



Family Medicine in the Arab World

Is it a Luxury ?

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Arab Board for Medical Specializations**



Health Congress 2011
Kurdistan Region - Iraq, Erbil
February 2 - 4

Reform and Development of the Health Care System in Kurdistan Region - Iraq

چالاکساری و پرمهیدانی سیستمی نهند و مانی له هه هه کوردستان - عیرای
اصلاح و تطویر نظام الرعاية الصحية في إقليم كردستان - العراق



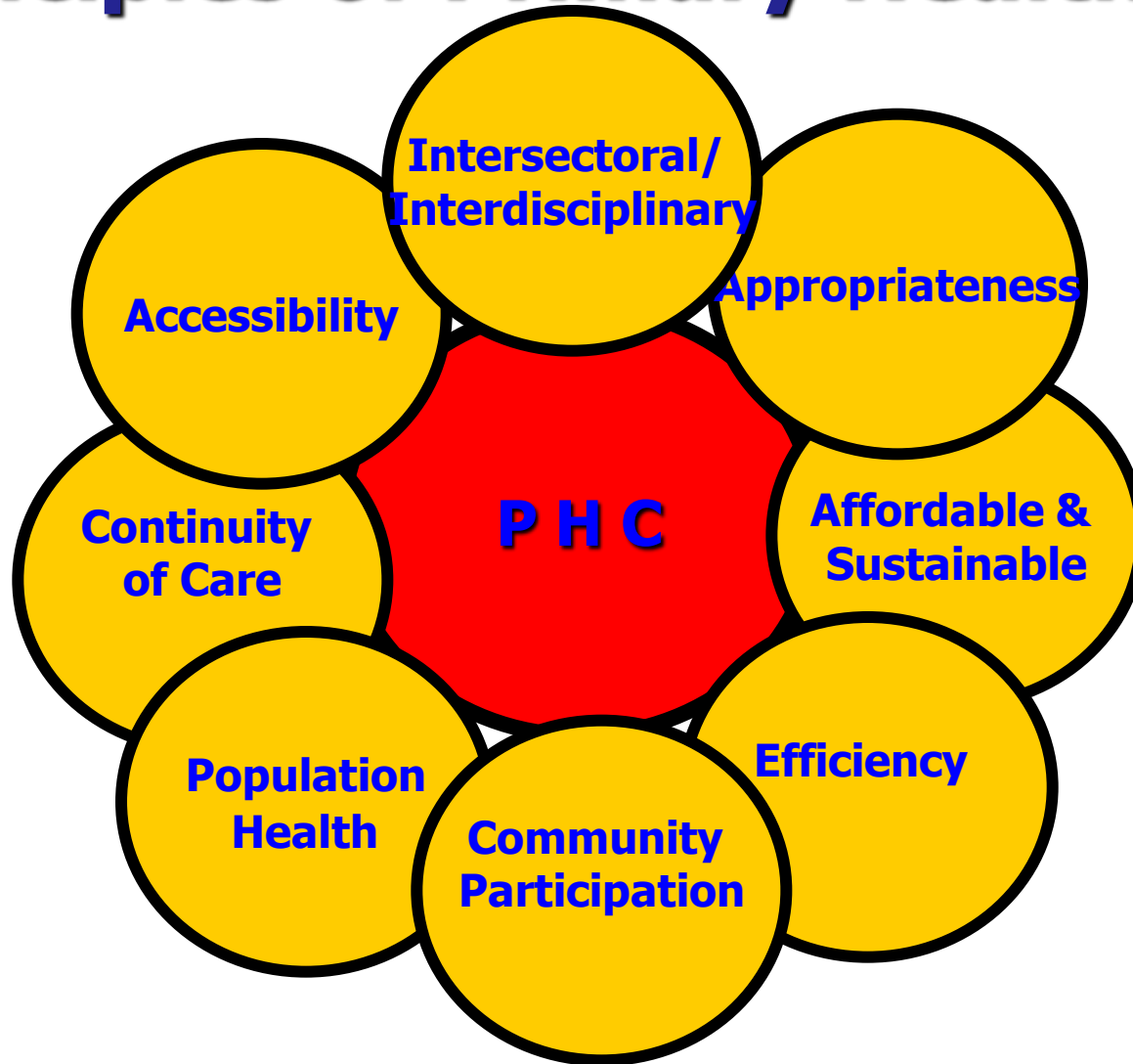
Primary Health Care Definition

- Is the first level of contact with the health system to:
 - prevent illness
 - care for common illnesses
 - manage ongoing health problems
 - promote health

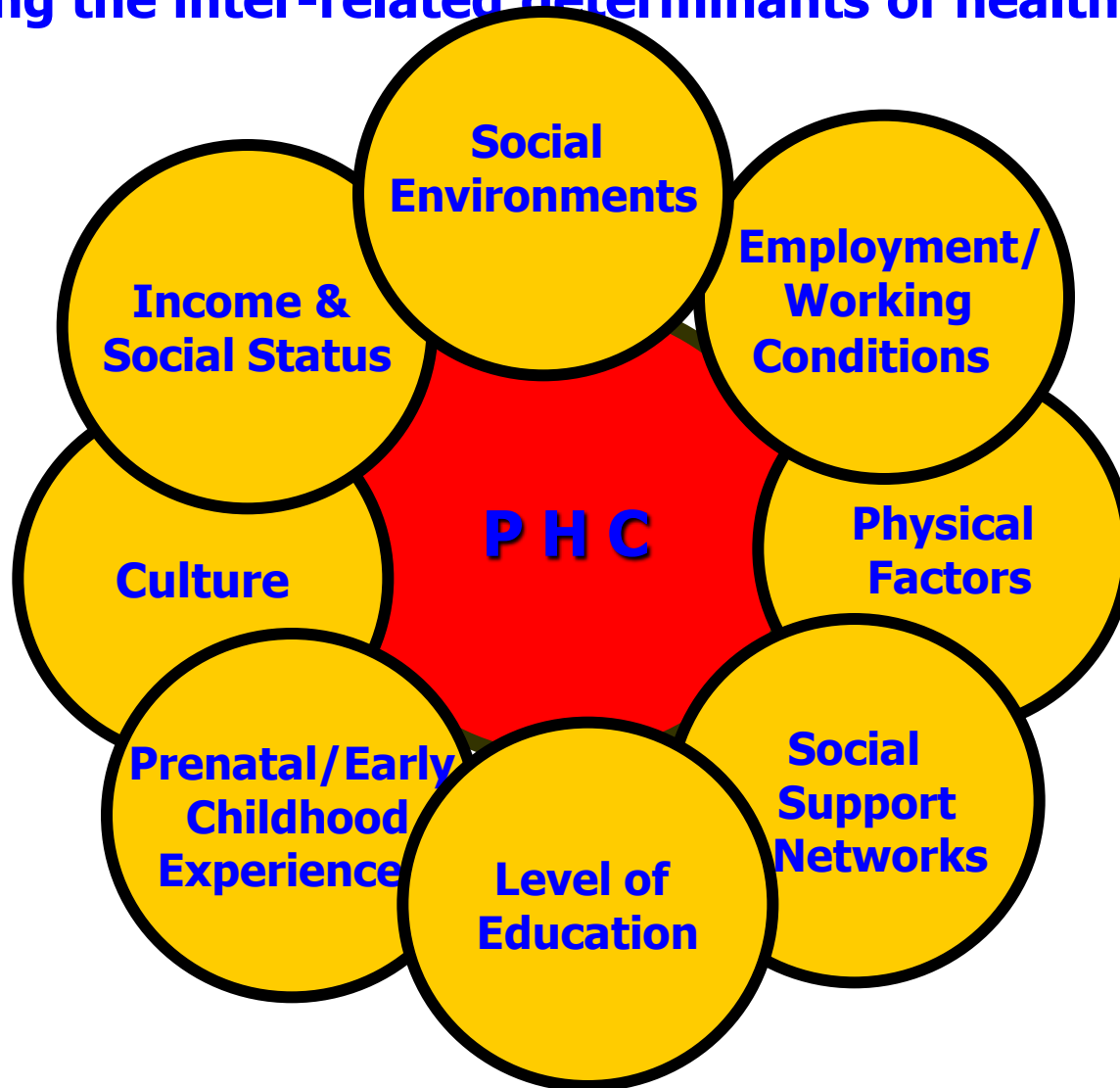
■ Family Medicine (FM)

Is a medical specialty that provides continuing and comprehensive health care for the individual and the family with a total health care responsibility from the first contact and initial assessment to the management of chronic problems. It includes prevention and early recognition of disease.

