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July 28th, 2016

The Honourable Marie-Claude Bibeau, P.C., M.P.
Minister of International Development and La Francophonie
House of Commons Ottawa, Ontario
K1A 0A6

Dear Minister,

The Besroure Centre at the College of Family Physicians of Canada respectfully submits this letter in response to Canada's public review and consultation to renew Canada's international assistance policy and funding framework.

The inclusion of a family medicine lens in Canada's international assistance policy review will help achieve a number of goals:

- supporting the implementation of the 2030 Agenda for Sustainable Development;
- ensuring that Canada's valuable development focus on Maternal, Newborn and Child Health is driven by evidence and outcomes, including by closing existing gaps in reproductive rights and health care for women; and
- making Canada a leader in development innovation and effectiveness, including by strengthening aid transparency and supporting better data collection and analysis, and by examining current and new aid delivery mechanisms and partnerships

The global expansion of robust family medicine and primary care expertise through training, research and innovative care models is an important means of advancing the Health and Rights of women, girls and children globally. We respectfully recommend the Minister considers family medicine strengthening as part of Canada's international development policy and funding framework. Canada's expertise in this area brings a high-value contribution to our international assistance policy.



THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA





GLOBAL CONTEXT

The Government of Canada's renewed commitment to global solidarity requires the coordinated efforts of Canadians and the global community to meet the global health challenges set before us. Advancing the Health and Rights of women, girls and children around the globe is central to achieving our collective success. Access to high quality primary health care is a pivotal, evidence-supported and necessary cornerstone to achieving optimal health for all women, girls and children.

THE CONTRIBUTION OF CANADIAN FAMILY MEDICINE TO PRIMARY HEALTH CARE: ADVANCING REPRODUCTIVE, MATERNAL, NEWBORN AND CHILD HEALTH (RMNCH) THROUGH ROBUST, COMMUNITY-RESPONSIVE HEALTH SYSTEMS

In 2008, the World Health Organization (WHO) report titled *Primary Health Care: Now More Than Ever* urged a renewal of primary care as a way to better respond to the persistent health challenges of the global community. In response to this call to action, many countries have set out to develop family medicine as a key element of their health systems.

Family medicine is an integral part of robust primary care. It refers to a defined medical discipline that is centred on the care of the individual rather than on a single organ system or age group. It is anchored in community and provides comprehensive care, delivered by individuals or teams, throughout a patient's lifespan and across a wide range of medical issues. Family physicians work with other health care providers such as nurses, nurse practitioners, social workers, dietitians, pharmacists and other health professionals as partners on a primary health care team. Together, primary health care teams work collaboratively to ensure better care for the population in which they serve. Family medicine exists in contrast to a type of generalist medicine practised by physicians who enter clinical practice without any postgraduate training. Comprehensiveness, continuity, coordination, person-centeredness and delivery within the community have been identified as the dimensions of primary and family medicine that result in better outcomes, lower costs, decreased hospitalization and enhanced equity¹.

¹ Starfield, B, Shi, L, Macinko, J. Contribution of Primary Care to Health Systems and Health. Johns Hopkins University; New York University. *Milbank Q.* 2005 Sep; 83(3): 457-502.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2690145/>



Over the past 5 years, the work of the Besroul Centre has demonstrated a clear need in low- and middle-income countries (LMICs) for robust, comprehensive and community-responsive primary care.

CANADIAN EXPERTISE & THE BESROUR CENTRE

Canada is highly regarded around the world as a leader in the training and delivery of family medicine and is recognized as a valued collaborative partner by countries aspiring to offer quality primary health care. This widely recognized expertise and solicited experience in family medicine and family medicine training presents an added value to the country's global development effort. The establishment of the Besroul Centre stemmed from a proliferation of collaborative efforts between LMICs and Canadian family medicine experts to develop and strengthen family medicine and primary care as a key component of health system strengthening in their respective countries.

The Besroul Centre is a hub of international collaboration for advancing family medicine and primary care as a pathway for global health equity. Housed at the College of Family Physicians of Canada (CFPC), the Besroul Centre represents a pan-Canadian and international network of engaged family medicine experts, academics, communities, and stakeholders. It is informed by the 60 year history of the CFPC and is firmly anchored in its committed partnerships between Canada's 17 academic departments of family medicine and our partner institutions in LMICs. (*Appendix A*) Firmly rooted in its flexible models of collaboration, the Besroul Centre supports capacity-building in family medicine and primary health care through its partnerships with local family physicians, academic institutions, Ministries of Health, and multilateral organizations such as the World Bank Group (WBG), the WHO, and the World Organization of Family Doctors (WONCA). The Besroul Centre also achieves its mission through a yearly conference to foster the sharing of ideas and strategies to advance global family medicine and through the work of five working groups. The engaged collective of the Besroul Centre wants to garner and leverage lessons for Canada, and share Canada's expertise in and ideas of family medicine and robust primary care to help strengthen health systems globally. For more info, please visit: http://www.cfpc.ca/The_Besroul_Centre/

