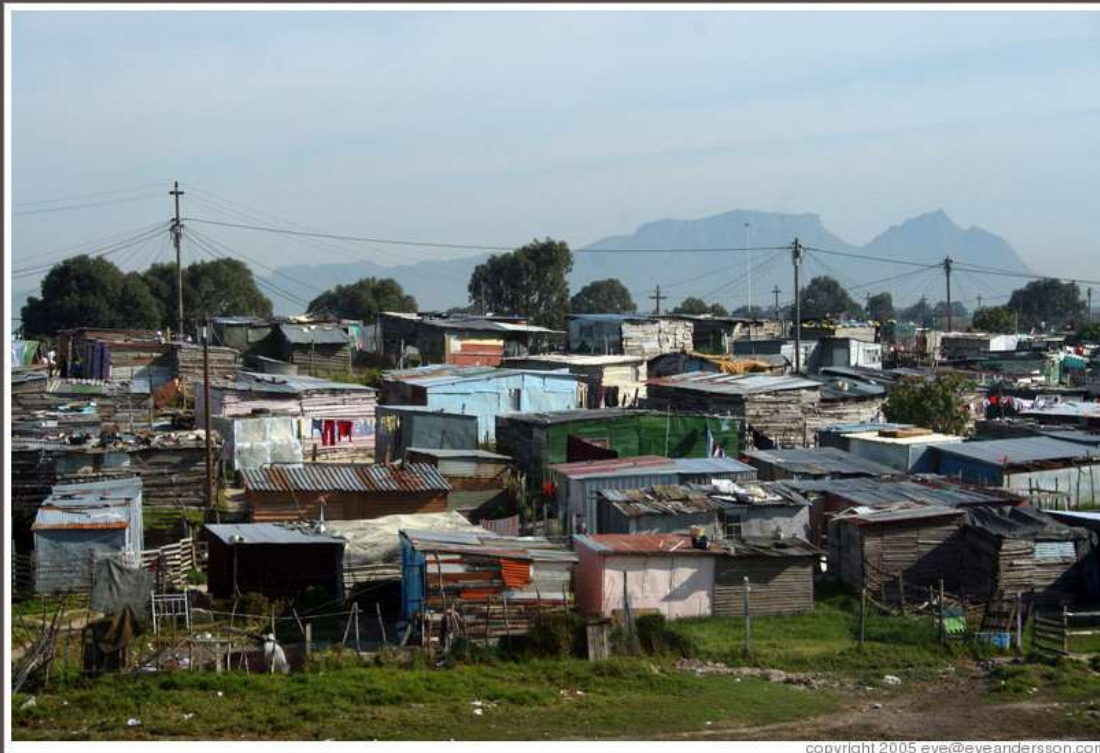


# THE CONTRIBUTION OF FAMILY MEDICINE TO AFRICAN HEALTH SYSTEMS



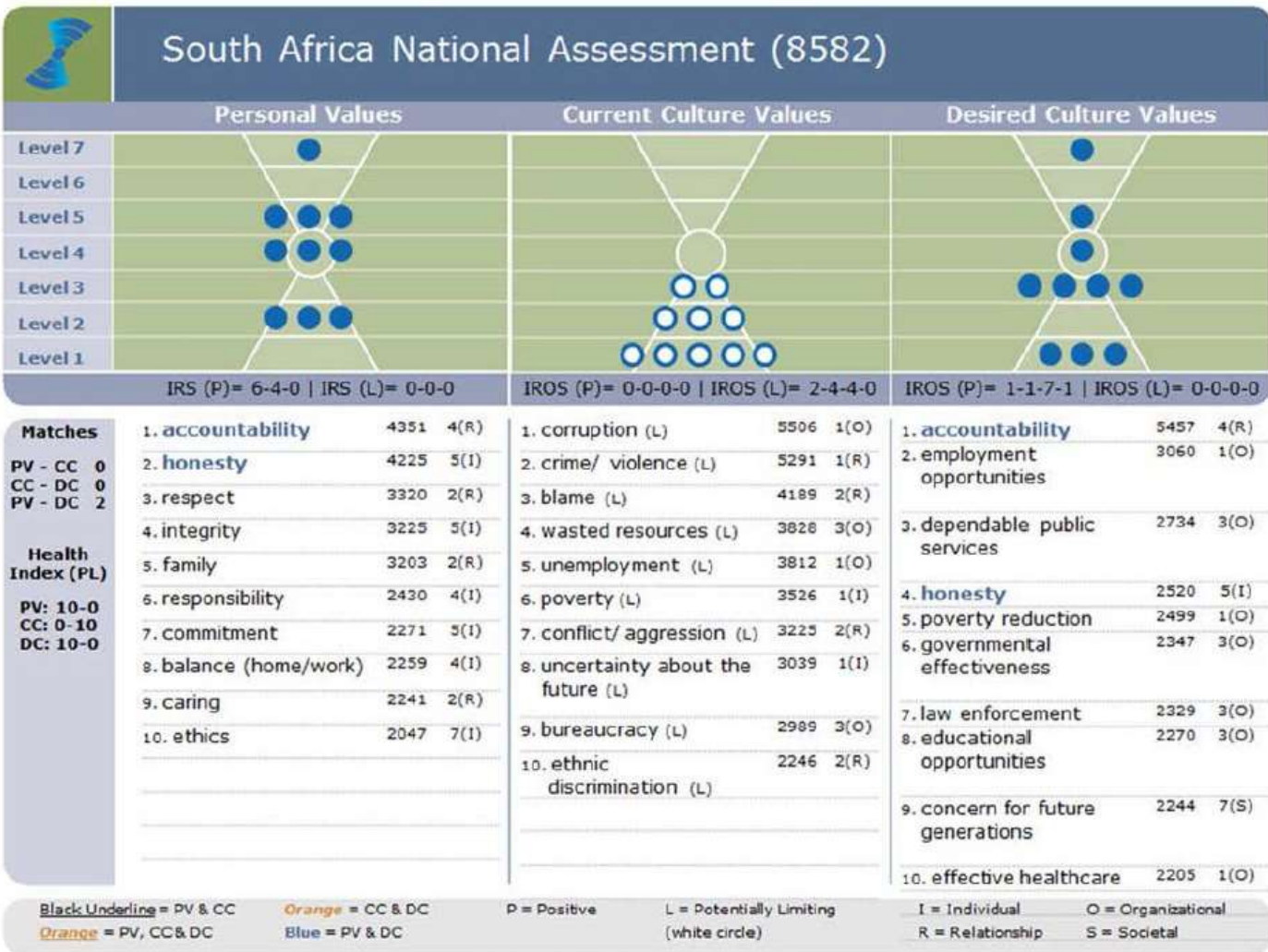
copyright 2005 eve@eveandersson.com

Prof Bob Mash  
Stellenbosch  
University  