Principles of Primary Health Care



Primary Health Care extends beyond the traditional health sector and includes all human services which play a part in addressing the inter-related determinants of health.



- Family Medicine Should Shape Reform,
 - Not Vice Versa
- Family physicians have to be in the forefront of health care reform. They have to marry the reform of financial access with the reform of services.

Barbara Starfield

Health Care Reform (With PHC Concept)

Medical model

- Treatment
- Illness
- Cure
- Episodic care
- Specific problems
- Individual practitioners
- Health sector alone
- Professional dominance
- Passive reception



Primary Health Care

- Health promotion
- Health
- Prevention, care, cure
- Continuous care
- Comprehensive care
- Teams of practitioners
- Intersectoral collaboration
- Community participation
- Joint responsibility

Arab World

No. of total population : **281 million**
(410-459 million by 2020)

No. of Countries: **23**

Area: **More than 11 million**
square kilometers

- **65 million adults are illiterate (19%) , two-thirds women**
- **10 million 6 - 15 year olds are not in school (*if current trends persist, that number will increase by 40% by 2015*)**
- **54 million lack access to safe water**
- **29 million lack access to health services**
- **Maternal mortality rates are double those in Latin America and the Caribbean; four times those in East Asia**

“The Arab region has dramatically reduced poverty and inequality in the 20th Century.”

Yet the backlog of deprivation must be cleared.

UNDP

Lower inflation and budget deficits attained during the 1990's. However:

Oil wealth distorts the picture:

“In 1999, the GDP (Gross domestic products) of all Arab countries combined stood at just US\$531.2 billion – less than that of a single medium sized European country, Spain (US\$595.5 billion).”

- **Total factor productivity has steadily dropped by 0.2% since 1960 - the largest decline compared to other regions**
- **Growth is anemic; highly vulnerable to changes in oil prices**
- **For a decade, per capita income has stagnated at 0.7% a year (> 3.2% average for developing countries)**
- **Unemployment, at around 15%, is among the world's highest**

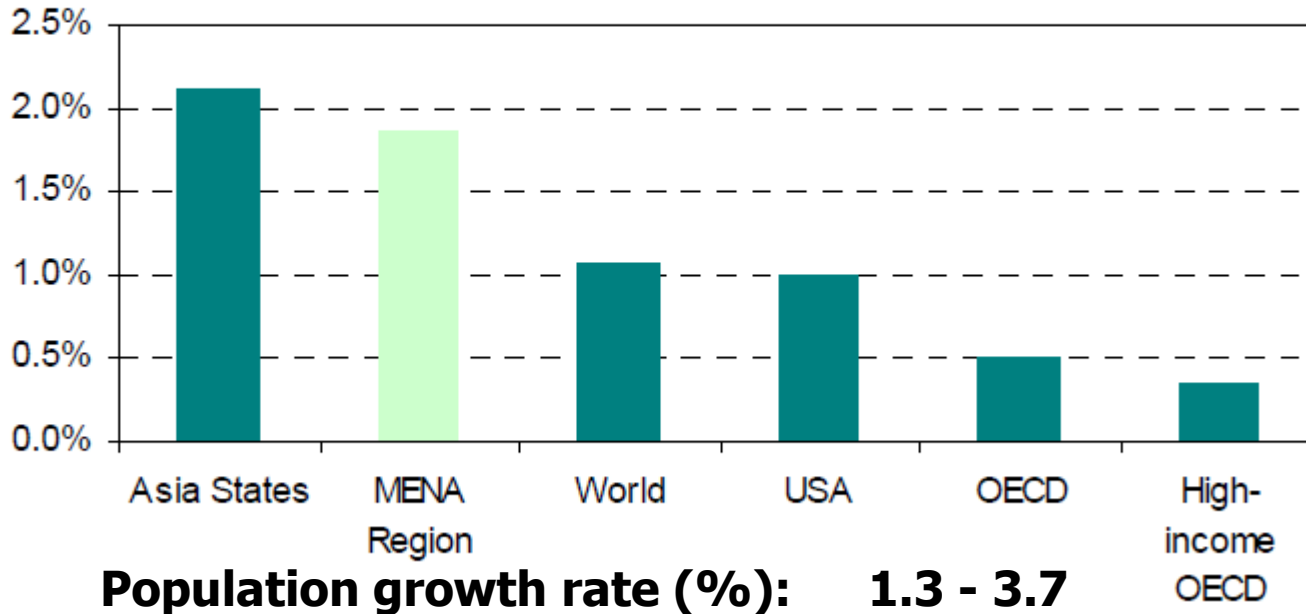
“The costs of improving education systems may be substantial, while the costs of perpetuating ignorance are incalculably greater”

AHDR 2002

- **Arab universities and schools beyond global academic standards and fail local job markets**
- **Only 0.6% of the population uses the internet**
- **The penetration rate of the PC is only 1.2%**
- **Wealth depends on natural resource, and not knowledge based**

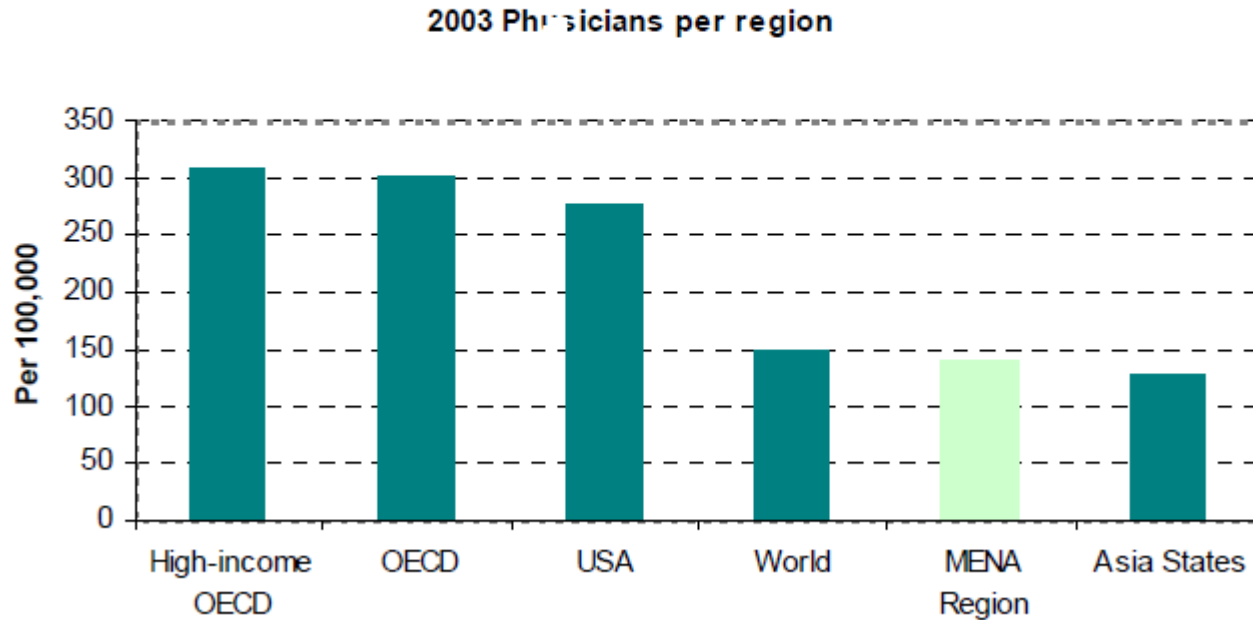
UNDP

Population Growth Rate



The primary driver of growth in the healthcare sector is the underlying population growth of each country. When compared with the rest of the world (1.1%), the MENA region has one of the highest population growth rates (~2%).