THE EVIDENCE FOR STRONG PRIMARY HEALTH CARE

This submission is supported by the reflections and analysis of our collective experiences. It is also informed by a review of the current global initiatives set forth by influential leaders and organizations such as: The WBG's Diseases Control Priorities 3rd edition; the Primary Health Care Performance Initiative (PHCPI), a joint-initiative of the WBG, Bill &



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Melinda Gates Foundation and the WHO; the WHO World Health Reports of 2006 and 2008; the Lancet's Health Education Commission; and the academic work of Dr. Barbara Starfield.

PRIMARY HEALTH CARE'S CONTRIBUTION TO HEALTH EQUITY

The Official Development Assistance Accountability Act ensures that Canadian official development assistance contributes to poverty reduction, takes into account the perspectives of the poor, and is consistent with international human rights standards².

Family medicine and the work of the Besroul Centre network can contribute to achieving this vision. Health systems anchored in robust primary care and family medicine have been linked to not only to better health outcomes and improved cost-efficiency, but to enhanced health equity, which offer the greatest benefits to the most vulnerable. The academic work of Dr. Barbara Starfield and collaborators have shown that primary health care is an effective means of reducing inequities by increasing access to care by bringing health care services closer to people in need, improving health outcomes independently to other determinants of health, and by offsetting the negative impact of poverty in high- and low- and middle- income countries alike³.

Primary health care delivery is rooted in communities. As such, primary health care workers are better connected and better informed about the problems, needs and resources required by the community they serve. Where successful and well resourced, they are a trusted source of information and are more inclined to identify injustices, inequities and breaches in human rights. The responsive nature of primary health care buttresses Canada's commitment to the Official Development Assistance Accountability Act and embodies the values espoused by Canadian society.

² Official Development Assistance Accountability Act (S.C. 2008, c.17) <http://laws-lois.justice.gc.ca/eng/acts/O-2.8/page-1.html#h-2>

The Official Development Assistance Accountability Act ensures *"that all Canadian official development assistance abroad is provided with a central focus on poverty reduction and in a manner that is consistent with Canadian values, Canadian foreign policy, the principles of the Paris Declaration on Aid Effectiveness, sustainable development and democracy promotion and that promotes international human rights standards"*.

³ Starfield, B, Shi, L, Macinko, J. Contribution of Primary Care to Health Systems and Health. Johns Hopkins University; New York University. *Milbank Q.* 2005 Sep; 83(3): 457–502.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2690145/>





HOW PRIMARY HEALTH CARE CAN CONTRIBUTE TO THE UNMET NEEDS OF THE MDGS AND RMNCH TARGETS

We know that women, girls and children are disproportionately affected by ill health. While true in all parts of the world, this stark reality is particularly burdensome in LMIC's. For example, while, 1 in 8800 Canadian women is at risk of dying while pregnant or while giving birth, a Malian woman is faced with 1 in 27 chance of dying while pregnant or while giving birth. Considering that the vast majority of these deaths are entirely avoidable, this shocking inequity is nothing short of scandalous⁴.

Despite the important progress made by The Safe Motherhood initiative launched in 1987 among other initiatives and investments to curb global maternal mortality, improvements have not been evenly distributed, leaving LMICs to account for 99% of global maternal deaths, with sub-Saharan Africa alone accounting for roughly 66% in 2015⁵.

A strong primary health care system translates into healthy women, girls and children. **In order to address inequity, robust primary care systems and family medicine must be developed to not only address the health needs of women, girls and children, but to do so in an integrated manner, anchoring care around the individual and the family for life and across all health issues.** When a strong primary health care system is in place, women, girls and children receive all or most health services from a single point of service where they are known to the providers. Family medicine-oriented models of care, for example, can support pregnancy follow-up and delivery, provide quick in-times referrals, manage common and deadly children ailments, diarrheal, acute respiratory-track infections and malaria, early in the course of the illness and close to the patient's family. It also provides women and girls the opportunity to avoid unwanted pregnancy and to achieve the highest possible level of health before, after and between pregnancies. This means a woman or girl who may be faced with limited access to transport, resources, time and energy to seek out treatment and advice for her health-related issues is able to walk into a primary health care clinic and see a family physician, where a multiplicity of her healthcare needs can be met in a place she trusts.