South Africa



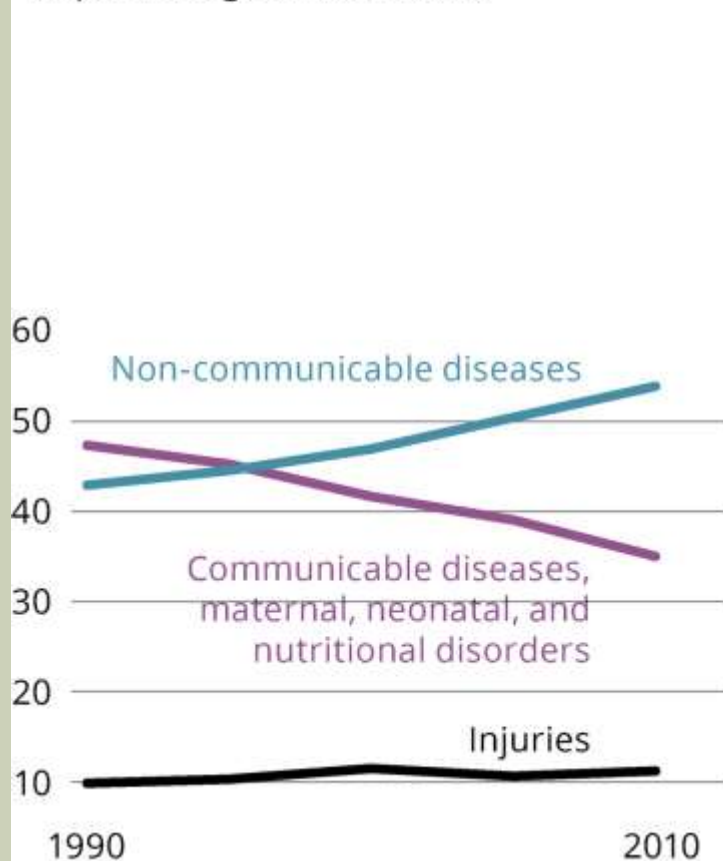
# THE HEALTH SYSTEM

# PUBLIC DEMAND FOR CHANGE

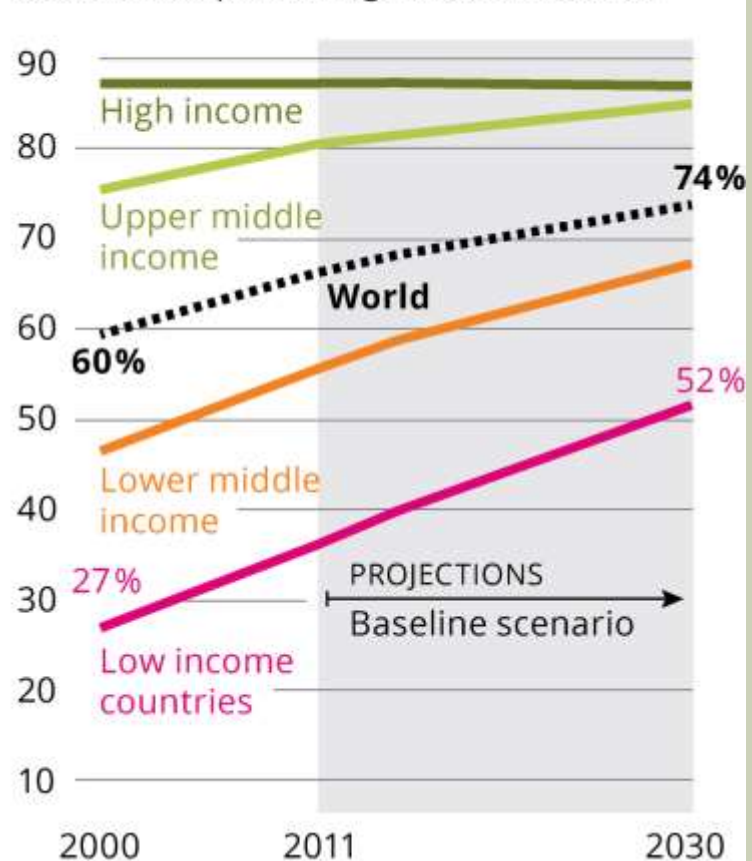


# GLOBAL BURDEN OF DISEASE

Loss of healthy life years  
(in percentage of total DALY)