Number of Physicians per 100,000 people



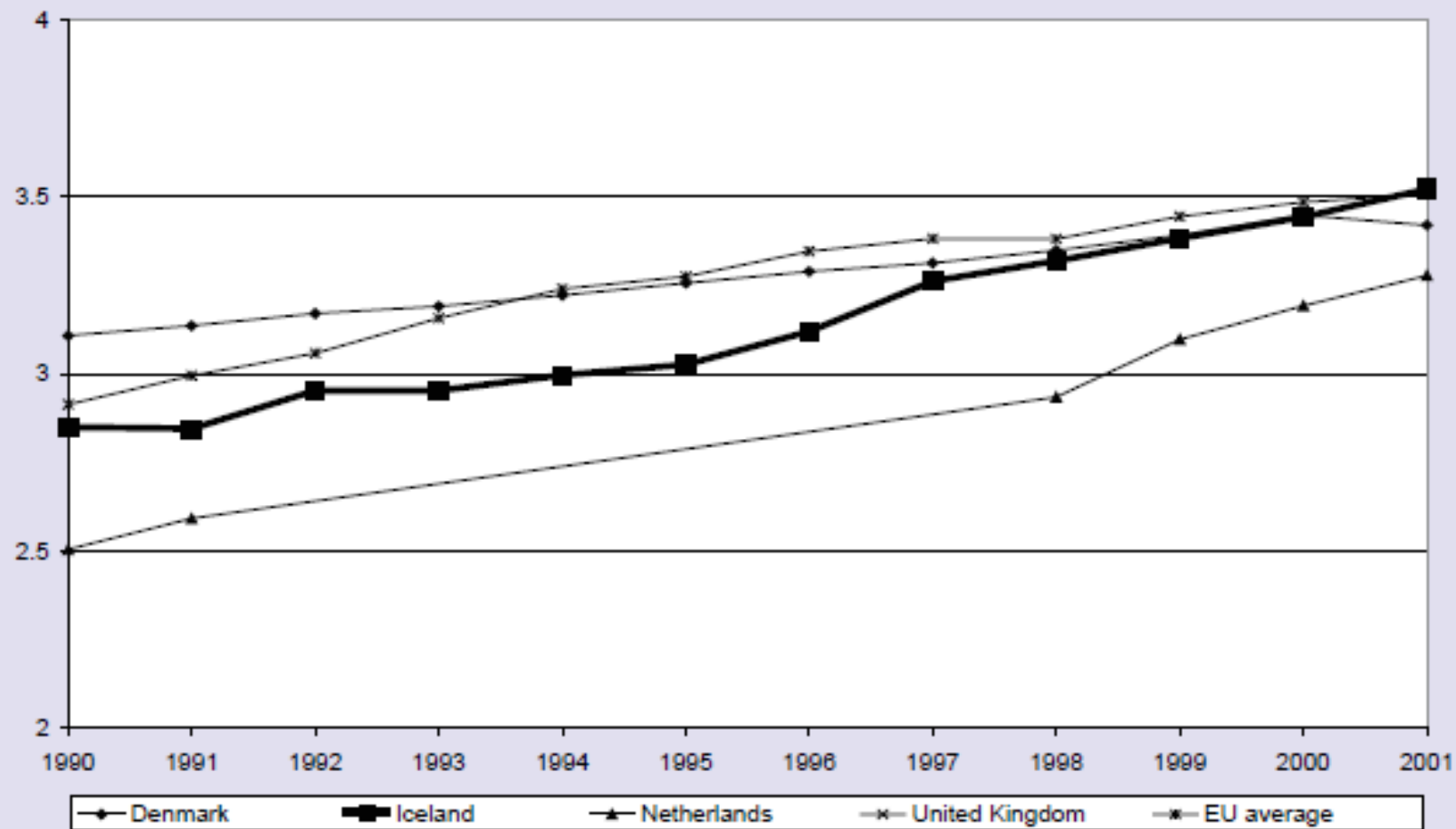
The MENA region suffers from a low figure of active medical professionals estimated to be around 130 physicians per 100,000 people; while the U.S.A and the OECD each have a rate of 279 and 299 physicians respectively.

Country	Total Population <i>(Latest)</i>	Total Number of Physician <i>(Last updated October 2004, WHO)</i>	Ratio of Physician per individual
Bahrain	677,886	1,106	1:613
Djibouti	460,700	86	1:5,357
Egypt	74,718,797	143,555	1:521
Iraq	25,374,691	12,955	1:1,959
Jordan	5,153,378	10,623	1:485
Kuwait	2,041,961	3,589	1:569
Lebanon	3,826,018	11,505	1:333
Libyan Arab Jamahiriya	1,759,540	6,371	1:276
Morocco	29,891,708	14,293	1:2,091
Oman	2,622,198	3,478	1:754
Qatar	817,052	1,310	1:624
Saudi Arabia	26,417,599	31,896	1:828
Somalia	8,591,000	310	1:27,713
Sudan	35,079,814	4,973	1:7,054
Syrian Arab Republic	18,448,752	23,742	1:777
Tunisia	9,924,742	6,459	1:1,536
United Arab Emirates	3,480,000	5,825	1:597
Yemen	19,349,881	4,078	1:4,744
TOTAL	268,635,717	286,154	

Number of physicians per 1,000 people

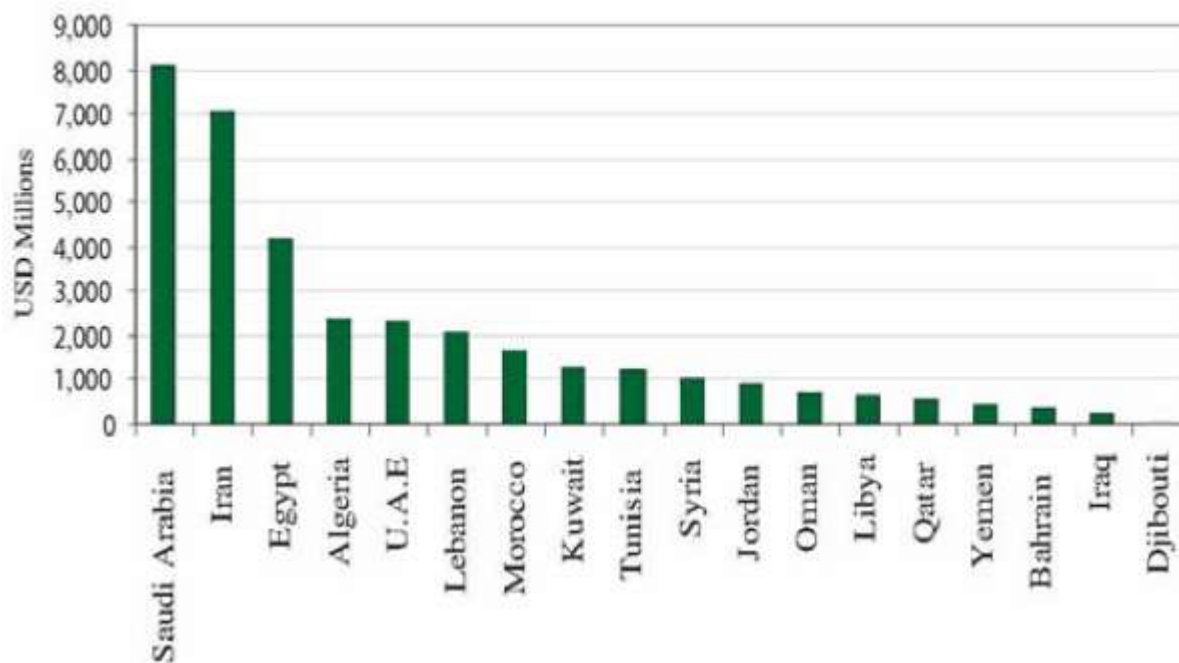
Year	1960	1970	1980	1990	2000
Egypt	0.39132783	0.527	1.0654	0.7595	2.117838
Saudi Arabia	0.061104294	0.134		1.4334	
Bahrain	0.449664444	0.4286	1.0868		