⁴ WHO, UNICEF, UNFPA, The World Bank, and the United Nations Population Division. Trends in Maternal Mortality: 1990 to 2015. Geneva, World Health Organization, 2015.

<http://data.worldbank.org/indicator/SH.MMR.RISK>

⁵ WHO, UNICEF, UNFPA, The World Bank, and the United Nations Population Division. Trends in Maternal Mortality: 1990 to 2015. Geneva, World Health Organization, 2015. pg. 2.

<http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/>



The association between strong primary health care systems and improved health outcomes is further supported by studies from low- and middle- income countries, such as Macinko et al's systematic review of 36 studies on the impact of primary health care on health outcomes in LMICs, showing that strong primary health care leads to improved and more equitable health outcomes, particularly for infants and children⁶.

Global stakeholders such as the WBG have recognised primary health care as an effective and important intervention for RMNCH in the 2016 DCP3 publication: *“Community and primary health care platforms could reduce by 77 % maternal, newborn and child deaths and stillbirth that are preventable by the essentials intervention in the MNCH packages.”*^{7,8} Strong primary care systems centered around family medicine offer a competitive advantage to vertical programs that to-date, have not translated into equitable improvement in the health of women, girls and children.

PRIMARY HEALTH CARE AS A PRIVILEGED STRATEGY TO MITIGATE THE DOUBLE BURDEN OF DISEASE AND ADDRESS CHRONIC MULTI-MORBIDITY

As population dynamics continue to change around the world, many LMICs find themselves facing an epidemiological transition where chronic and degenerative diseases are on the rise while a high burden of communicable diseases persists. Health systems are thus faced with the challenge of addressing both communicable and multiple complex non-communicable morbidities. Comprehensive, community-based, coordinated primary care has been shown to best address these challenges⁹. Dr Barbara Starfield, a leading pediatric physician, renowned author, and family medicine advocate, noted in her article “Global Health, Equity, and Primary Care” that “multi-morbidity is demanding not ‘chronic disease’ management but, rather, a chronic care model in which person-focused primary care is the key element ... in meeting the health needs of all populations”¹⁰.

⁶ Macinko, J, Starfield, B, Erinosh, T. The impact of primary healthcare on population health in low- and middle-income countries. *J Ambul Care Manage.* 2009 Apr-Jun; 32(2):150-71. Doi: 10.1097/JAC.0b013e3181994221

⁷ Disease Control Priorities [Internet]. http://www.worldbank.org/reference/marketing/DCP3_MP.html

⁸ Black, R., Laxminarayan, R, Temmerman, M, Walker, N. Reproductive, Maternal, Newborn, and Child Health. *Disease Control Priorities, Third Edition, Vol 2, p. 2.*

⁹ Starfield, B, Shi, L, Macinko, J. Contribution of Primary Care to Health Systems and Health. Johns Hopkins University; New York University. *Milbank Q.* 2005 Sep; 83(3): 457–502.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2690145/>

¹⁰ Starfield B. Global health, equity, and primary care. *J Am Board Fam Med* 2007; 20(6):511–513.

Doi: 10.3122/jabfm.2007.06.070176.



PRIMARY HEALTH CARE'S CONTRIBUTION TO ACHIEVING THE SDGS

As the global community sets out to meet the challenges of the Sustainable Development Goals (SDGs), it is clear that in order to ensure healthy lives and promote well-being for all at all ages (SDG #3) the world's population will be required to move beyond attention focused on vertical funding of single diseases, narrow populations, and hospital-based care. Instead, there is a need to strengthen health systems and invest in evidence-based horizontal (integrated and patient-centered) funding strategies that have proven more efficient. Family medicine deserves serious consideration as a central element of any plan striving to achieve Universal Health Coverage by 2030.

BUILDING CAPACITY IN THE GLOBAL HEALTH WORKFORCE

The International Labor Organization (ILO) estimates that in order to achieve Universal Health Coverage by 2030 the global community must address a shortage of 10.3 million health workers worldwide. The most important gaps in health workforce are noted in LMICs, where 84% of the population remains excluded from access due to the lack of skilled health workers¹¹. Rooted in the work of Canada's 17 academic departments of family medicine, the rich expertise of the CFPC, and the lessons garnered from the Besroul Centre's international partners, the Besroul Centre is recognized as a global leader in medical and health professional education and training. One of the Besroul Centre's central activities is focused on the establishment and strengthening of training for family physicians and primary care teams, to the collective target of Universal Health Coverage by 2030.

