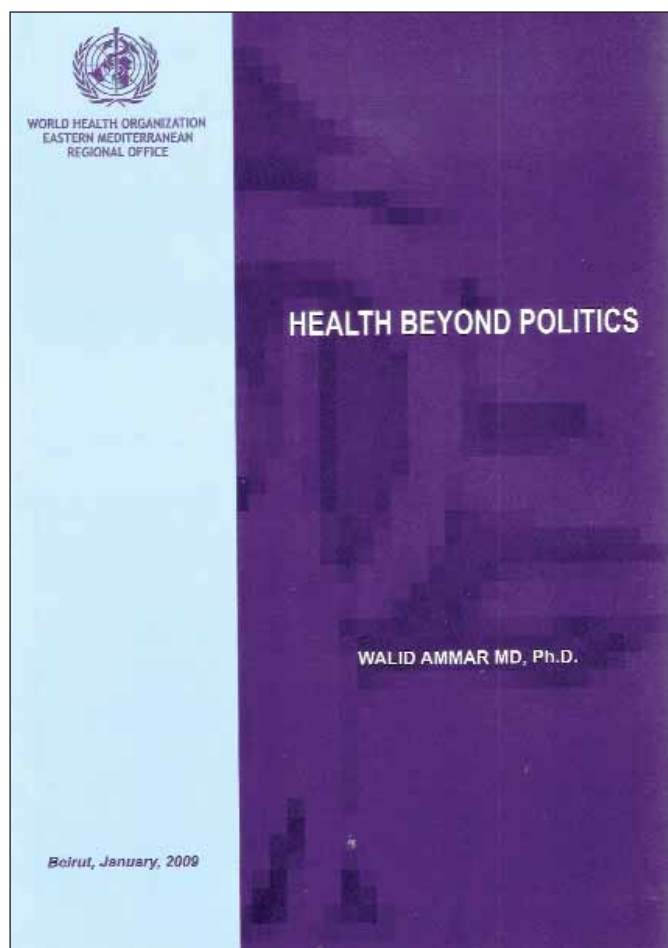
“Health beyond Politics”¹: A review

By Nabil M Kronfol

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It is interesting that at a time when scientists and policy makers are discussing the reform of the US health care system and address the proposals discussed by the Obama Administration, a new book has been published in Lebanon, a small far away country from the USA, yet with similar HCS features. The author is Dr Walid Ammar, the Director-General of the Ministry of Public Health (MOPH) in Lebanon. “Health beyond Politics” updates and complements ‘Health Systems and Reform in Lebanon’ published in 2003” by the same author.

The basic message (and purpose) of this book has been spelled out by Dr Ammar as follows: “The past five years (2003-2008) did not witness any structural change in the health sector in Lebanon. However, a meaningful progress has been made in different components of health reform, thanks to the perseverance of dedicated health professionals working in different institutional settings, guided by science, professional ethics and human values” The book opens with a brief description of the difficult political situation that prevailed in Lebanon especially over the period of five years that witnessed enormous crises and challenges, in an effort to set the stage for a review of the health situation and its progression over that period. The author then proceeds with an update and an analysis of the different components that constitute the health care system, namely hospitals, ambulatory care, programs, human



resources, health care financing, pharmaceuticals and quality of care. The author concludes his book with his assessment of the health situation and the prospects for health strategies.

“All these challenges cannot be faced by short sighted health policy nor wait for a radical reform to be achieved”, states Dr Ammar. There is a need to capitalize on existing resources, improve performance, promote the philosophy and practices of PHC, especially community empowerment.

One of the merits of this book is its call for the greater involvement of clinicians in reforming the health care system of Lebanon. Physicians constitute the hub of medical practice in all countries and contribute through their activities on

behalf of the patients to shape any health care system. The professional performance of clinicians impacts on the use (or overuse) of expensive diagnostic tests, the consumption of medications and the utilization of health facilities of all kinds.

This call echoes similar calls made recently in the United States, the United Kingdom and other countries. Minister Darzi (UK) commented on the movement for health reforms in the USA stating that “The best outcomes can be achieved only when the system itself is healthy and built on real partnerships between patients and clinicians... Building a health care system centered on clinical professionalism and responsibility is the only way to

¹ “Health Beyond Politics”, a book just released by Walid Ammar, MD, PhD, the Director-General of the Ministry of Health, January 2009

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achieve such partnerships and to ensure that all patients are well served³

Similarly, Fisher et al reiterated that “Physicians should first help to create a shared vision that ...brings providers together to create a system better aligned both with public needs and with providers' fundamental interests and values. The starting point is to recognize, as most physicians do, that improving a complex health care system requires action on multiple fronts⁴.