Fig. 3. Physicians per 1000 population, Iceland, selected countries and EU average, 1990–2001



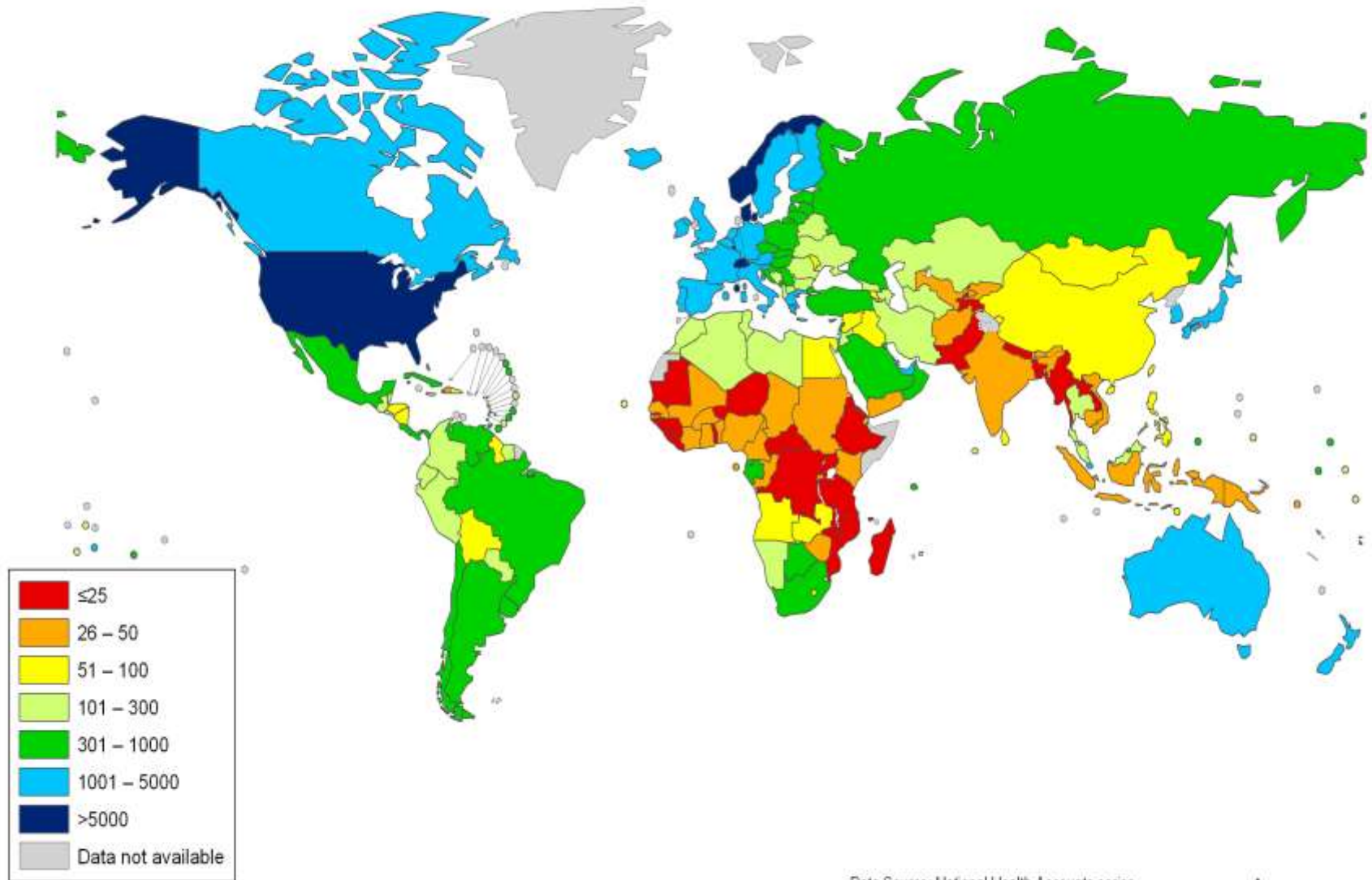
Source: WHO Regional Office for Europe health for all database.

2002 Total Healthcare Expenditure



With Saudi Arabia ranking first, the healthcare sector spending in the region exceeds USD 35 billion

Total expenditure on health per capita, 2006 (in US\$)



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Data Source: National Health Accounts series,
World Health Organization
Map Production: Public Health Information
and Geographic Information Systems (GIS)
World Health Organization

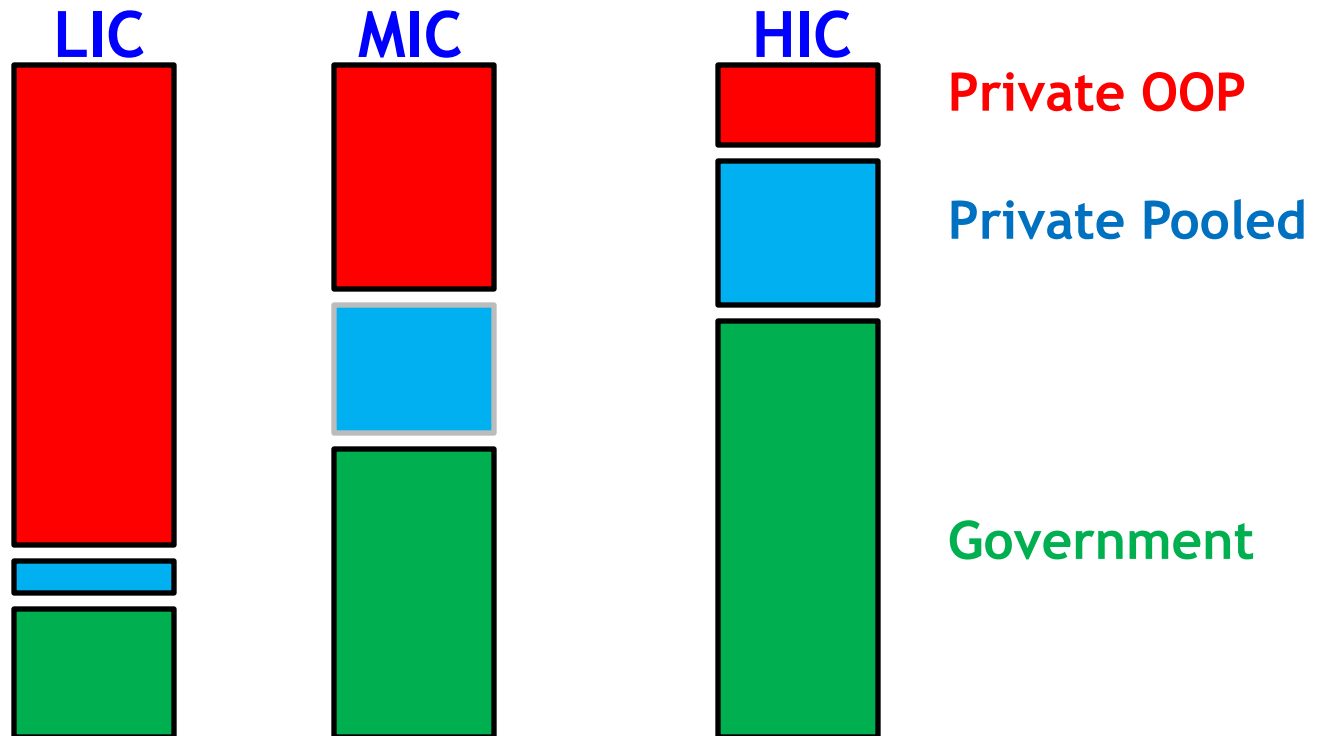


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Health System Funding: General

This shows clearly that the richer (and more developed) the country is, the more the government spends money on health with less private and OOP (out of pocket). This is very important slides which indicate that countries like the GCC Governments should take the burden away from the citizen on all health matters. Good health system is the one in which no one should face bankruptcy or poverty resulting from catastrophic illness or injury, where no one chooses to ignore a medical condition because he or she can't afford to see a doctor, and where no impoverished person dies unnecessarily due to lack of care.