Deaths related to non-communicable diseases  
(in percentage of total deaths)



# PROBLEMS WITH HEALTH SYSTEMS

- Inverse care
- Impoverishing care
- Fragmented and fragmenting care
- Unsafe care
- Misdirected care

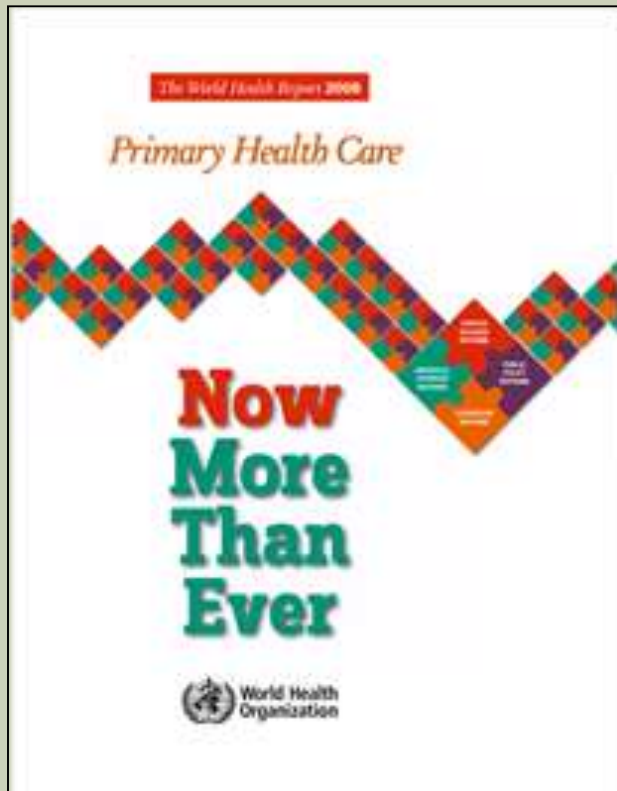
# PROBLEMS WITH PRIMARY HEALTH CARE

- Priority diseases
- Marginalised outposts
- Verticalised programmes
- Curative care
- Low capacity health workers
- Out of pocket payments



