

# GLOBAL FAMILY MEDICINE

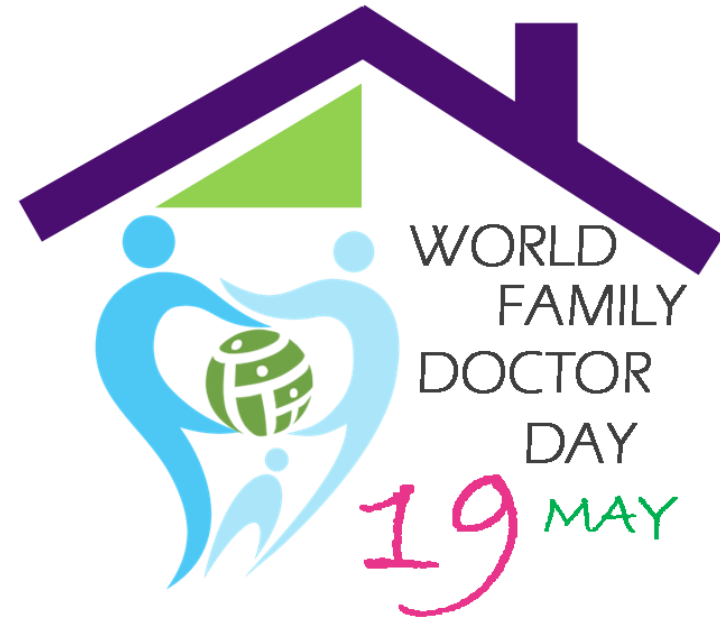
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Improving Healthcare in the Developing  
World

Éimhín Ansbro, Joe Gallagher, Brendan O'Shea

# Objectives

- Global Family Medicine - what is it?
- Why this talk?
- Who is involved?
- How can GPs get involved?
- What can we do?
  - - as individuals/ as a College?



# What is Global Health?



***Global Health: “collaborative trans-national research and action for promoting health for all”***

# What is Global Family Medicine?


## Approaching a global definition of family medicine

*The Besrouer Papers: a series on the state of family medicine in the world*

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**Katherine Rouleau** MD CM CCFP MHSc   **Robert Woollard** MD CCFP FCFP

- Socially accountable responsiveness to local need
- Adaptation of existing health infrastructure
- Grounded in relationships of care