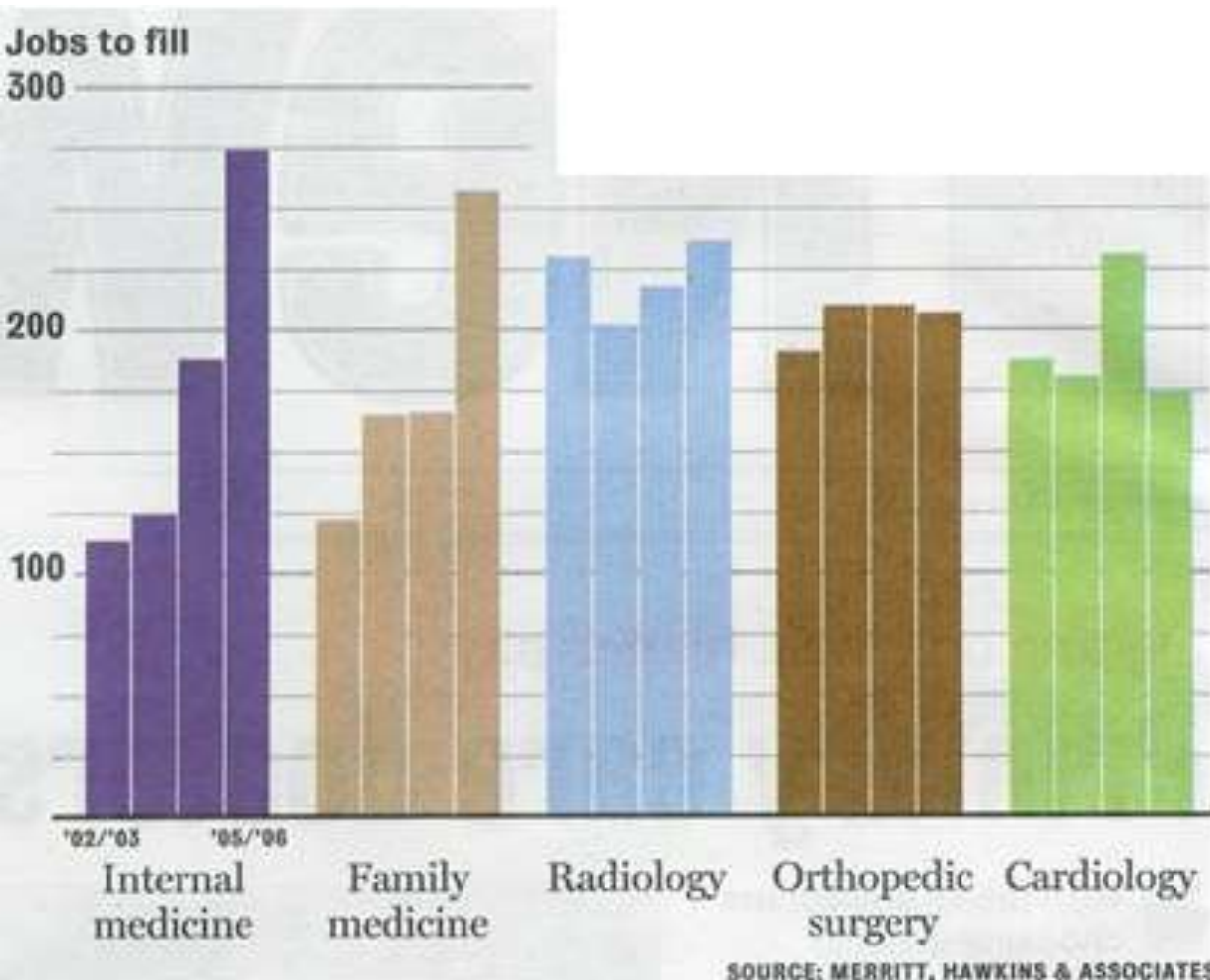


Current Demand for Family Physicians

“According to Merritt, Hawkins & Associates’ 2005 Survey of Hospital Physician Recruiting Trends, more hospitals are actively engaged in recruiting family physicians than any other type of physician.”

Leslie Champlin – *AAFP News Now* (7/25/06)

Current Demand for Family Physicians

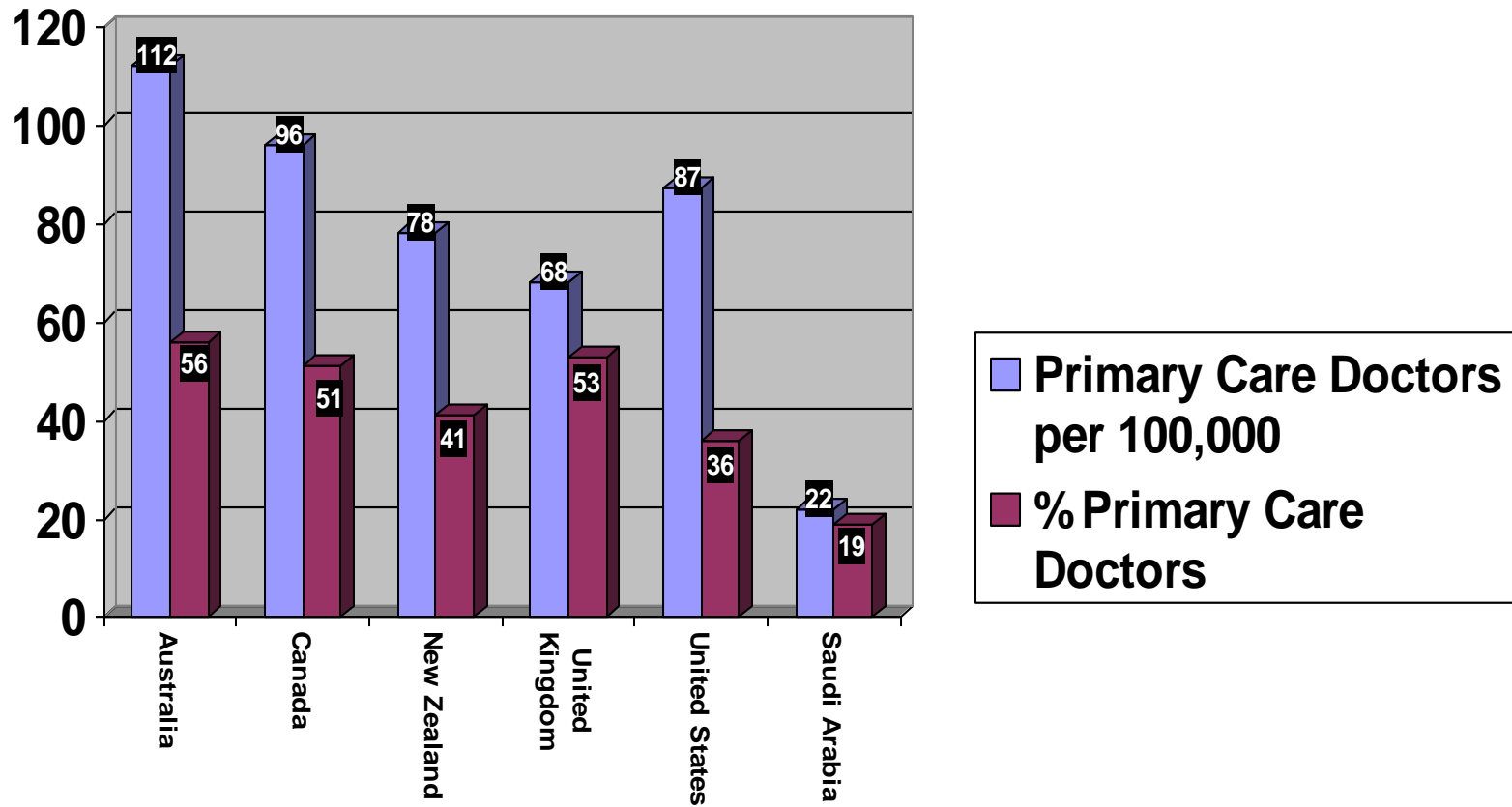


"MOST WANTED"

For the first time in six years, general internists and family physicians are at the top of the 'in demand' list for hospitals and medical groups, according to a review of 2,840 Merritt, Hawkins & Associates' listings. Here by year are the number of physician searches by specialty starting in 2002-03 and continuing through 2005-06."