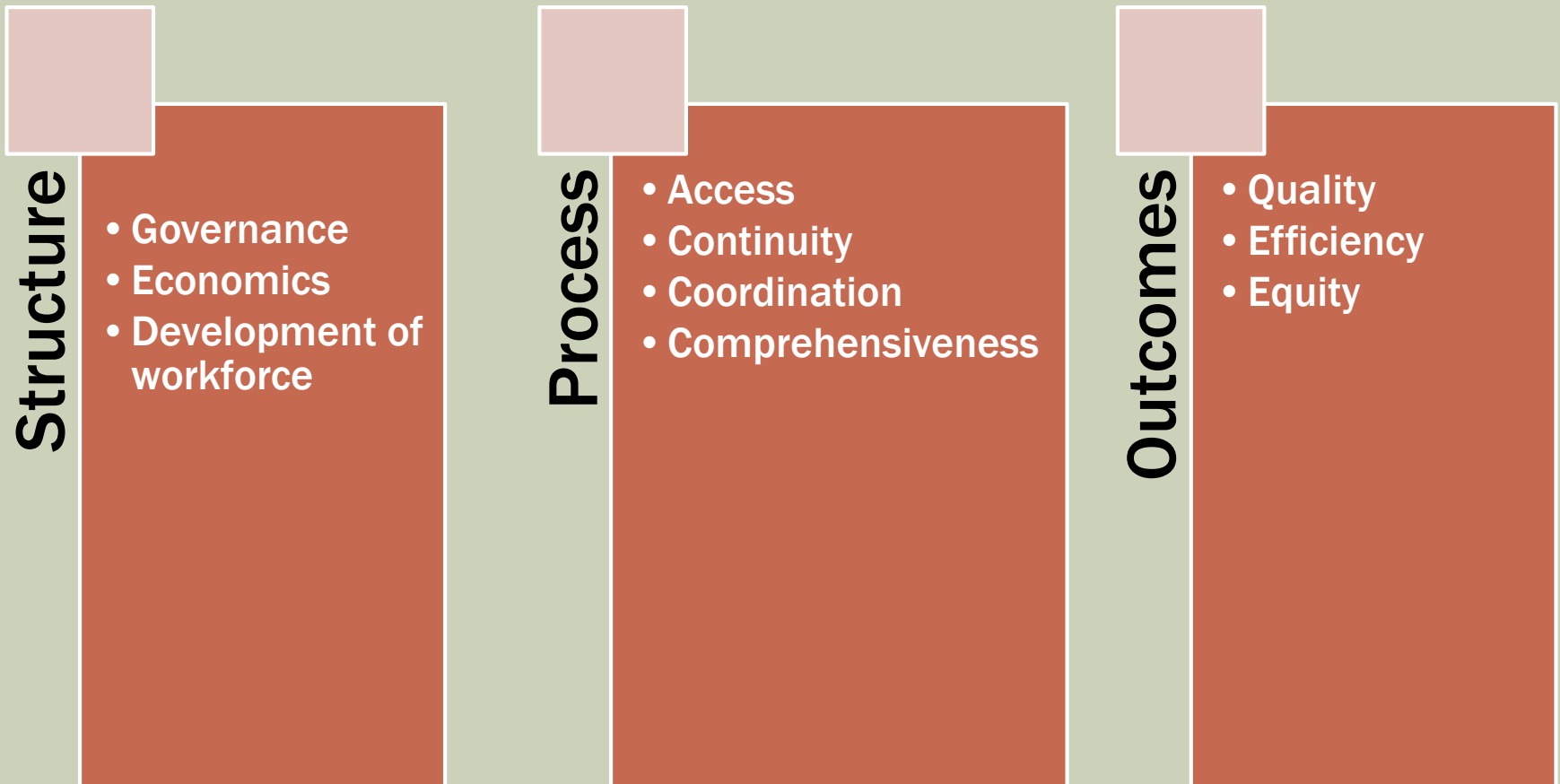


# TRANSFORMATION OF HEALTH SYSTEMS



Countries with strong PHC have health systems with better outcomes, increased patient satisfaction, less hospitalisation and lower costs.

# CORE DIMENSIONS OF PRIMARY CARE SYSTEMS





# THE FAMILY PHYSICIAN

# DEFINITION OF A FAMILY PHYSICIAN



# VALUE OF FAMILY PHYSICIAN

- Reduced morbidity and mortality from cancer, heart disease, stroke,
- Reduced infant mortality, overall mortality
- Increased life expectancy
- Expenditure on elderly and improved age-specific mortality
- Lower health care costs but improved health outcomes
- Better primary care outcomes when primary care physician provides first contact care
- Better primary care outcomes when primary care physician earns similar level to specialists

# WORLD HEALTH ORGANISATION

“Primary care has been defined, described and studied extensively in well-resourced contexts, often *with reference to physicians with a specialization in family medicine or general practice*. These descriptions provide a far more ambitious agenda than the unacceptably restrictive and off-putting primary-care recipes that have been touted for low-income countries.”

World Health Organization. The World Health Report 2008: Primary Health Care - Now more than ever. Geneva: WHO, 2008.

# WORLD HEALTH ASSEMBLY

“[we need] to train and retain adequate numbers of health workers, with appropriate skill-mix, including primary health care nurses, midwives, allied health professionals and *family physicians*, able to work in a multidisciplinary context, in cooperation with non-professional community health workers in order to respond effectively to people’s health needs”

World Health Assembly. Resolution 62.12: Primary Health Care, Including Health Systems. Geneva: 62nd World Health Assembly, 18 - 22 May 2009.

# WONCA AFRICA

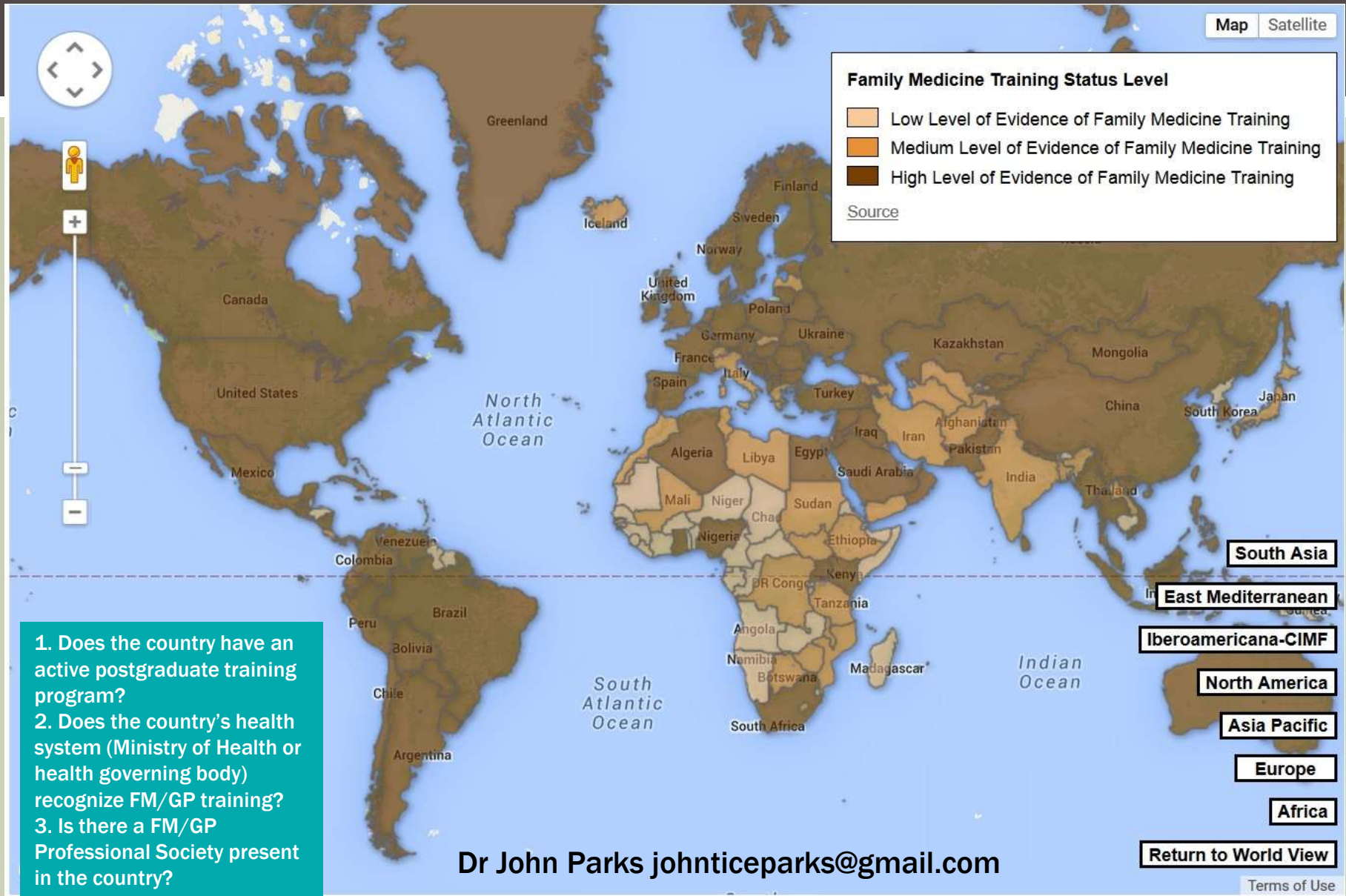
**“All governments in Africa should create viable frameworks to support health for all through the inclusion of family physicians in primary health care teams.”**

