



THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA



LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA

NEWSLETTER

MAY 2018

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Besroul Forum 2018

We are pleased to confirm that the Besroul Forum will take place in tandem with the College of Family Physicians of Canada's (CFPC) Family Medicine Forum (FMF).

Besroul Forum: Wednesday, November 14, 2018

FMF: Wednesday, November 14 to Saturday, November 17, 2018

Additional Besroul sessions taking place throughout FMF on Thursday and Friday.

Venue: Metro Toronto Convention Centre, Toronto, Canada

Besroul Forum/FMF registration: Delegates will be able to register online via the FMF online registration portal. You will be notified once the portal becomes available.

Besroul posters: Submissions deadline: Monday, July 3, 2018

Submissions may be sent via email to besroulcentre@cfpc.ca. Please see the [guidelines](#) for details.

Posters will be judged by panel of their peers. The 2018 Best Poster prize is an economy flight and accommodation to return to the following year's Besroul Forum as an invited speaker, to present their project. This prize will be awarded to the first author on the poster, or to the next-listed author on the poster who is from the global South if the first author defers.

Working group updates

Advocacy, Community Engagement, and Ethics: The Besroul Ethical Framework is in its final format and an executive summary will soon be developed.

Besroul Papers and Research: The group continues to work on the Canada-Brazil journal series. As well, further discussions are taking place regarding the rotation of research fellowship for Canadian PGY3s.

Faculty Development: The group continues to work with the Faculdades Santa Marcelina (FASM) in São Paulo, Brazil, about their request to support their redesign of the postgraduate family medicine curriculum. Canadian experts are being identified to assist with respective areas.

Narratives and FM Mapping: The group is working on the Storybooth paper "A global picture of family medicine: the view from a storybooth" with plans to submit for publication by mid May, 2018.

Resident Group: The group has been working with the CFPC Indigenous Health Working Group on the Truth and Reconciliation (TRC) project, and have begun their search and literature review. With other projects pending, any residents wanting to join this team please contact [Molly Whalen-Browne](#).

Besrour Centre engagement with the WHO

Toward Alma-Ata's 40th anniversary

- An invitation was extended to the Department of Family and Community Medicine (DFCM) at the University of Toronto to prepare a scoping review of the lessons learned in the implementation of primary health care since the WHO 2008 report. Dr. Katherine Rouleau, Besrour Centre Director, led the scoping review and presented the outcomes at a meeting in Geneva, Switzerland, held in February, 2018. Other participants included representatives from WHO headquarters, WHO regional offices, the Ministry of Health of Kazakhstan, UNICEF, member states, and international experts on universal health coverage (UHC), health systems strengthening, and primary health care (PHC).

Primary Health Care Performance Initiative

- Dr. Rouleau was invited by the Primary Health Care Performance Initiative (PHCPI) to participate in a two-day expert consultation held in early April, 2018, in Geneva. Discussions included consultation on three new components of PHCPI's flagship measurement tool, the PHC Vital Signs: PHC system equity indicators, a PHC system performance index, and a PHC system maturity model.

Visit by Dr. Shannon Barkley, WHO

- The Besrour Centre had the privilege of welcoming Dr. Shannon Barkley, Technical Officer, Primary Healthcare Services, WHO, at the CFPC office on Tuesday, April 17, 2018. Dr. Barkley engaged with the Besrour community through a videoconference and in person with members of the CFPC Executive Team about advancing PHC worldwide.
- A message from the WHO:
 - Dr. Barkley discussed the WHO's plans for Alma-Ata's 40th anniversary and its impact on the landscape of PHC for the WHO. Please see Dr. Barkley's message (attached).
 - On October 25th and 26th, 2018, on the 40th Anniversary of the Declaration of Alma-Ata, people from around the world will gather to renew the commitment to strengthening primary health care to achieve universal health coverage, and to the Sustainable Development Goals. This commitment will be expressed in a new Declaration. What should we, the global community, commit to? To answer these questions, the WHO launched a public consultation in April: Declaration for the Second International Conference on Primary Health Care. Find out more at the [Global Conference on Primary Health Care](#) website.
- The Besrour community's contribution
 - Insight from the Besrour global community was encouraged and well received during Dr. Barkley's visit. Members of the Besrour community were encouraged to provide comments on the WHO's public consultation.
 - A commitment to explore a scope of work for engagement between the Besrour Centre and WHO was discussed and will be forthcoming in the following months. Full minutes of this meeting will be provided separately from this newsletter.

