THE CONTRIBUTION OF FAMILY MEDICINE TO AFRICAN HEALTH SYSTEMS
THE HEALTH SYSTEM
PUBLIC DEMAND FOR CHANGE
GLOBAL BURDEN OF DISEASE

PROBLEMS WITH HEALTH SYSTEMS

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

World Health Report 2008
PROBLEMS WITH PRIMARY HEALTH CARE

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

World Health Report 2008
Countries with strong PHC have health systems with better outcomes, increased patient satisfaction, less hospitalisation and lower costs.
CORE DIMENSIONS OF PRIMARY CARE SYSTEMS

Structure
- Governance
- Economics
- Development of workforce

Process
- Access
- Continuity
- Coordination
- Comprehensiveness

Outcomes
- Quality
- Efficiency
- Equity

Kringos, BMC Health Services Research, 2010
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

WONCA, 2013
“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.”

“[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”

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

AFRICAN CONTEXT
1. Does the country have an active postgraduate training program?
2. Does the country’s health system (Ministry of Health or health governing body) recognize FM/GP training?
3. Is there a FM/GP Professional Society present in the country?

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AFRICA STATUS FAMILY MEDICINE TRAINING

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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
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!
## The Global Scope of Practice

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office practice</td>
<td>98</td>
</tr>
<tr>
<td>Emergency care</td>
<td>90</td>
</tr>
<tr>
<td>Home visits</td>
<td>90</td>
</tr>
<tr>
<td>After-hours coverage</td>
<td>59</td>
</tr>
<tr>
<td>Nursing home care</td>
<td>43</td>
</tr>
<tr>
<td>Hospital care</td>
<td>29</td>
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</tbody>
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WONCA, 2013
THE AFRICAN SCOPE OF PRACTICE
THE AFRICAN SCOPE OF PRACTICE
THE AFRICAN SCOPE OF PRACTICE
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
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.
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

"I"  Knowing ones own personal values, vision, purpose and congruent leadership behaviour

"We"  Building relationships with the team and the organisational values, vision, purpose

"It"  Understanding the context of the health system

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
“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
“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.”

WONCA, 1991
“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.”

WONCA, 1991
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