Clinicians have indeed played a minor role in the health system reform process of Lebanon that was initiated back in 1995. This is unfortunate because physicians are organized in a professional order unique of its kind in the region. Given the situation in the country over the past several decades, the Order has reacted mainly to the “syndical” demands of its constituency rather than to the repeated calls to join in the reform of the health care system.

This call by the author of the book ought to be heeded by all providers, especially physicians, but also dentists, pharmacists, nurses through their respective professional orders, as well as by the syndicates of private hospitals, insurance companies and other professional associations. Luft commenting on the role of physicians stated that “Physicians chafe at managed care, complain about arbitrary fee constraints, and resist externally imposed practice guidelines. But these tools will continue to be used if physicians, either individually or in small groups, do not take on more financial responsibility for the choices they make on behalf of their patients”⁵. To remain on the sidelines is a poor strategy for all.

Dr Ammar has been able to document the impact of policies and measures taken under duress to demonstrate that crises need not impede totally the reform process nor the strategies elaborated and implemented by a Ministry in a country in crisis.

Another merit of this book lies in the comparison it provides with the earlier book, using similar indicators and data and to a large extent the same sources of information. As such, Dr Ammar has been able to document the impact of policies and measures taken under duress to demonstrate that crises need not impede totally the reform process - of which Dr Ammar was the principal architect - nor the strategies elaborated and implemented by a Ministry in a country in crisis. Some of this evidence is listed below:

- o The deflection of the Consumer Price Index between health products and the other commodities due to the measures taken by the MOPH to regulate the “tarification” of hospital services and pharmaceuticals;

this “braking” effect has been due to the regulatory role of the MOPH

- o The share of the public hospitals in admissions has increased, reaching 30% of the total admissions on account of the MOPH in 2008.
- o A significant increase in the number of patients seeking care in the PHC network supported by the MOPH
- o Efforts to alleviate the shortage of nursing personnel have yielded results
- o The decrease in total health expenditures by 11% between 1998 and 2005, mainly through a reduction in out-of-pocket payments with a corresponding increase in Government spending
- o The decrease in the proportion of GDP expenditures on health from 12.3% in 1998 to only 8.2% in 2005
- o A modification of the pricing structure of pharmaceuticals has been achieved along with the promotion of generic medications. A proposed code of ethics has been drafted related to the promotion of medicines.
- o A new accreditation system for hospitals has been introduced based on the experience of the earlier surveys (since 2000).
- o The success of capitation in financing maternal and child health has been documented through an innovative project in Wadi Khaled with an NGO (Makassed)
- o The appreciable reduction in IMR, UFMR and MMR between 1996 and 2005 due to improvements in the less privileged areas of the country (Akkar and the North)
- o The evidence for an alarming increase in obesity across all age groups, including youth
- o The improved coverage of immunization due to the engagement of the municipalities and the community
- o Most importantly, the noticeable increase in the rates of hospitalization across all public providers, especially amongst the beneficiaries of uniformed coverage. This high hospitalization rate must be addressed by reversing the incentives for hospitalization that are many and benefit all, except the third party payors.
- o Amazingly, the author reveals that the share of pharmaceuticals has reached indeed 42% of the total health expenditures;
- o The author draws attention to the unregulated market for private insurance leading to higher premiums, “skimming the cream” of adherents and beneficiaries, avoiding complex cases and attempting to minimize payments. This ought to be addressed by the Ministry of Economy and Trade, who oversees Private Insurance companies.

