Service Delivery Improvement and Advancing Family Practice towards Universal Health Coverage in Pakistan

Annual Public Health Conference in Pakistan organized by the Health Services Academy
13 Dec 2016
Islamabad – Pakistan

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Outline

• Global and regional commitment to UHC
• Family Practice Assessment in EMR
• Challenges in scaling up Family Practice
• Scaling up production of Family Physicians
• Framework of action on advancing family practice
• Conclusion
“Service Delivery, Universal Coverage, Public Policy and Leadership REFORMS”

UHC: ensuring access to comprehensive services with sufficient quality without financial hardship

Towards universal coverage

13 Targets – 26 Indicators

3.8

Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all
The Vision: All people have equal access to quality health services that are co-produced in a way that meets their life course needs and respects their preferences, are coordinated across the continuum of care and are comprehensive, safe, effective, timely, efficient and acceptable; and all carers are motivated, skilled and operate in a supportive environment.”
– Incorporate the FP approach into PHC services as an overarching strategy towards UHC;

– Strengthen the capacity of FM departments and also establish bridging programmes for GPs to reach 3 family physician per 10 000 by 2030;

– Strengthen public–private partnerships in service delivery;

– Ensure availability of sustainable funding for programme;

– Strengthen and cost Essential Health Services Packages;

– Adopt WHO framework for quality improvements at the PHC facilities.
Characteristics of family practice approach

Delivery of comprehensive, continuous, integrated and community-oriented services by a family physician and multidisciplinary team

- Defined catchment population
- Availability of sufficient trained health workforce and multidisciplinary team
- Provision of quality essential health services package and a functional referral system
- Limited political commitment (G2 & G3)
- Inappropriate PHC infrastructure
- Patchy implementation of EHSP
- Weak health workforce planning
- Fragmented District health management
- Provides more than 50% of outpatient services
- MoH lack capacity to effectively engage with PHS
- Weak enforcement of the regulation
- Weak community awareness and engagement
- Limited demand to family physicians
- Absence of FP concept in SHI
- Limited/absence of FM Departments in medical schools
- Low production of FM specialists
- Lack of exposure to FM at undergraduate level
- Less attractive career
# Health Services Coverage in the Region

<table>
<thead>
<tr>
<th>Country Group</th>
<th>ANC (1+ visit) Coverage</th>
<th>ANC (4+ visits) Coverage</th>
<th>SBA Coverage</th>
<th>ORT Coverage</th>
<th>DTP3/ Coverage</th>
<th>Measles immunization Coverage</th>
<th>Severe mental disorders Coverage</th>
<th>ARV therapy Coverage</th>
</tr>
</thead>
<tbody>
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<td>[n=6]</td>
<td>[n=14]</td>
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</tr>
<tr>
<td>1</td>
<td>98-100</td>
<td>56-100</td>
<td>98-100</td>
<td>NA</td>
<td>89-99</td>
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<td>28-76</td>
<td>62-100</td>
<td>71-99</td>
<td>37-100</td>
<td>19-62</td>
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<tr>
<td>3</td>
<td>60-74.3 PAK 73 PAK</td>
<td>16-25 37 PAK 58 PAK</td>
<td>40-72 72 PAK</td>
<td>28-70 73 PAK</td>
<td>29-88 68 PAK</td>
<td>NA</td>
<td>4-16 6.6 PAK</td>
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</tr>
</tbody>
</table>

n= Number of Member States; ANC: Antenatal care; SBA: Skill Birth Attendance; ORT: Oral Rehydration Therapy; ART: Antiretroviral therapy.
Assessment of Family Practice in EMR, 2014-16

- Family practice model incorporated in the 16 NHPSP
- Patchy Population registration with PHC facilities;
- In 14 countries, NON Emergency patients are allowed to approach Hospitals directly *like PAK*

Service delivery based on the family practice approach:
- Group 1 Countries: 14 - 100%
- Group 2 Countries: 0 - 63%
- Group 3 Countries: 0 - 14%

Family physicians Gaps in three groups of the countries

<table>
<thead>
<tr>
<th>Groups</th>
<th>Available family physicians in 2015</th>
<th>Total Needs (1 Family Physicians/10,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1340</td>
<td>5,000</td>
</tr>
<tr>
<td>2</td>
<td>1798</td>
<td>29,000</td>
</tr>
<tr>
<td>3</td>
<td>87</td>
<td>30,000</td>
</tr>
<tr>
<td>Total</td>
<td>3225</td>
<td>64,000</td>
</tr>
</tbody>
</table>

Family physicians density varies from zero to 1.84/10,000 population.
Minimum requirement is 3/10,000
Use of primary care services – private and public providers

Source: Demographic and Health Surveys
WHO Strategies to Increase Number of Family Physicians

Strategy 1: Increase the number of Family Medicine Specialist

Strategy 2: Bridging program for GPs in Family Medicine
## Framework of action on advancing Family Practice in EMR

| Governance/ Regulations | • Linkages of FP with NHP/SDGs, other developmental plans  
|                        | • Updating EHSP and ensuring its implementation  
|                        | • Strengthening PPP & Update laws/ regulations |
| Scale up Production of Family Physicians | • Conduct 6 month on-line bridging program for GP  
|                                          | • Organize the transitional period from GP to Family Physician  
|                                          | • Strengthen FM Departments/incentives for enrolment in FM |
| Financing | • Sustainable funding for Expansion of FP program  
|           | • Strategic purchasing, costing EHSP, provider payment modalities |
| Service delivery | • Measuring service delivery performance to identify gaps  
|                  | • Implement FP elements even in Group 3 (phasing strategy)  
|                  | • Integrate NCDs, Emergency preparedness and response as priority |
| Quality & Safety | • Implement quality standards and indicators framework  
|                  | • Enforcing accreditation program, Supervision & Monitoring |
| Community Empowerment | • Family practice advocacy campaigns/ encourage volunteerism  
|                        | • Increase community awareness on benefits of FP & Registration |
Conclusion

1. Need for Strong high level political **commitment**
2. Pakistan should come up with **National model of service delivery**, defined **EHSP & financing strategy**
3. Plan to assess & improve **Quality/Safety** at all levels
4. Institutionalize GPs **on-line bridging programme**
5. Need for trained **multidisciplinary team** at RHCs/BHUs
6. Support **family medicine departments** to increase their production
7. Active participation of the **community** in service delivery
8. Active engagement of **Private** sector with defined **payment mechanism** and **package of services**
“It is not the knowing that is difficult, but the doing.”