Written evidence to the International Development Committee from the Royal College of General Practitioners

Submitted: Tuesday 20 May, 2014

Key messages

- The global goal of Universal Health Coverage is crucial to reduce health inequalities, particularly in low income countries.
- Health systems need to be significantly strengthened to achieve Universal Health Coverage
- Primary care and family medicine are the most effective, efficient and economical means of successfully strengthening health systems and delivering Universal Health Coverage.
- In global terms we define primary care as community based, co-ordinated, continuous, and person-centred care which aims to provide promotive, preventive, curative, rehabilitative and palliative care to people of all ages.
- There needs to be a greater focus on the recruitment, training and retention of primary care teams including family doctors, primary care nurses, midwives and community health workers/clinical officers.
- Multilateral, bilateral, national and state government support in-country is essential to secure strategic systems change and long term sustainable financial support for implementation.

About the Royal College of General Practitioners

1. The Royal College of General Practitioners (RCGP) welcomes the opportunity to provide written evidence.

2. The RCGP is the largest membership organisation in the United Kingdom solely for GPs. Founded in 1952, it has over 49,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline. We are an independent professional body with enormous expertise in patient-centred generalist clinical care.

3. RCGP has a 10 year international strategy, launched in 2011. We have over 2,500 members working overseas helping to develop and implement family medicine and thereby support health system strengthening. Our members work in numerous countries including: India, Nepal, Pakistan, Sri Lanka, Sierra Leone, Uganda, South Africa, Dubai, Egypt, Oman, Kuwait, Brunei, Malta, Kosovo, Saudi Arabia and China.

4. RCGP has been regularly carrying out International Consultancy Services and projects for academic and Government institutions and organisations for over twenty five years. These services and projects make a significant positive impact on health

system strengthening and they range from the assessment of existing primary care and family medicine training and examination frameworks in medical schools and universities to medical and primary care training curriculum enhancement to ensure it is in line with international, medical training standards.

5. RCGP relies on a wide network of experienced RCGP members who are experienced trainers and examiners as well as an in-house specialist project management team. This combined expertise enables us to understand and capture the specific needs of our international partners so that we can provide the most suitable consultancy service for their needs. Our projects are carried out in-country with a dedicated team of clinicians and managers. Regardless of the consultancy service we provide we always produce a final report tailored to the needs of the host organisation. This allows our partners the opportunity to make an informed decision on the right trajectory needed to enhance local clinical capacity-building, training and assessment standards.

6. We are also working with other Royal Colleges to develop a joint inter-curricular approach to how we can support the wider team of professionals working in primary health care (often described as community health workers or clinical officers) particularly in low resource settings where systems strengthening is key.

7. We gratefully acknowledge the contributions of our International Committee members and international staff in formulating this response.

RCGP submission

8. RCGP recognises DFID as one of the strongest bilateral development partners working in health systems in the world. The high calibre, experience and expertise of DFID's officers and consultants supports health systems development more effectively than almost any other bilateral agency working globally in health.

9. The global goal for Universal Health Coverage is laudable and necessary in order to address the glaring inequalities in access to health care and the disparities in the availability of health care for people in lower and lowest income countries.

10. The most important, demonstrably effective, and most efficient way to achieve Universal Health Coverage equitably is through the provision of high quality easily accessible primary care as an essential component of Health System Strengthening. Focusing exclusively on World Health Organisation's six recommended building blocks for strengthening a health system – important as they each are – will not help in ensuring sustainable availability of high quality, easily accessible primary care. To achieve that, a family medicine programme needs to be in place to train and develop family doctors, primary care nurses, and community health workers to provide appropriate primary care services to the population.

11. Taking the two-pronged approach of health systems strengthening along with a concerted family medicine programme would ensure that availability of and accessibility to good quality primary care are in place for the newly strengthened health system to work with.

12. In recognition of the international call for health systems strengthening and Universal Health Coverage the RCGP has been working closely with DFID and other government departments to encourage significant expansion of the implementation of sustainable, comprehensive, quality primary health care service delivery.

13. We define comprehensive primary care service delivery as community based, co-ordinated, continuous, and person-centred care which aims to provide promotive, preventive, curative, rehabilitative and palliative care to people of all ages, to a degree that training and frequency of exposure to conditions allows health professionals to maintain competence in care.

14. From our own international experience we can see that the development of inter-professional teams are needed to provide ongoing, continuous care to sustain improved health status. In order to achieve this, there needs to be a greater focus on the recruitment, training and retention of primary care teams including family doctors, primary care nurses, midwives and community health workers/clinical officers.

15. National and State government support in-country is essential to secure strategic systems change and ensure long term sustainable, financial support for implementation. It requires the development of governments' capacity to effectively finance the provision of primary care with adequate infrastructure, equipment and medicines, as well as referral processes to secondary care.

16. While it is important that DFID continues to have a voice at the most senior levels of policy making of the multilateral agencies, it is equally important that DFID's experienced staff and consultants are available at the implementation level. This is particularly valuable on the ground, in countries where those policies directly affect people's access to health care and where the influence on governments' resource allocations to health care impact on the sustainability of improved health indicators achieved through targeted development assistance.

17. DFID could use its influence at strategic levels with multilateral and bilateral partners and at government level in development countries, to support national health strategic plans which reflect the financial and practical commitment to fully functioning family medicine practice providing primary care.

18. Over the last few years DFID appears to have reduced their implementation programmes in health development by re-targeting of their focus and resources to developing nations to (as yet unproven) direct budget support and vertical programmes. This has the dual effect of reducing the visibility of DFID at the implementation level and further consolidating disintegrated health services, to the detriment of wider health systems development, both at strategic level and at service delivery level. A review of the 'direct budget support' approach may be necessary, to re-assess the impact on health systems strengthening in favour of a concerted effort to ensure adequate provision of primary care on the ground.

19. The last round of the Global Fund specifically encouraged applications showing how health services were to be integrated, in some acknowledgement of the adverse impact of many years of resourcing separate vertical programmes. Despite that round of funding being cancelled due to the global financial situation, it is widely recognised that funding vertical programmes, while each is individually essential, actually causes a reduction in provision of integrated services in most developing nations. DFID should not, through their resource allocation to developing nations, be contributing to further dis-integration of health service delivery.

For further information

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