**Mash B, Reid S. Statement of consensus on Family Medicine in Africa. Afr J Prm Health Care Fam Med. 2010;2(1), Art. #151, 4 pages. DOI: 10.4102/phcfm.v2i1.151**

# AFRICAN CONTEXT



# GLOBAL STATUS FAMILY MEDICINE TRAINING



# AFRICA STATUS FAMILY MEDICINE TRAINING



Dr John Parks [johnticeparks@gmail.com](mailto:johnticeparks@gmail.com)

# 5 MYTHS ABOUT FAMILY MEDICINE

- Family physicians are constructed from the parts of other specialists
- Family physicians are useful to fill gaps in the health system
- Family physicians are specialists and not generalists
- Doctors are trained to be family physicians at medical school
- Family physicians are managers and not clinicians

# The True Size of Africa

A small contribution in the fight against rampant *immappancy*, by Kai Krause

Graphic layout for visualization only ( some countries are cut and rotated )  
But the conclusions are very accurate: refer to table below for exact data.

COUNTRY	AREA x 1000 km <sup>2</sup>
China	9.597
USA	9.629
India	3.287
Mexico	1.954
Peru	1.285
France	633
Spain	506
Papua New Guinea	462
Sweden	441
Japan	378
Germany	357
Norway	324
Italy	301
New Zealand	270
United Kingdom	243
Nepal	147
Bangladesh	144
Greece	132
<b>TOTAL</b>	<b>30.102</b>
<b>AFRICA</b>	<b>30.221</b>

In addition to the well known social issues of *illiteracy* and *innumeracy*, there also should be such a concept as "*immappancy*", meaning *insufficient geographical knowledge*.

A survey with random American schoolkids let them guess the population and land area of their country. Not entirely unexpected, but still rather unsettling, the majority chose "1-2 billion" and "largest in the world", respectively.

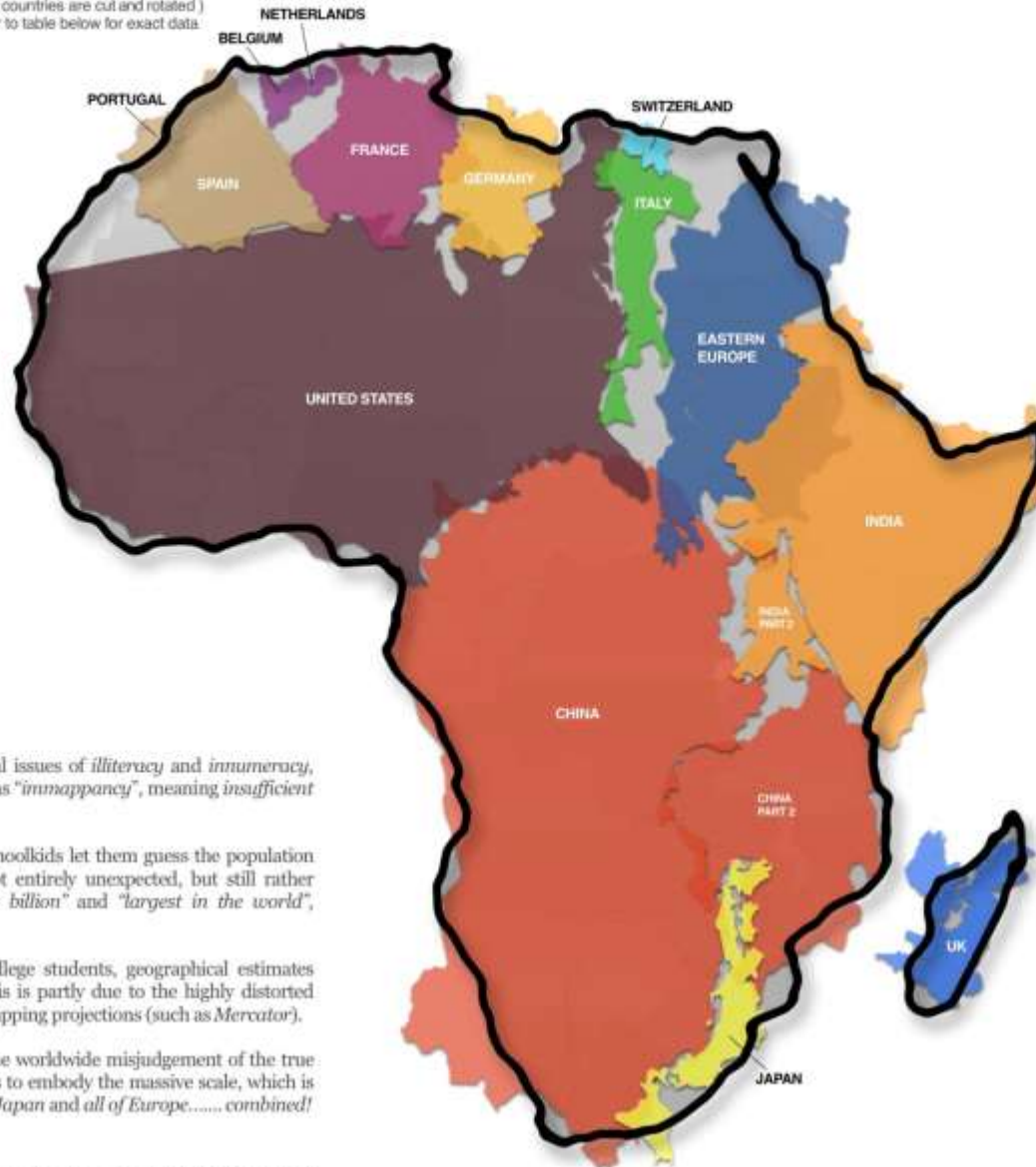
Even with Asian and European college students, geographical estimates were often off by factors of 2-3. This is partly due to the highly distorted nature of the predominantly used mapping projections (such as *Mercator*).