WONCA research project

Many of you will recall that colleagues at WONCA have been involved in a research project funded by Ariadne Labs. The first phase of the project identified the top three research questions related to organizing and financing PHC. (Please note, this is a different project than the one led by Dr. Braden O'Neil and Dr. Nav Persaud at the 2017 Besroul Forum, which generated the top 10 PHC research questions for our group.) There is now an opportunity for interested teams and individuals in low- to middle-income countries (LMIC) to develop a research plan (three to five pages) outlining how these questions might be researched in specific countries/settings. See attached for more details.

The DECLIC Project

The International Health Development Support Team, Faculty of Medicine and Health Sciences, University of Sherbrooke's DÉCLIC project contributes to the emergence of a new type of doctor in Mali: health professionals specializing in family medicine/community medicine (MF/MC). Essential to the Malian health system, the latter provide the population with better local health services. The project team and its Malian partners will tell you more in the [DÉCLIC et la Médecine de famille / Médecine communautaire video](#) (available in French only). The University of Sherbrooke invites you to share this information in your respective networks.

Articles of interest

Dyck C [Besroul Centre working group lead]. [International Family Medicine – Should Academic Institutions Bother?](#) (blog), *Can Fam Physician*, April 3, 2018.

Kitto S, Danilovich N, Delva D, Meuser J [Besroul Centre working group lead], Presseau J, Grimshaw J, et al. [Uncharted territory: Knowledge translation of competency-based continuing professional development in family medicine](#). *Can Fam Physician*, 2018;64(4):250-253.

Johnson B, Cayley WE, Nguyen BM, Larson P, Colon-Gonzalez MDC, Gibson C [Besroul Centre working group lead], et al. Faculty development in family medicine education: what is needed? *Pan Afr Med J*, 2017;14(26):141. (see attached)



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From: BARKLEY, Shannon <barkleys@who.int>

Date: April 9, 2018 at 11:28:10 PM GMT+2

To: Undisclosed recipients;;

Subject: Public Consultation: PHC Declaration

Dear Colleague,

This year is a big year for Primary Health Care. On the occasion of the 40th Anniversary of the Declaration of Alma-Ata, the **Second International Conference on Primary Health Care** will be hosted by the President of Kazakhstan, with the World Health Organization and the United Nations Children's Fund (UNICEF) in Astana, Kazakhstan from 25-26 October 2018. The Conference aims to strengthen primary health care as the foundation for UHC, building on lessons learnt over the past four decades. The Conference provides Member States and other stakeholders the opportunity to renew support for primary health care, considering the significant changes in the social, epidemiological, and demographic landscapes as well as evidence for what works. The need for quality primary health care concerns all countries, rich and poor, and is essential for improving health, social stability, sound national economies and health security.

The commitment to achieve health for all remains as relevant today as it was when it was first articulated. Ensuring people-centred care that offers universal access, social equity and financial protection with a primary health care-led approach is critical to the attainment of Universal Health Coverage (UHC) and the health-related Sustainable Development Goals.

On the occasion of this momentous anniversary, Member States, people, civil society and international development partners will commit to transforming this vision into a practical reality—a reality that everyone can share, believe in, take action upon, and benefit from. In this inclusive spirit, **we hope you will take this opportunity to participate in and share the call for public comments on the new Declaration on primary health care through your networks. The call will be open until midnight CEST on 23 April 2018.**

[Conference & Public Consultation Website](#)

A suggested toolkit for social media, newsletters, Facebook, etc. is attached. Please feel free to adapt to meet your needs.

As always, do not hesitate to reach out with questions or concerns.

Best regards,
Shannon

Dr Shannon Barkley
Technical Officer, Primary Healthcare Services
HQ/HIS/SDS/SCI

DRAFT Declaration
Second International Conference on Primary Health Care:
Towards Universal Health Coverage and the Sustainable Development Goals

Astana, Kazakhstan 25-26 October 2018

Forty years ago, a generation of leaders expressed their commitment to achieve health for all through primary health care in the Declaration of Alma-Ata. Since then, numerous summits, global, regional, and national conferences have reiterated those commitments; however, the implementation of primary health care has been insufficient and uneven among and within countries. As a result the global community has yet to deliver health for all.