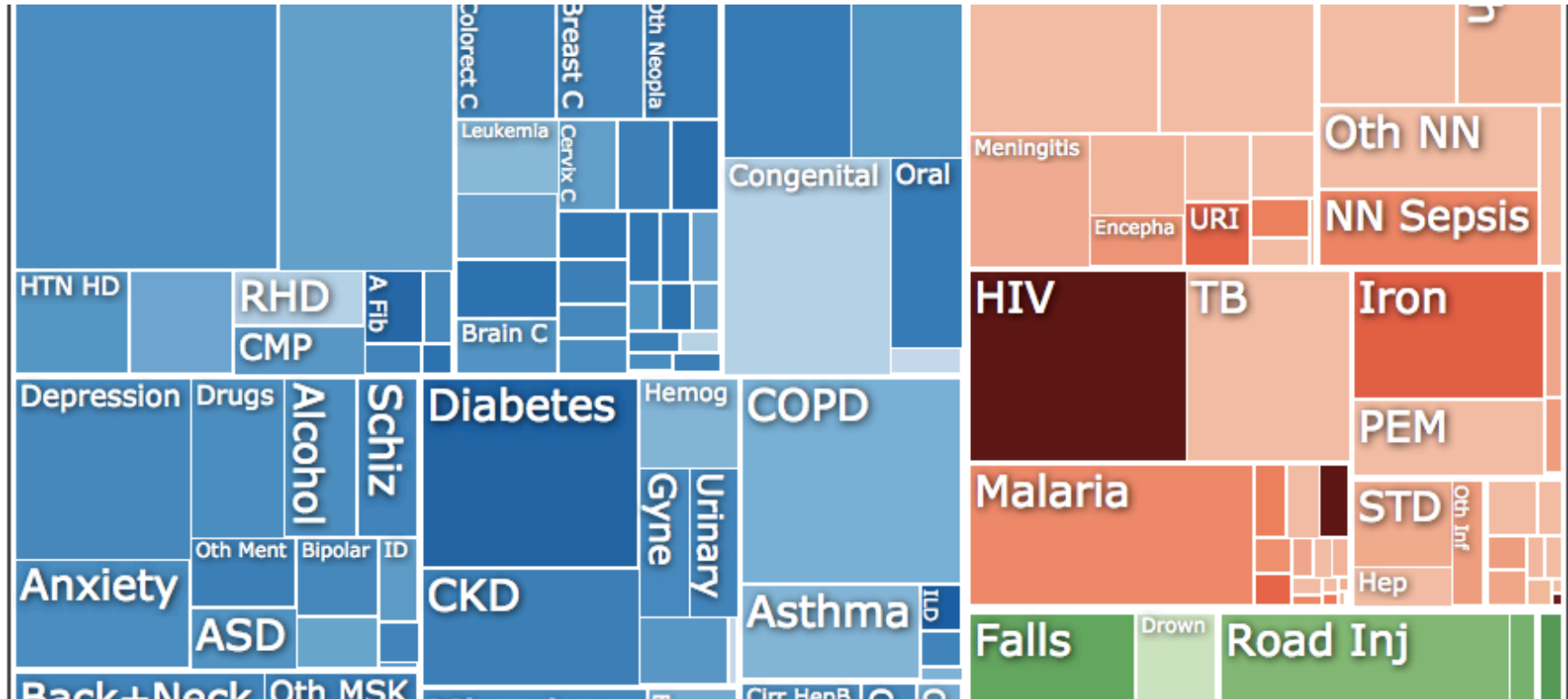
# Why are we relevant in Global Health?

- Alma-Ata Declaration 40<sup>th</sup> Anniversary
- World Health Assembly – 71st
- #HealthForAll #PrimaryHealthcare
- Focus on integrated care
-  burden of chronic disease





