

Table 1 Challenges and needed actions to improve quality and safety identified by the participants for the three groups of EMR countries based on population health outcomes, health system performance and level of health expenditure

	Group 1 countries ^a	Group 2 countries ^b	Group 3 countries ^c
Main Challenges	<p>Sustainability of the measures already in progress</p> <p>Lack of expertise in various areas of quality and safety</p> <p>Lack of coordination of primary health care services and improvement of the quality and patient safety in PHC.</p> <p>Low capacity for research and training on patient safety</p>	<p>Lack of national policies & legislation due to political instability and financial limitations</p> <p>Organizational management issues due to centralization of all services and inadequate training on safety</p> <p>Lack of automation of information systems and limited number of skilled human resources</p> <p>Insufficient quality and safety culture at the institutional level with no incident reporting system</p> <p>No revalidation of licences for health care facilities and professionals</p>	<p>External and internal instability, civil war, low priority for health care, quality and patient safety</p> <p>Primary health care : immunization, childhood diseases, unsafe childbirth, access to health care facilities</p> <p>Secondary and tertiary health care: facilities overburdened beyond capacity; limited resources; lack of trained work force</p> <p>Attitude: patient safety/quality perceived as a luxury not a necessity</p> <p>Resistance to change</p>
Required actions	<p>Ensure stronger leadership and governance capacities for quality and safety improvement programmes</p>	<p>Adapt a framework for quality needs and plan with strong political commitment</p> <p>Budget allocation for accreditation programme: capacity building and provision of needed resources</p> <p>Engage civil society and use of universal health coverage in advocacy for quality improvement</p> <p>Improve communication among stakeholders</p>	<p>Data to assess the magnitude of the problem.</p> <p>Standardization and successful implementation of priority programmes</p> <p>System for referral</p> <p>Improvement of the Infrastructure</p> <p>Involvement of the top leadership, ministers of health</p> <p>Training aiming to achieve behavioural change that aims to introduce a culture of quality and safety improvement</p> <p>Data on quality and patient safety and a response system</p> <p>Adopt existing standards and set targets realistic within a defined time frame</p>
How to ensure sustainability	<p>Partnership with NGOs and community involvement</p> <p>Continuous engagement for quality and safety from health care professionals and professional associations</p>	<p>Availability of a national plan for institutionalization of quality; enforcement of laws & regulations; provision of incentives related to performance</p> <p>Involvement of the media and civil society</p> <p>Engagement of health care professionals</p>	<p>Clear vision, insight and commitment of the leadership</p> <p>Directorate/departments dedicated to patient safety/quality training.</p> <p>Regulations</p> <p>Policies</p> <p>Audits</p> <p>Accountability</p>
WHO support	<p>Assist in capacity building and research</p> <p>Build partnership with training and education institutions</p>	<p>Assist in identification of gaps & in analysis</p> <p>Advocate for buy-in by decision-makers</p> <p>Activate projects like the Performance Assessment Tool for Hospitals, patient safety friendly hospital initiative, etc.</p> <p>Network for benchmarking</p>	<p>Provide technical support</p> <p>Advocate for pledges and commitments</p> <p>Conduct seminars & workshops for leadership.</p>

^aBahrain, Kuwait, Oman, Qatar, Saudi Arabia and United Arab Emirates.

^bEgypt, Islamic Republic of Iran, Iraq, Jordan, Lebanon, Libya, Morocco, occupied Palestinian territory, Syrian Arab Republic and Tunisia.

^cAfghanistan, Djibouti, Pakistan, Somalia, Sudan and Yemen.