# MILE / ICL Exercise 5

# HEALTH SYSTEM REFORM Primary Care Development

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| **Preparation**: Please read the following:  1. WHO World Health Report 2008 "*Primary Care: Now More Than Ever*"   * Available at: <http://bit.ly/uGvOj6>   2. List of references providing the evidence on the value, importance and impact of primary care (given below) |

Background

The report ‘*2008 Primary Care: Now More Than Ever’* highlights the important role of primary care in any health system. Indeed, health systems which are not based on or primary care-led could be described as anything but an integrated health system.

This exercise is about developing primary care. While countries know the value and appreciate the needs of such development, they frequently ask how to go about doing it.

The country in question is a middle income country with a population of 32 million. National income is a mixture of natural resources and domestic products with an economic growth of about 1%. Approximately 55% of the population lives in rural areas; 22% of these are classified as remote areas (marches, forests, mountains and deserts). Heath services currently reach 100% of the urban areas and 80% in rural areas. Health and health care services are the responsibility of the Ministry of Health (MoH). No other ministries provide health services and MoH health professionals are seconded to other ministries to provide services (e.g. school health, occupational health). The private health sector is very active and supplements the public sector in the form of 65 small hospitals (the largest is less than 100 beds) and ambulatory clinics. These facilities are mainly located in cities and other urban areas. The private health sector is not regulated and many of the doctors, especially those in ambulatory care, do not hold a higher medical training certificate (CCT). There is no insurance, private or social, and the principal funding of the private health sector is purely private (Out Of Pocket - OOP). It is mainly curative.

The Exercise

Identify the various steps in developing a health system in this country, based on primary care. In each step quantify, using international norms (may be adjusted), your decision. Finally, give a clear description of the shape of primary care services that this country should have.

***Duration: 1 hour group discussion; 30 minutes for reporting back and discussions***

Barbara Starfield publications:

The case for Primary Care

[Starfield B. Is patient centered care the same as person focused care. *Perm J.* 2011 Spring;15(2):63-9](http://www.ncbi.nlm.nih.gov/pubmed/21841928)

[Starfield B. The hidden inequity in health care. *Int J Equity Health.* 2011; 10: 15.pubished online doi: 10.1186/1475-9276-10-15](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3094214/?tool=pubmed)

[Starfield B. Family medicine should shape reform, not vice versa. *Fam Pract Manag* 2009;16:6-7](http://www.globalfamilydoctor.com/site/DefaultSite/filesystem/documents/starfield/Star%20F%7EM%20shoudl%20shape%20reform%20and%20not%20VV%20AAFP%20may%202009.html)

[Starfield B. Toward international primary care reform. *CMAJ* 2009;180:1091-2](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2683215/?tool=pubmed)

[Starfield B. Comprehensiveness of care; consent and importance. Presentation given in New Zealand. 2009 Feb](http://www.globalfamilydoctor.com/site/DefaultSite/filesystem/documents/starfield/Starfield%20%7E%20comprehensiveness%20of%20care%20feb%2009.ppt)

[Starfield B. An evidence base for primary care. Inteview by John Marcille. *Manag Care* 2008;17:33-9](http://www.globalfamilydoctor.com/site/DefaultSite/filesystem/documents/starfield/an%20evidence%20base%20for%20PC%20interview%20with%20starfield%202008.html)

[Rawaf S, De Maeseneer J, Starfield B. From Alma-Ata to Almaty: a new start for primary health care. *The Lancet* 2008;372:1365-7](http://www.globalfamilydoctor.com/site/DefaultSite/filesystem/documents/starfield/Star%7E%20Article_FromAlmaAtatoAlmaty.pdf)

[Starfield B. Global health equity and primary care. *J Am Board Fam Med*. 2007 Nov-Dec;20(6):511-3](http://www.globalfamilydoctor.com/site/DefaultSite/filesystem/documents/starfield/Star%7E%20global%20health%20equity%20and%20PC%202007.pdf)

Starfield B. The future of primary care: refocusing the system. *N Engl J Med* 2008;359:2087-91.

Starfield B. Pathways of influence on equity in health. *Soc Sci Med* 2007; 64 (7): 1355-62.

Starfield B, Shi L, Macinko J. Contribution of primary care to health systems and health. *Milbank Q* 2005; 83: 457-502.

Starfield B, Shi L, Grover A, Macinko J. The effects of specialist supply on populations' health: assessing the evidence. *Health Affairs* 2005; W5: 97-107

Starfield B, Shi L. Policy-relevant determinants of health: an international perspective. *Health Policy* 2002; 60: 201-18.

Starfield B. Is primary care essential? *Lancet* 1994; 344: 1129-33.

Starfield B. Primary care and health: a cross-national comparison. *JAMA* 1991; 266(15): 2268-71.

Starfield B. Measuring the attainment of primary care. *J Med Educ* 1979; 54: 361-9.

Starfield B. Measurement of outcome: a proposed scheme. *Milbank Q* 1974; 52: 39-50.

Starfield B. Health services research: a working model. *N Engl J Med* 1973; 289: 132-6.