A particularly extreme example is the worldwide misjudgement of the true size of *Africa*. This single image tries to embody the massive scale, which is larger than the *USA, China, India, Japan* and *all of Europe..... combined!*

## Top 100 Countries

Area in square kilometers, Percentage of World Total  
Sources: Britannica, Wikipedia, Almanac 2010

	AREA	%	
1	Russia	17.099.242	15,03
2	Canada	9.884.814.575	8,70
3	China	9.596.961	8,40
4	United States	9.829.091	8,40
5	Brazil	8.514.877	7,50
6	Australia	7.692.024	6,80
7	India	3.287.000	2,90
8	Argentina	2.780.400	2,00
9	Kazakhstan	2.224.000	1,80
10	Sudan	2.505.813	1,70
11	Algeria	2.381.741	1,60
12	Congo	2.343.368	1,60
13	Governor	2.180.086	1,30
14	South Africa	1.214.000	1,00
15	Mexico	1.954.375	1,30
16	Indonesia	1.900.980	1,30
17	Uganda	1.700.042	1,20
18	Iran	1.408.760	1,10
19	Mongolia	1.504.100	1,10
20	Peru	1.285.216	0,80
21	Chad	1.204.000	0,80
22	Niger	1.267.000	0,80
23	Angola	1.246.700	0,80
24	Mali	1.240.100	0,80
25	South Africa	1.221.000	0,80
26	Canada	1.141.744	0,70
27	Ethiopia	1.104.300	0,74
28	Bolivia	1.098.381	0,74
29	Mauritania	1.025.505	0,60
30	Egypt	1.002.000	0,67
31	Tanzania	840.000	0,60
32	Nigeria	823.768	0,60
33	Venezuela	810.000	0,61
34	Namibia	824.116	0,60
35	Mozambique	801.000	0,64
36	Pakistan	796.000	0,55
37	Turkey	780.560	0,58
38	China	750.100	0,51
39	Zambia	750.612	0,51
40	Myanmar	676.578	0,45
41	Afghanistan	652.000	0,44
42	Senegal	657.000	0,43
43	France	632.000	0,43
44	C. African Rep	622.000	0,42
45	Ukraine	603.500	0,41
46	Madagascar	587.041	0,39
47	Botswana	580.000	0,39
48	Kenya	580.000	0,39
49	Sierra Leone	527.000	0,35
50	Thailand	513.120	0,34
51	Spain	505.000	0,34
52	Turkmenistan	486.100	0,33
53	Cameroon	470.442	0,32
54	Papua New Guinea	462.000	0,31
55	Uzbekistan	447.400	0,30
56	Morocco	446.560	0,30
57	Sweden	441.370	0,30
58	Iran	438.317	0,29
59	Paraguay	408.100	0,27
60	Zimbabwe	390.157	0,26
61	Japan	377.930	0,25
62	Germany	357.114	0,24
63	Rep. of Congo	342.000	0,23
64	Finland	326.419	0,22
65	Vietnam	321.212	0,22
66	Malaysia	320.600	0,22
67	Norway	320.600	0,22
68	Cote d'Ivoire	322.463	0,22
69	Poland	312.686	0,21
70	Cuba	300.000	0,21
71	Italy	301.236	0,20
72	Philippines	300.000	0,20
73	Burkina Faso	274.222	0,18
74	New Zealand	270.467	0,18
75	Gabon	267.000	0,18
76	Western Sahara	260.000	0,18
77	Ecuador	258.369	0,20
78	Guinea	246.457	0,17
79	United Kingdom	242.900	0,18
80	Uganda	241.000	0,16
81	Ghana	238.539	0,16
82	Romania	238.391	0,16
83	Laos	236.000	0,16
84	Guyana	214.369	0,14
85	Burkina	207.000	0,14
86	Kyrgyzstan	199.000	0,13
87	Senegal	198.720	0,13
88	Syria	186.180	0,12
89	Cambodia	191.000	0,12
90	Uruguay	176.219	0,12
91	Burkina	160.000	0,11
92	Tunisia	163.612	0,11
93	Nepal	147.181	0,10
94	Bangladesh	143.398	0,10
95	Tajikistan	140.100	0,10
96	Greece	131.000	0,09
97	Myanmar	130.270	0,09
98	North Korea	120.000	0,08
99	Malawi	118.484	0,08
100	Eritrea	117.600	0,08
<b>TOP 100 TOTAL</b>	<b>132.632.524</b>	<b>89,34</b>	