³ Darzi, A; “A Time for Revolutions - The Role of Clinicians in Health Care Reform”; NEJM, July 22, 2009;

⁴ Fisher, E; Berwick, D; Davis, K; “Achieving Health Care Reform - How Physicians Can Help”; NEJM, May 20 2009

⁵ Luft, H; “Health Care Reform - Toward More Freedom, and Responsibility, for Physicians”; NEJM, August 05 2009

In addition to a plethora of information that any “student” of the health care system ought to review carefully, the author calls for action on several basic issues, such as:

- o The need for countries to be prepared to negotiate the terms and conditions implicit in the agreements and commitments made within the World Trade Organization or for that matter any other bilateral or regional agreements.
- o The epidemiologic transition is full blown with the rise of non-communicable diseases and the adoption of unhealthy lifestyles has been documented.
- o The unnecessary demand induced by the oversupply of human resources, hospital beds and sophisticated services
- o Strengthen and support the public hospitals and make them financially sustainable, as required by their mandate. This will demand a review of the legislation on the autonomy of public hospitals passed in 1996, given the experience of the past several years

Nevertheless, Dr Ammar recognizes and lauds the strengths of the health care system of Lebanon and ends his book by highlighting the need for a much improved governance of the Ministry of Health that can only become effective with a determined political will, that is called for and hoped for through the synergy that exists between a determined Minister of Health (Dr Mohamad Jawad Khalifeh) who has been supportive of the efforts of the Ministry staff, headed by the Director-General (Dr Ammar) and his team. It should be mentioned in this connection that this team of young men and women have changed the face and the effectiveness of the Ministry of Health, because of the unyielding support for their career development by the Minister of Health and the Director-General.

This book is recommended reading for “students” of health care systems in the Arab Region and in countries that are facing (or have faced) serious political or economic crises

August 23rd 2009

Scientists to begin trial procedure to regrow breasts after cancer

Scientists are to begin revolutionary surgery trials that will help breast cancer victims to regrow their breasts after undergoing a mastectomy.

The trial, to begin in Australia within the next six months, will involve implanting a device into a woman that enables fat tissue to grow by using a stem cell technique. The procedure, known as Neopec, could replace reconstructive surgery and breast implants within years.

During the operation, which was developed by scientists at the Bernard O'Brien Institute of Microsurgery in Melbourne, a 5ml dose of the woman's own fat cells are implanted into an artificial, breast-shaped chamber in her chest. The container is attached to blood vessels under the arm enabling the cells to multiply and replace breast tissue.

The scientists have developed the technique over the past decade and have successfully tested it on pigs, which grew new breasts within six weeks. However, they predict that the process could take up to eight months in women.

Bernard O'Brien's chief operating officer Phillip Marzella said that the results of the animal tests were so successful that they were confident about taking the next step to trial the technique on humans.

He said that after a human trial using a synthetic chamber the scientists planned to develop a biodegradable version that would break down over time so that women did not have to undergo two operations.

“At the moment we have a shell which has been used in the animal studies but that requires two surgeries, so the next step is to develop a shell which is biodegradable,” Dr Marzella told.

He said that a prototype trial involving six Australian women would begin early next year as a “proof of principle” to demonstrate that the body could regrow its own fat supply in the breast.

A second-phase trial would use international patients and

would begin using the biodegradable chamber, which they hope to develop in the next year.

Dr Marzella said that the procedure relied on the body's own behaviour of filling internal voids.

“Nature abhors a vacuum so the chamber itself, because it is empty, tends to be filled in by the body,” he said.

If successful, the groundbreaking technique is likely to have positive physical and psychological effects on the many thousands of women who lose their breasts to cancer each year.

“We hope it will have a significant impact around the world. There are a lot of women who don't have reconstructive surgery for whatever reason, or have silicone breast implants, but this will give them their own tissue back,” Dr Marzella said.

“We also like to think that it would alleviate the shock that a woman feels when she is diagnosed with breast cancer, to know that she could possibly grow her breasts back.”

The scientists received ethics approval from the St Vincent's Hospital in Melbourne to conduct the three-year human trial, which will be paid for with a AUS\$2.95 million (£1.66 million) government grant.

If successful, the technology could be available to breast cancer patients by 2014.

Dr Marzella said that using stem cells of fat tissue to regenerate body parts could also have wider scientific implications.

“We also envisage that in ten years' time this approach could be open to cosmetic surgery and, if the principle works, then it could be used in the nose or other parts of the body for reconstructive surgery,” Dr Marzella said.

Australia's National Breast and Ovarian Cancer Centre said that the new procedure, if successful, would be in an important step forward in dealing with breast cancer.

“It is a real exciting concept in terms of tissue engineering for women who have had a mastectomy,” Dr Helen Zorbas from the centre said.

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