AMA News June, 2006

Number and Percent Primary Care Doctors by Country



Cost-Effectiveness (*Intervention cost/case*):

• Telephone Call	£16	PHC
• Family Physician	£15	
• Walk-in-Centre	£55	
• FP with Special Interest	£75	
• Hospital Outpatient	£150	2 Care
• Day Care	£500	
• One-Day Admission	£1,000	
• Inpatient (2ndary Care)	£5,000	
• Tertiary Care	£20,000	3 Care



Cost in Bahrain

Health centre visit cost	US\$ 13-19
Hospital OPD visit cost	US\$ 132
Admission per night cost	US\$ 530-660
Admission intensive care	US\$ 1320

MOH 2009



- Only around **2000** physicians (F & C) have graduated since its foundation.

ABMS 2009

- World-wide, the optimal Family doctor/patient ratio is 2000 people.
- With the realization that its population is over three hundred and fifty million, the Arab World *now* needs more than **175000** FD specialists.

- Continuation at the current production rate of Board qualified FD by the ABMS, (100 per year);

Arab countries would need **1750** years to have optimum number of immediately required FD!!!

- Taking Iraq as an example, with its population 32 million (2009). If the production is on average of 100 FD per year. Its immediate need is more than 18000 FD.

It will require more than **175** years to reach to that goal.

- *Fifty percent of the physicians work force in any country should be constituted of Family Physicians*

Barbra Starfield

- In this part of the world, the high prevalence of non-communicable diseases, communicable diseases and hereditary and genetic disorders, beside the cost burden of health services, necessitate developing countries in general and the Arab countries in particular to implement Family Medicine.
- FM should be the ultimate goal of health provision.

*A lot of (sub) specialty care is not necessary
if you have good primary care.*

Barbara Starfield

Primary care everywhere in the world is most of the care, for most of the people, most of the time.

Barbara Starfield

■ In conclusion

The health of the population in the Arab world will be affected dramatically and may be in danger ***due to failure to adopt 'Family Medicine' as the main tool for provision of health service and due to deficiencies in qualified FD.***

Therefore while thinking about health reform a brave and immediate decision ought to be taken to:

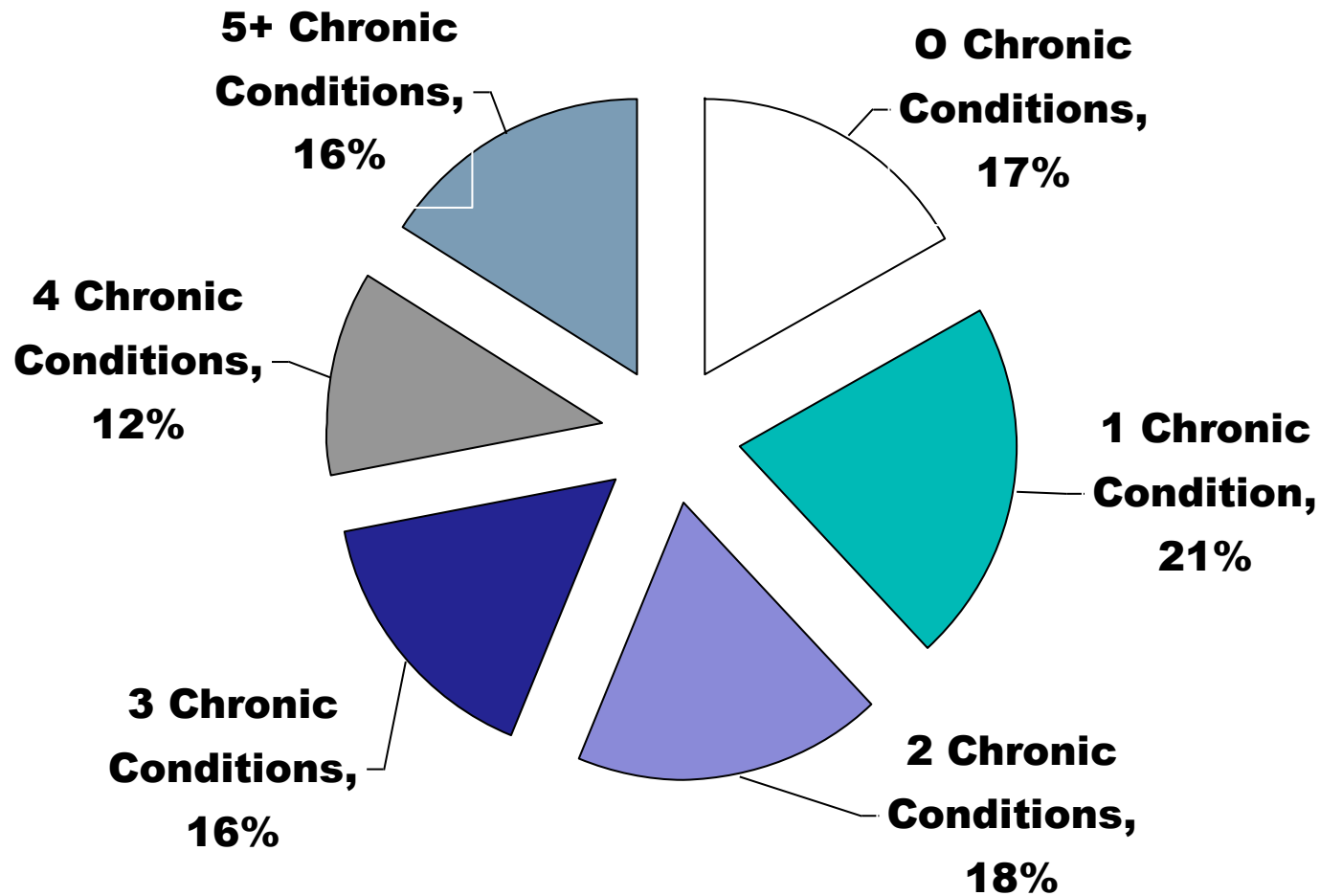
- Implement Family Medicine and PHC
- Establish FM training programs or increase the capacity of the existing
- Produce more skilled Family Physicians



Most obliged
for
your attention

Family Medicine in
the Arab World
Is it a Luxury ?

More than 80% of Health Care Spending on Behalf of People with Chronic Conditions



- The presence of narrow specialists at PHC centers is a source of inefficiency and a barrier to developing PHC as it adversely impacts on first contact, continuity and comprehensiveness functions of PHC.

Review of Experience of Family Medicine in Europe
and Central Asia:
Moldova Case Study
World Bank 2005

- FM as a discipline started re-emerging at the beginning of the 20th century.
- In **1923**, Francis Peabody commented that modern medicine had markedly fragmented health care delivery. He also stated *“the essence of the practice of medicine is that it is an intensely personal matter. The treatment of a disease maybe entirely impersonal; the care of a patient must be completely personal”*.
- Therefore, he called for the return of the generalist physician.



History of Family Medicine

1946 AMA established a section on General Practice to give voice to the mounting problems and decreasing numbers of generalists. Section develops into American Academy of General Practice.