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# THE GLOBAL SCOPE OF PRACTICE

<b>Service</b>	<b>Percentage</b>
<b>Office practice</b>	<b>98</b>
<b>Emergency care</b>	<b>90</b>
<b>Home visits</b>	<b>90</b>
<b>After-hours coverage</b>	<b>59</b>
<b>Nursing home care</b>	<b>43</b>
<b>Hospital care</b>	<b>29</b>



# THE AFRICAN SCOPE OF PRACTICE



# THE AFRICAN SCOPE OF PRACTICE

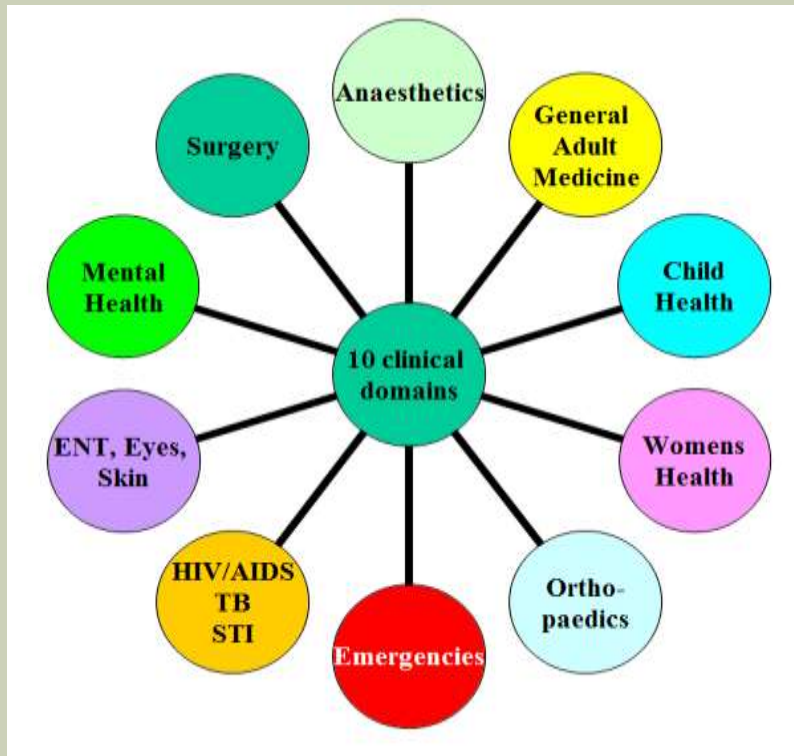




# THE AFRICAN SCOPE OF PRACTICE



# CLINICAL KNOWLEDGE AND SKILLS

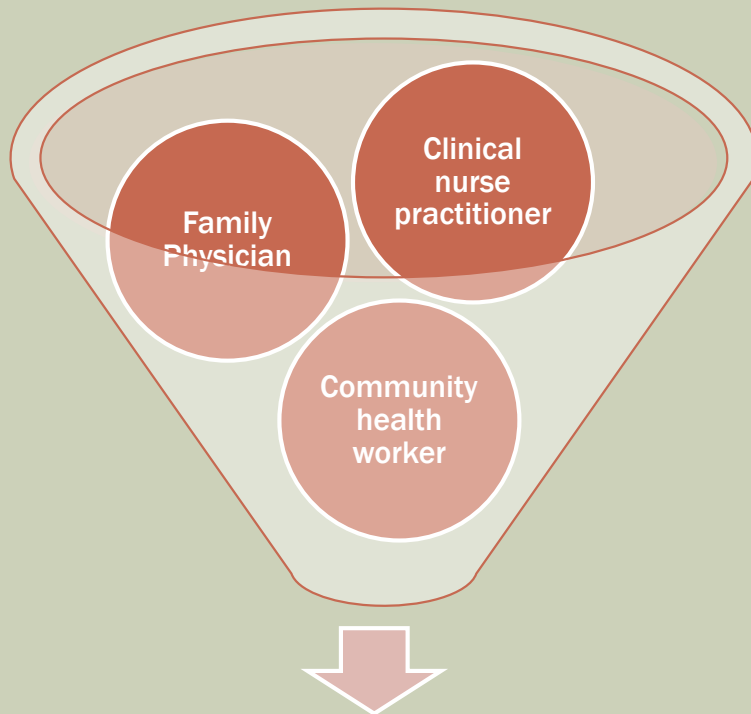


Knowledge	Percentage
Internal medicine	100
Preventive medicine	96
Paediatrics	94
Psychiatry	92
Gynaecology	90
Obstetrics	80
Orthopaedics	80
Surgery	78
Community medicine	77
Public health	67