GENERATING KNOWLEDGE AND INNOVATION TO ADVANCE HEALTH GLOBALLY

There are many ways to contribute to the advancement of health across the globe. While Canada is well equipped to lead a widely diverse range of development strategies, in our opinion, the generation of knowledge and the creation of innovative care models, particularly in LMICs, should be recognized as one of the key Canadian roles and contributions to international development.

A key element of the Besroul Centre's mandate is to create a platform for the creation and dissemination of evidence. Through a collective research agenda, the Besroul Centre

¹¹ Scheil-Adlung, X, Behrendt, T, and Wong, L. Health sector employment: a tracer indicator for universal health coverage in national Social Protection Floors. Hum Resour Health. 2015; 13:66.
DOI: [10.1186/s12960-015-0056-9](https://doi.org/10.1186/s12960-015-0056-9)



network is united and tasked with generating new knowledge and demonstrating the impact of family medicine programs at the local level in our LMIC partners. It is a place for dynamic collaboration, where the Canadian and international primary health care research community shares ideas and considers innovative changes to improve the health of vulnerable populations around the world through family medicine. Canada's role as a knowledge broker will allow the Canadian and global research community to fill the knowledge gaps, share the findings, and provide a unified, global voice to spur on the development of the discipline of family medicine as a contributor to health equity worldwide.

CONCLUSION

The repositioning of family medicine and primary health care at the centre of Canada's development agenda provides an important opportunity for Canada to establish itself as a key actor in the development of family medicine worldwide.

To-date, primary health care initiatives have often been undermined by a disproportionate focus on specialist and tertiary care, often referred to as "hospital-centrism", fragmentation of health services due to the multiplication of programmes and projects, and the pervasive commercialization of health care in unregulated health systems. And, despite having sufficient resources and technologies to tackle the most pressing health challenges of our times, many national health systems in low- and middle- income countries remain weak, unresponsive, unequitable, and even unsafe. As noted by the WHO, "it is not acceptable that, in LMICs, primary care is synonymous with low-tech, non-professional care for the rural poor who cannot afford any better"¹².

Family medicine can, and should, contribute to the implementation of strong primary health care platforms and be a central component of strategies to achieve Universal health Coverage in countries in need and devoid of sufficient and adequate health care. The contributions of family medicine and primary health care extend far beyond the advancement of health alone. Health is a necessary first step for peace, progress and development. Meeting the needs of the world's populations through family medicine and robust primary care not only leads to the provision of accessible, acceptable, affordable and quality health care for all, but also has a significant impact on improving educational outcomes, gender equality and reducing inequalities within and between countries. Family

¹² The World Health Organization. The World Health Report 2008 – primary Health Care (Now More Than Ever). Pg. XVII.



medicine plays an integral role in the primary care system and stands out as a crucial path to the care that individuals and communities around the world both need and deserve.

What is needed now is the political will to implement national plans, to ensure international cooperation, align resources, and harness knowledge to build robust health systems for treating and preventing disease and promoting population health¹³. Canada's renewed international assistance policy and funding framework can show that political will.

RECOMMENDATION

The global expansion of robust family medicine and primary care expertise through training, research and innovative care models is an important means of advancing the Health and Rights of women, girls and children globally. We respectfully recommend the Minister considers family medicine strengthening as part of Canada's international development policy and funding framework. Canada's expertise in this area brings a high-value contribution to our international assistance policy.

Thank you for your time and consideration.

Yours sincerely,

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¹³ The World Health Organization. The World Health Report 2006 – working together for health. Pg. XV.

APPENDIX A - List of Besroul partners in Low- and Middle- Income Countries

Efforts are underway at the Besroul Centre and Canadian Departments of Family Medicine to strengthen family medicine in diverse settings around the globe.

AMERICAS		AFRICA		ASIA PACIFIC	
Brazil	Jamaica	Ethiopia	Rwanda	Australia	Laos
Chile	Trinidad & Tobago	Kenya	Tanzania	China	Nepal
Guyana	USA	Madagascar	Tunisia	Indonesia	Palestine
Haiti		Malawi	Uganda		
		Mali			
		http://www.projetdeclic.org/			

For more information on the development and strengthening of family medicine through the Besroul Centre, please visit: <http://global.cfpc.ca/Narratives/Landing>

For the perspectives of some of our international partners, please see the testimonials from our Tunisian collaborators below:

1. [Coopération entre les Facultés de Médecine de Tunisie et la Faculté de Médecine de Montréal Dr Maherzi](#)
2. [Coopération entre les Facultés de Médecine de Tunisie et la Faculté de Médecine de Montréal Dr Zeghal](#)