Today, the need for people-centred primary health care is greater than at any time in history. We are facing (1) demographic and social change with ageing populations, urbanization, globalization, and rising inequities; (2) epidemiological transitions including the rise of chronic disease, non-communicable diseases, mental health and multimorbidity – while coping with the unfinished needs of maternal and child health, communicable diseases and increasing antimicrobial resistance; (3) complex emergencies, including epidemics, war and violence and the effects of climate change, all resulting in the largest population migrations in history; (4) increasingly complex health systems and rising costs; (5) increasing citizen voice, social participation and rising expectations; and (6) an enlarging role of the private sector, innovation, the technological revolution and information age in health service delivery. No nation will be able to meet these challenges without strong commitments to primary health care and universal health coverage.

We, the participants of the Second International Conference on Primary Health Care, express our intention to be the generation to succeed in achieving health for all. We renew our commitment to the values and principles of the Declaration of Alma-Ata, particularly to health as a human right, social justice, solidarity, and intersectoral action, recognizing that health is an indispensable engine of development, security and peace. **We commit to taking bold and tangible steps to address the health challenges of the 21st century. We hereby launch a global movement in pursuit of universal health coverage and the Sustainable Development Goals, ensuring that primary health care is at the core of this movement.**

We will act immediately on this Declaration in coordination with the World Health Organization and UNICEF, engaging with leaders and all relevant sectors of Government, UN agencies, bilateral and multilateral funding agencies and donors, academia, civil society and the private sector to carry this movement forward. We will use the coming year to ensure that the UNGA High-Level Meeting on Universal Health Coverage in 2019 in New York will build on this momentum. Together we will achieve health for all, leaving no one behind.

I. Primary health care is essential to improve health:

Achieving health for all is dependent upon involving the whole of society in the development process, decisive action on all determinants of health, an inclusive and intersectoral approach, and a people-centred health system. Decades of evidence demonstrate that health systems based on primary health care provide better population and individual health. Countries that successfully implement quality primary health care reap health benefits beyond what would be expected for their level of development.

II. Primary health care is essential to the success of and sustainability of health systems:

Health systems focused on quality primary health care improve health equity, coverage of services, cost-effectiveness and efficiency, and people's experience of care compared with those that over emphasize specialty care. Primary health care is critical to health security and emergency preparedness. For universal health coverage to be effective and sustainable, health services must be organized in an integrated fashion, with quality primary health care delivering the vast majority of care, thus stewarding critical health resources and enabling progressive realization of coverage. Progress requires a reorientation of health systems away from overemphasis on

curative care, disease-specific programs, highly-specialised services, and commercialization. The unregulated expansion of the private sector, fragmentation of services, less access to care for those who need it most, rising costs and over-medicalization **must be reversed**.

III. Primary health care is essential to achieving universal health coverage and Sustainable Development Goals:

The ability to achieve the Sustainable Development Goals by 2030 depends on the political will to strengthen a primary health care approach in all countries. The interrelated nature of the Sustainable Development Goals highlights that health and well-being are both products of and essential elements for sustainable development. Universal health coverage based on primary health care is a critical element for the reduction of poverty, improved nutrition, education, gender equality and empowerment, productive employment and economic growth, healthy cities and settlements. The role of primary health care in promoting intersectoral action is essential to the attainment of these interdependent goals. In addition, a primary health care approach is essential to improving health equity and leaving no one behind.

As a movement we affirm that the need to strengthen primary health care, including community and facility based services, is relevant to all countries. While the operationalization must be context specific, the attributes of high-quality primary health care, fit for the 21st century, are universal: (1) it addresses the health problems of individuals in the context of their family circumstances, their social and cultural networks, and life in the local community (2) it is geographically and financially accessible, making it people's first access point to the health system for most needs; (3) it provides context-appropriate comprehensive care for the majority of health needs people experience throughout their lives; (4) it is the foundation to integrated service delivery, coordinating with other levels of services and other sectors including specialized care, acute inpatient care, long term care facilities, traditional and complementary medicine, public health and social services; (5) it is continuous, enabling enduring and empowering relationships between people and their providers and promoting self-care; (6) and it is people-centred, respectful of and responsive to individual and social preferences, needs, goals and values, and sees the individual as a whole, within their biological, psychological, and community context.