Procedure	Percentage
Individual preventive service	98
Office diagnostic procedures	94
Office surgical procedures	90
Control of laboratory testing	73
Supervision of other health workers	63
Preventive services to communities	51
In-patient surgery	12

The contribution of family physicians to district health services: a national position paper for South Africa. South African Family Practice 2015; 57(3):54-61

# THE FAMILY PHYSICIAN WORKS THROUGH TEAMS



**Primary care team**

**In order to deliver better health outcomes for all, the principles of Family Medicine should be shared by the whole primary health care team. They include the family physician, the general practitioner, the clinical nurse practitioner, the midwife, mid-level workers (including clinical/medical officers and assistants) and community-based health workers.**

Mash R, Reid S. Statement of consensus on Family Medicine in Africa. *Afr J Prm Health Care Fam Med.* 2010;2(1), Art. #151, 4 pages. DOI: 10.4102/ phcfm.v2i1.151

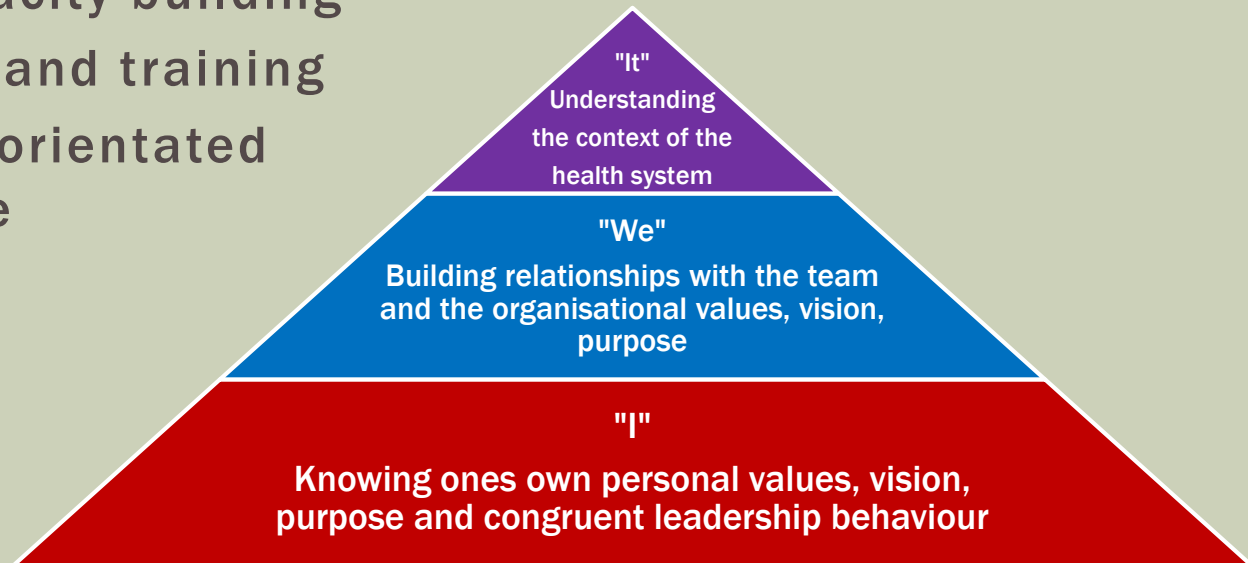
# THE FAMILY PHYSICIAN PROVIDES LEADERSHIP

## Leadership roles:

- Leadership not management
- Service delivery
- Clinical governance
- Clinical capacity building
- Supervision and training
- Community-orientated primary care

## Leadership style:

- “I-we-it” model
- Collaborative
- Complexity



Flaherty J. Coaching: Evoking excellence in others. Routledge, 2011

# QUESTIONS FOR REFLECTION

- Why does Africa struggle to embrace the concept of a family physician in the health system?
- How can we advocate better for primary health care and the contribution of the family physician?
- What evidence do we have that we make a difference?
- What evidence do we need to gather?
- How can we advocate / communicate better about our contribution?
- How do we “be the change we want to see”?

**QUESTIONS /  
COMMENTS**

# DEFINITION OF FAMILY PHYSICIAN

**“The family physician is the physician who is primarily responsible for providing first contact and comprehensive health care to every individual seeking medical care and advice, and arranging for other health personnel to provide services as necessary. The family physician functions as a generalist who accepts everyone seeking care in contrast to other physicians who limit access to their services on the basis of age, sex and/or type of health problem.”**

**WONCA, 1991**



# DEFINITION OF FAMILY PHYSICIAN

“The family physician cares for the individual within the context of the family, for the family within the context of the community, and for the community in the context of public health, irrespective of race, culture or social class. He or she is clinically competent to provide the greater part of their care, taking into account the cultural, socioeconomic and psychological background. In addition, he or she takes personal responsibility for providing comprehensive and continuing, person-centered care for his or her patients, and in helping coordinate and integrate care”

# DEFINITION OF FAMILY PHYSICIAN

“The family physician exercises his or her professional role by providing care either directly to patients or through the services of others according to the health needs and resources available within the community he or she serves.”

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