1966 Three independent reports supporting the value of the practice of family medicine were published: the Millis Report, the Folsom Report, and the Willard Report

They called for a “a physician who focuses not upon individual organs and systems but upon the whole man, who lives in a complex setting...”, and whose “relationship with the patient must be a continuity one”

History of Family Medicine

(continued)

1969 The American Board of Family Practice was officially recognized in February as the 20th primary medical specialty with 15 pilot programs

The specialty was formed because of the dwindling number of medical school graduates entering general practice and the difficulty of general practitioners without board certification acquiring hospital privileges

1971 The American Academy of General Practice became the American Academy of Family Physicians

1984 Family Practice became the third largest residency with 380 programs

Total No. of Physicians	354029
Estimated Primary Care Physicians of the total number of physicians	30%
No. of Medical School Offering Family/Community Medicine	70
No. of Countries with Family Medicine Program	13

STATISTICS

Arab World

No. of total Physician : 354029

Estimated % of Primary Care Physicians : 5 -30 % of the total number of physicians*

No. of Medical School : 70

(Offering Family/Community Medicine)

No. of EMRO Countries with Family Medicine Program : 17

* Barrier₄₄

Percentage of Primary Care Doctors in Arab Countries

Less than 20 % are working in Primary Health Care

Resolutions of the Regional Committee (WHO, EMRO, 2008)...

- Health as a human right
- Importance of intersectoral collaboration in health development
- Need to invest in health
- Direct attention to social determinants of health

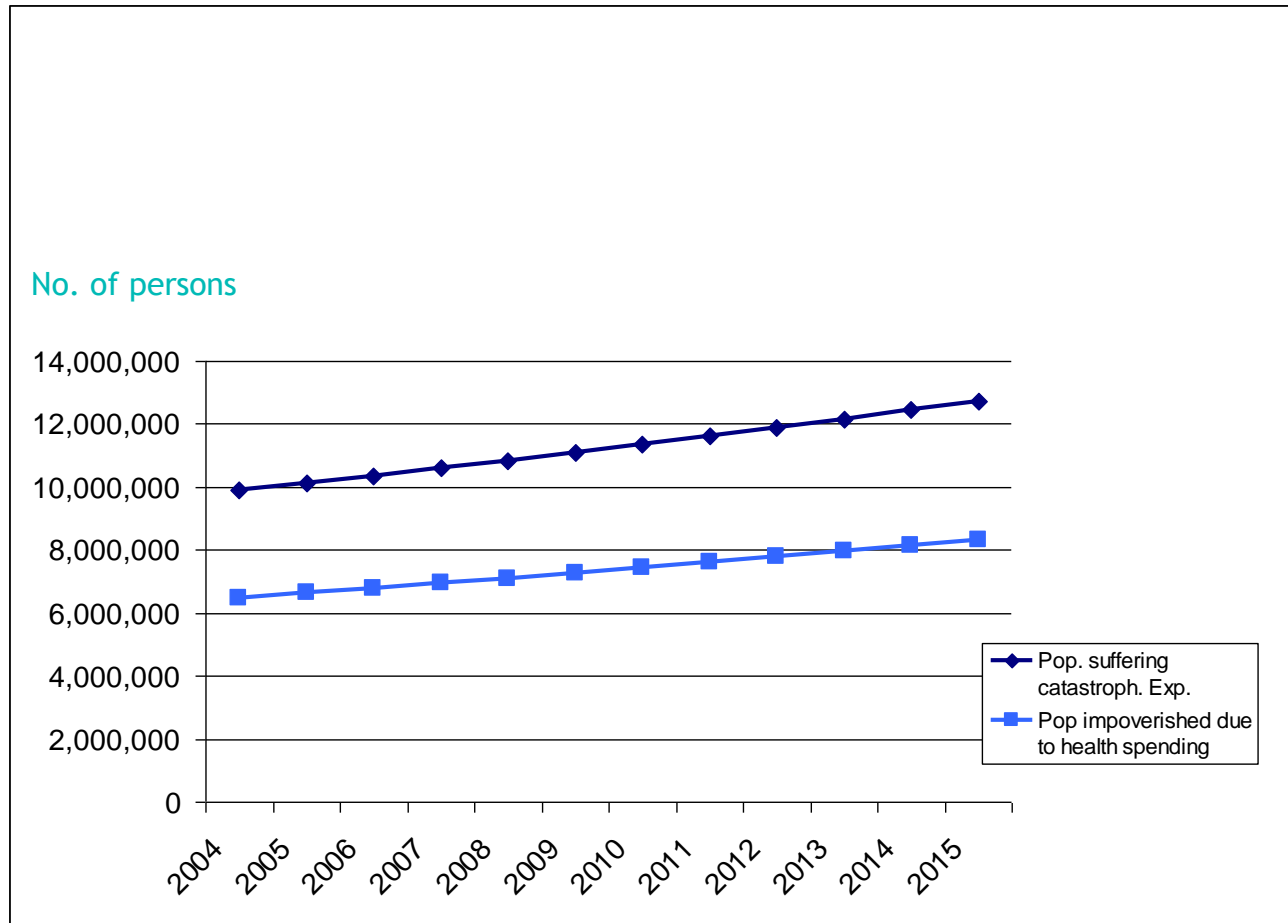
■ Family Doctor

A physician who is primarily responsible for providing *primary, continuing, comprehensive, curative and preventive* medical care in a *personalized* manner to *patients* and to their *families, to all ages and both sexes*, regardless of the presence of disease or the nature of the presenting complaint be it *biological, behavioral, or social*.

- Since ancient times, doctors have been using the holistic approach while practicing medicine. Avicenna, Alrazi and several other Muslim doctors were implementing the concepts of family medicine while caring for their patients.

Exposure to Catastrophic Health Expenditure & Impoverishment in WHO EMR 2004-2015

Increasingly large number of people are facing illnesses without any social protection from Government i.e. they have to pay for their illness at the time of needs. A good health system is the one that people receive all the care they need free of charge at the point of delivery. They could pay for it through taxation (the best) or social insurance (as in Europe) or private insurance (USA).