- I. Governments, in line with national priorities and context, commit to:
 - a. Governance that appropriately prioritizes and resources primary health care; protection of health and wellbeing through intersectoral action; empowerment and participation by all people and communities in their health, in the governance of health care, and in the planning, development, and management of health systems and services; and the development of a work plan for strengthening primary health care as a central component of appropriately financed national and sub-national health policies, strategies and plans.
 - b. Mobilizing domestic financing and better use of available resources to ensure adequate financial investment in health, and in particular, to primary health care; continuing the path toward universal health coverage, guaranteeing entitlement to a context-appropriate, comprehensive package of services and ensuring financial protection; engaging and appropriately regulating the private sector primary health care service delivery; and ensuring access to and promoting the appropriate use of medicines and technology in primary health care.
 - c. Training, recruitment and retention of a competent health workforce for primary health care, for work within facilities and communities, including interdisciplinary teams with an appropriate skill mix.
 - d. Further developing health information systems within primary care, including integrated, individual patient records and patient registries, to enable continuity and coordination of care, continuous quality improvement and quality assurance, monitoring and evaluation, assessment of equity and accountability;
 - e. Devoting appropriate resources to research, knowledge management and evaluation of primary health care and promoting scale up of effective strategies.
- II. People, including civil society, commit to:
 - a. capitalize on the opportunities, knowledge, skills and resources to be articulate and empowered self-carers, informal carers, and co-producers of health;

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- b. use their voice to fulfill their role in social accountability and participatory governance of health services including their role in national and sub-national policy formulation and planning; and
 - c. utilize, demand and advocate for high-quality primary health care within a transformed health system.
- III. The international community, including WHO and UNICEF as well as other UN agencies, bilateral and multilateral funding agencies and donors pledge to support the implementation of this Declaration according to their comparative advantages by:
- a. realigning their priorities, technical and financial support around national policies, strategies and plans, thus ensuring effective allocation of sufficient resources to country efforts towards universal health coverage and people-centered health systems based on primary health care, consistent with this Declaration and the internationally agreed Sustainable Development Goals,
 - b. organising the monitoring and accountability for this realignment in accordance with the UHC2030 framework;
 - c. co-developing a series of primary health care focused programs and projects, bringing together international actors to jointly support the development of global goods and provide technical support to countries regarding the commitments of this Declaration; and
 - d. organizing a coordinating mechanism for the systematic follow-up and review of the implementation of this Declaration including application of the strategy for monitoring and evaluation of primary health care at national and sub-national and service delivery level as a compliment to the Sustainable Development Goals.

Throughout the world, people envision a better future for themselves and for their children, in peace, prosperity, and social justice. Along with the assurance of financial coverage, primary health care is key to the attainment, by all people, of a level of health necessary to realize those aspirations.



Besroul International Colleagues,

Many of you will recall, colleagues at WONCA have been involved in a research project funded by Ariadne Labs (previous email attached as reference only).

The first phase of the project identified the top three research questions related to the i) organization of PHC and; ii) financing of PHC. (Please note, this is a different project than the one led by Drs. Braden O'Neil and Nav Persaud at the 2017 Besroul Forum which generated the top 10 PHC research questions for our group.)

There is now an opportunity for interested teams and individuals in LMIC to develop a 3-5 page research plan outlining how these questions might be researched in specific countries/settings. While there is no guarantee of funding, this next phase provides the following opportunities:

- Possibility of funding from major donors such as the Gates foundation
- Possible opportunity to share this plan with others at a conference in Liverpool in October 2018
- An opportunity to have someone from the main research team (such as Drs. Andrew Bazemore or Amanda Howe) provide feedback and editing of the plan as well as mentoring

ACTION: We therefore urge those of you who feel that one of the questions below aligns with one of your current knowledge gaps, to consider developing a research plan.

Organization of PHC:

1. What are the factors to be considered and negotiated for successful referral from primary to secondary care and back?
2. How should care be horizontally integrated and coordinated among the multidisciplinary PHC team?
3. How can the public and private sectors work more collaboratively to improve and integrate PHC coverage and prevent segmentation of the services?

Financing of PHC:

1. What is the most appropriate payment system to increase access and availability of quality PHC?
2. What mechanisms have been found to be effective in persuading governments to invest in PHC?
3. What are the factors or incentives that can improve distribution of PHC workforce or equity of accessing PHC services?

ACTION: If interested, please let WONCA know via Richard Fortier (email below) and they will send you a template for you to use to draft your ideas. This will include the methods you would use, whether there are existing data-sets that could help, who might be key informants, current programs that might be evaluated or scaled up.

Please do not reply to the whole group. Reply to either: Katherine Rouleau: krouleau@cfpc.ca or Ricky Fortier r.fortier@auckland.ac.nz

