**World Organization of Family Doctors' response to the 'Synthesis Paper' on the Global Strategy on Human Resources for Health consultation - January 2015**

The World Organization of Family Doctors (WONCA) represents over half a million family doctors in over 140 countries across the world. The mission of WONCA is to improve the quality of life of people through fostering high standards of care in family medicine / general practice.

WONCA welcomes the 'Synthesis Paper' (1), published on 21st January 2015, of the public consultation on the *Global Strategy on Human Resources for Health*. WONCA would like to complement the GHWA and WHO in having brought together the breadth of content in the various thematic working groups' initial papers, as well as having considered feedback provided by over twenty stakeholders. We are in particular grateful for the consideration and acknowledgement of WONCA's submission to the public consultation within the Synthesis Paper (2).

We note that the time to respond to this Synthesis Paper is brief. We therefore have focused feedback on selected paragraphs in the paper. These comments aim to support the initial submission provided to the consultation by WONCA and we therefore kindly ask the authors of the strategy document to refer back to this during the further development of the strategy (2).

Comments are provided below with reference to specific paragraphs of the Synthesis Paper.

**Paragraphs 3.12 & 3.13**

We welcome the call for the investment in multi-disciplinary primary care teams of health workers with broad based skills, as well as for the delivery of primary health care to be extended beyond the formally trained health workforce through partnership between health professionals and the community.

As the Synthesis Paper acknowledges, WONCA also acknowledges the vital role of mid-level health workers and community based practitioners in the delivery of primary care, as well as the growing evidence base around this. However we wish to highlight that much of the evidence cited in paragraph 3.13 of the Synthesis Paper around the role of mid-level and community workers is condition/disease specific or specific to certain segments of the population, and that the cited systematic reviews indicate that the quality of evidence is low and is insufficient to drawn robust conclusions in various areas (4, 5).

This reinforces the pressing need for the investment in further research around models of primary care service delivery, and as the Synthesis Paper outlines that there is a role for countries to explore alternative models of primary care service delivery, in particular in resource limited settings where more economic solutions are attractive when they appear to more rapidly address the unmet needs of underserved groups.

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However in view of the long-term nature of this strategy document, we would urge the GHWA and WHO to emphasise in it that the long-term goal for all countries is to be able to deliver **high quality and comprehensive multi-disciplinary primary care**. As much of the evidence cited in paragraph 3.13 of the Synthesis Paper suggests there is a need for adequately trained physicians (6) and for qualified health professionals to support the training and supervision of community health workers and mid-level health professionals in the context in which they work (4, 5). This is a role that family doctors successfully fulfil in many high-, middle- and low- income countries. **Therefore while the exact makeup of the primary care team should be tailored to meet the local needs, the inclusion of a doctor with postgraduate and ongoing professional development in family medicine forms an essential part of a team that will be able to deliver high quality and comprehensive primary care all country settings**.

To further support the value of family doctors beyond high-income settings, which is already recognised within the Synthesis Paper (paragraph 3.12), we would like to draw attention to the chapters *'Family medicine in lower- and upper-middle income countries*' and *'The African family physician: development of family medicine in Africa in the twenty first century'*, in the Second Edition of *'The contribution of family medicine in improving health systems*' (7). The former chapter is authored by WHO staff and is owned by the WHO. It provides evidence on the role of family medicine delivering primary care in the context of achieving universal health coverage. It draws on examples from Brazil, China, various countries in the Eastern Mediterranean Region and Thailand. The latter chapter provides evidence on the potential to strengthen primary care service delivery in Africa through family medicine.