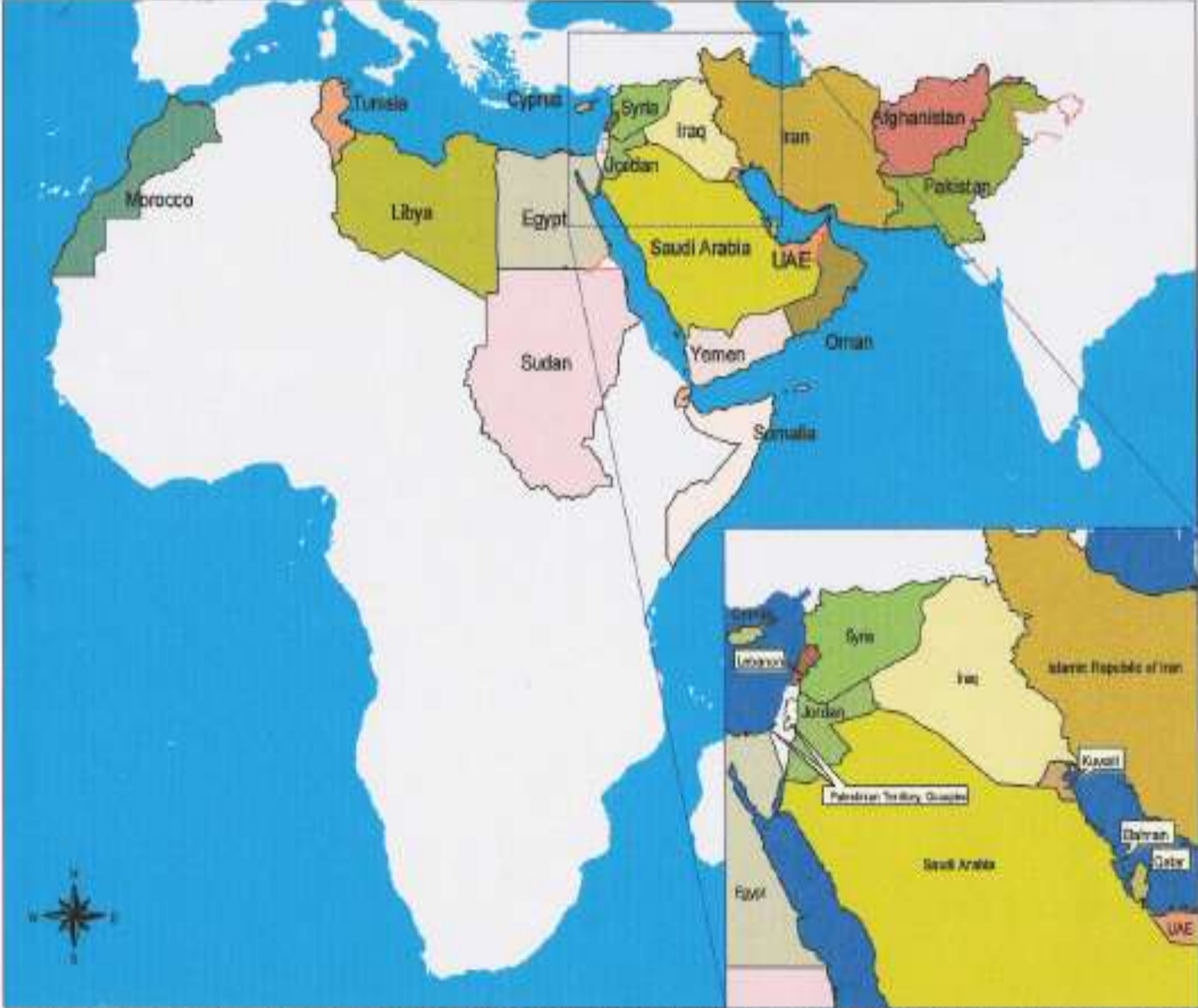




WHO EMRO

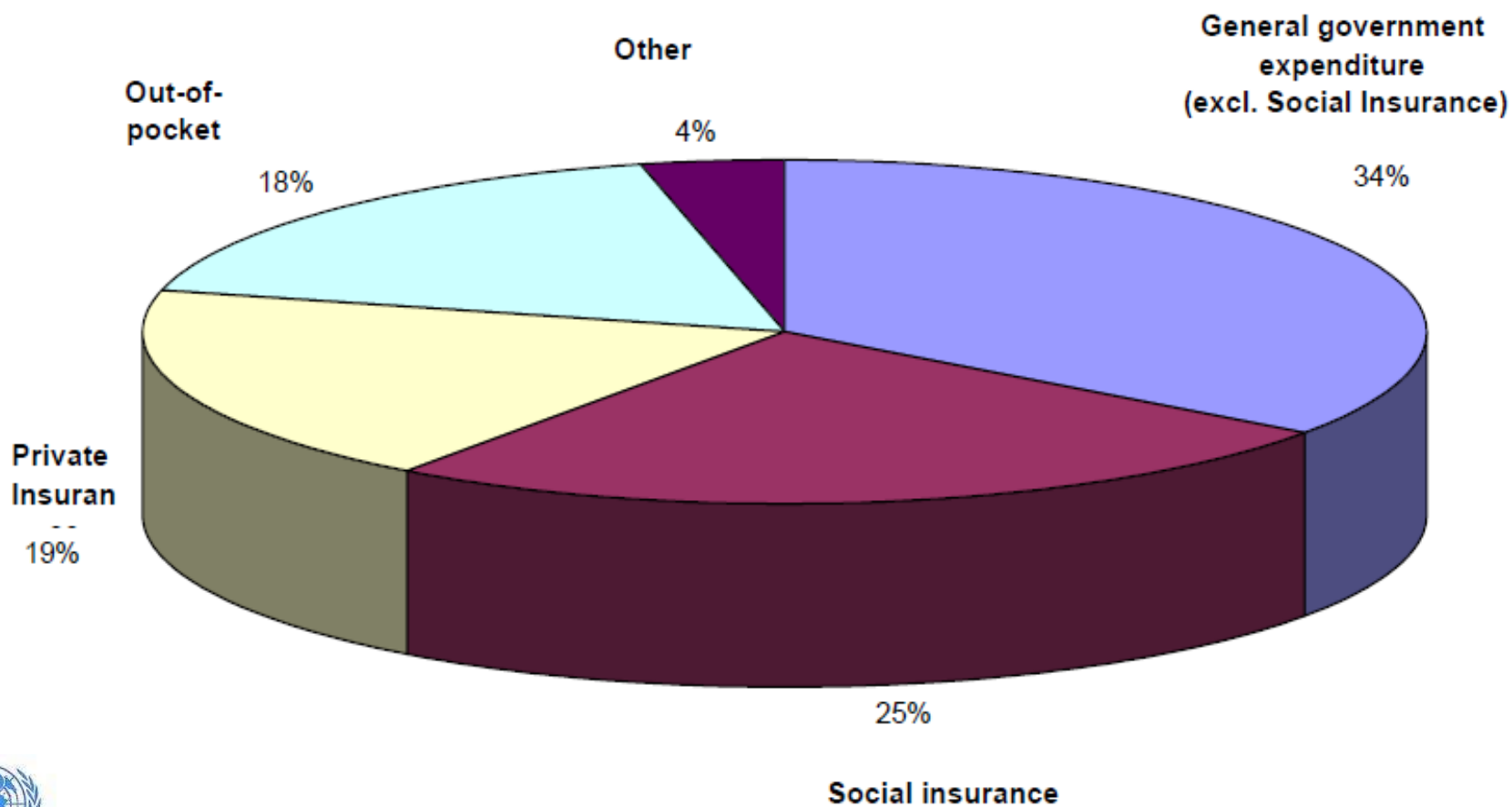
EMR Countries

- EMR Countries**
- Afghanistan
 - Bahrain
 - Cyprus
 - Djibouti
 - Egypt
 - Iran
 - Iraq
 - Jordan
 - Kuwait
 - Lebanon
 - Libyan Arab Jamahiriya
 - Morocco
 - Oman
 - Pakistan
 - Palestine
 - Qatar
 - Saudi Arabia
 - Somalia
 - Sudan
 - Syrian Arab Republic
 - Tunisia
 - United Arab Emirates
 - Yemen
 - Non EMRO Countries



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Composition of World health expenditures (World spent US\$4.7 trillion on health in 2006)





- The Arab Health Ministers in Kuwait in February 1978, decided to establish the

Arab Board for Medical Specializations

- It aims to improve medical services in the Arab world by:
 - raising the level for professional skills
 - to develop and institute guidelines for training within the different medical disciplines
 - to maintain the level of control and periodic review by keeping pace with the advances in medicine.

The Arab Board of Medical Specializations



The number of the Arab Countries is: **18**

The number of the doctors who have finished the training program and passed the final oral and clinical exam is: **7833**

ABMS 2010



Arab Board in Family and Community Medicine
Started in **1986**

13 ARAB Countries started or to start Family
Medicine Program

Bahrain

Saudi Arabia

UAE

Oman

Iraq

Syria

Libya

Lebanon

Kuwait

Qatar

Egypt

Jordan

Tunisia

Yemen

Family Medicine programs in various countries

Turkey	1961
Bahrain	1978
Lebanon	1979
Jordan	1981
Kuwait	1983
KSA	1987
Arab Board	1986
Qatar, UAE	1994
Oman	1994
Egyptian Board	2003
Libya	2006
Iraq	Recent
Yemen	To start

- In Saudi, the Ministry of Health,

Realizing the importance of FM, is seeking to recruit 13,000 FD to work at its newly established 150 primary health centers in various parts of the Kingdom.

Saudi MOH 2009

- Again, to highlight the crucial importance of FM, the Gulf Cooperation Council participants who concluded three days of discussions on family medicine and primary health care in June, 2007, have recommended that

20 percent of all doctors in the six GCC member countries should be trained as specialists in family medicine over the next 10 years.

- However, there is still a drastic shortage in the training programs.