The potential role of the family doctor in the context of a lower-income country setting is further illustrated in the quote below which was collected in a recent survey of primary care providers to inform the upcoming WHO's *Person-centred and Integrated Care Health Services Strategy*;

> *"We have been very successful in Kenya, in implementing the concept of integrated primary care through primary care teams. We have seen a lot of synergy among various members of the primary care team including community health care workers, community nurses, midwives, clinical and medical officers and family physicians. Through our experience we have learnt that Family Physician is the most integral member of the primary care team who is required to provide the required leadership, advocacy, guidance, and necessary contacts/connections within different players of the health care system. The primary care team members were already delivering the health care to the communities, but not in an organized and focused/required way. With the addition of a family physician, the systems were made workable with obvious benefits to the targeted communities."…*

*..."Governments of all countries should be made accountable for not recognizing the importance of primary care and the role of family medicine in it. It is very important for the future of the world populations that we focus not only on the sick-cure system, but more so on health promotion, disease prevention and addressing all the determinants of health and ill health through primary (health) care"*

There is a risk in not specifying explicitly that all countries should aim in the long-run for high quality and comprehensive multi-disciplinary primary care with a family doctor as part of the team that policymakers once again resort to 'selective', condition specific, primary care strategies and two tiered health systems are fomented, in which care is fragmented and primary care is viewed to be good enough for 'vulnerable' or 'underserved' populations, yet not a desirable service to be accessed by all segments of the population, nor desirable for medical graduates to work in.

We would emphasise that high quality and comprehensive primary care, does not mean high technology, high cost care. Evidence suggests that 90% of healthcare encounters can be dealt within primary care, in some cases with the consumption of only 10% of total health expenditure (7). We also wish to reiterate that community health workers and mid-level health professionals are vital to strengthening primary care service delivery globally, however as are qualified family doctors.

**Paragraph 6.3.1**

We have concerns that the use of the phrase 'aligning market forces and population expectations towards a primary health care approach', may be interpreted as 'lowering expectations'. We would encourage the authors to explore alternative ways to frame this.

One of the greatest challenges primary care has faced, and continues to do so in many countries, is the view that primary care equates to 'primitive care' (8). Long-term policy should be aligned to invest in models of primary care which are able to deliver cost-effective but high quality, comprehensive and integrated care, with a qualified family doctor and with adequate gatekeeping and referral mechanisms. If this is delivered effectively population expectations should naturally shift to value the role of community-based, community-engaged, person-centred, continuous, coordinated and comprehensive primary care which meets the objectives of universal health coverage.

**Conclusion**

**The content of this strategy will be fundamental in shaping the long-term global human resources of health agenda. We believe that it would be a missed opportunity and risky approach not to explicitly advocate within it, in addition to the need to invest in mid-level and community health workers to strengthen primary care, the need to align policies and invest in strengthening the family doctor workforce. This should form part of the long-term goal of delivering high quality and comprehensive primary care equitably to all segments of the population, in countries of all income levels.**

We look forward to working with the WHO, GHWA and other stakeholders on the further development of this strategy.

**References**

(1) Synthesis paper of the Thematic Working Groups (DRAFT for consultation). Global Health Workforce Alliance. Health Workforce 2030: Towards a Global Strategy on Human Resources for Health Available from: http://www.who.int/workforcealliance/media/news/2014/public_consultations_GHWA_Synthesis_Paper_Towards_GSHRH_21Jan15.pdf?ua=1 (Accessed 28 January 2015)

(2) WONCA (2014). Submission to the public consultation process on the global strategy on HRH. Available from: http://www.who.int/workforcealliance/media/news/2014/11WONCA.pdf?ua=1 (Accessed 28 January 2015)

(4) Lewin S, Munabi-Babigumira S, Glenton C et al. Lay health workers in primary and community health care for maternal and child health and the management of infectious diseases. Cochrane Database Syst Rev. 2010 Mar 17;3.

(5) Lassi Z, Cometto G, Huicho L et al. Quality of care provided by mid-level health workers: systematic review and meta-analysis. Bull World Health Organ. 2013 Nov 1;91(11):824-833I.

(6) Padilha A, Kasonde J, Mukti G, Crisp N, Takemi K, Buch E. Bull Human resources for universal health coverage: leadership needed. World Health Organ. 2013;91(11):800-800A

(7) Kidd, M. (Foreword by Margaret Chan) The Contribution of Family Medicine to Improving Health Systems: A Guidebook from the World Organization of Family Doctors, Second Edition. Radcliffe Health. 2013.

(8) Frenk, J. 2009. Reinventing primary health care: the need for systems integration. Lancet. Volume 374, Issue 9684, 11–17 July 2009, Pages 170–173