# Global Burden of Disease

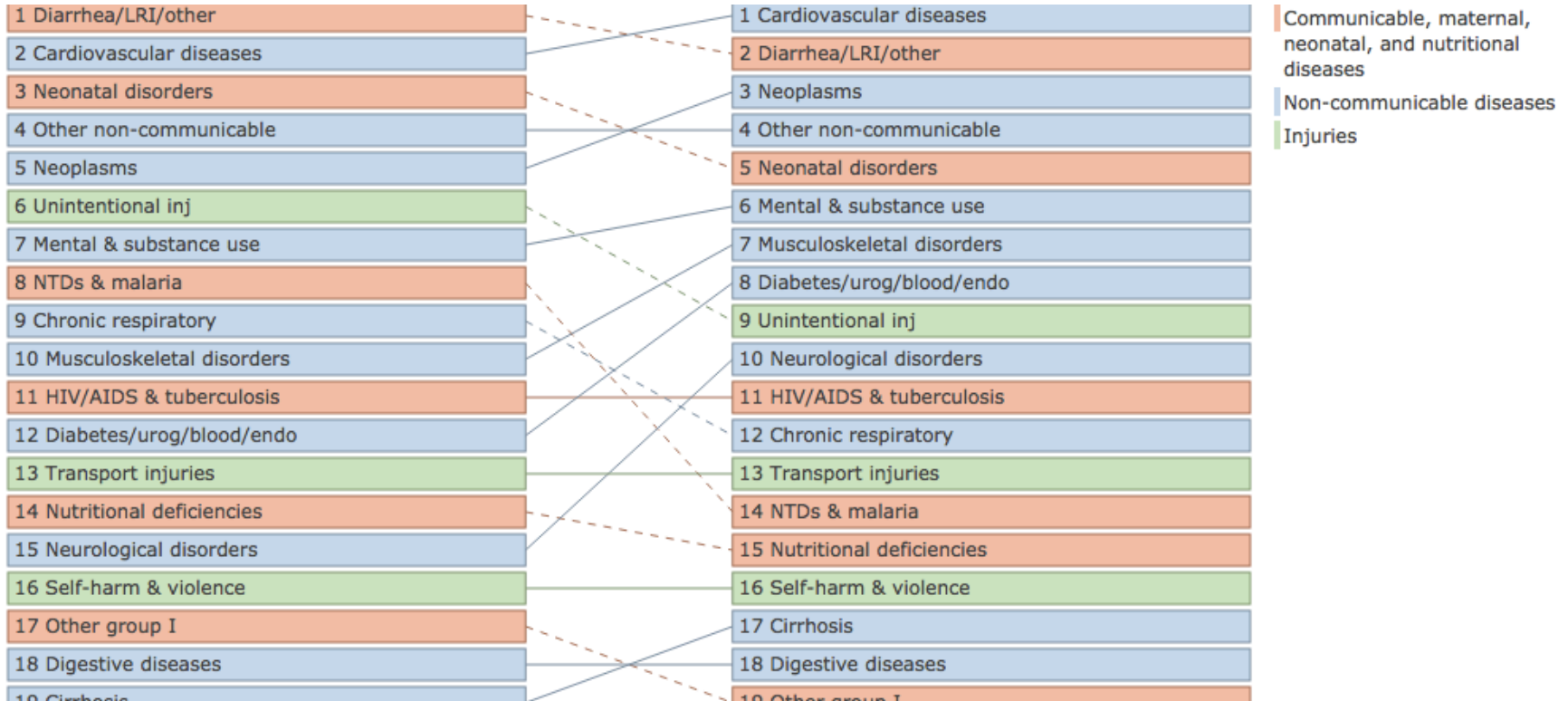


Source: <https://vizhub.healthdata.org/gbd-compare/>



# Epidemiological Transition

Global both sexes, all ages, DALYs per 100,000 (IHME)



**See also:** Global, regional, and national disability-adjusted life-years (DALYs) for 315 diseases and injuries and healthy life expectancy (HALE), 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015, Kassebaum, Nicholas J et al. The Lancet, Volume 388, Issue 10053, 1603 - 1658



# Why the growing burden of NCDs :

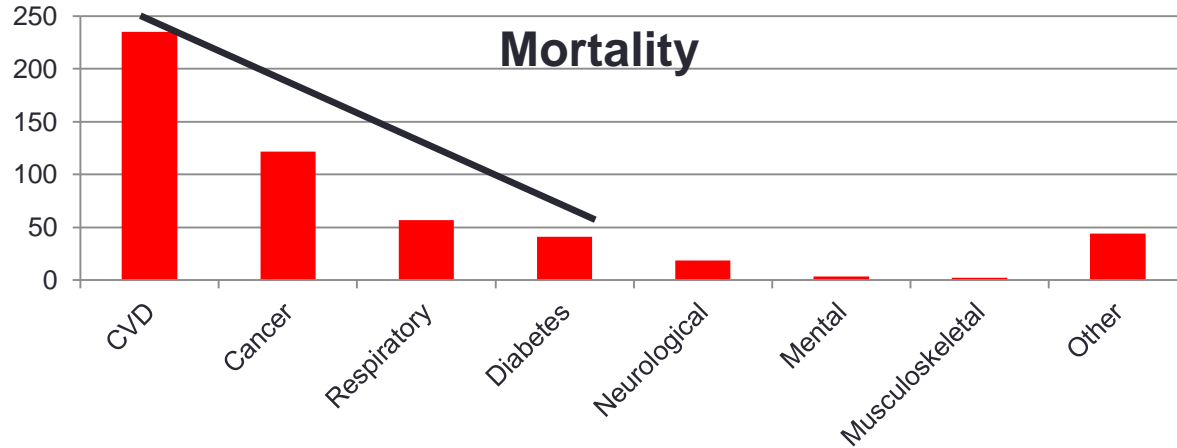
- Growing AND ageing populations
- Success in preventing and treating communicable disease
- Success in preventing childhood disease (EPI)
- Urbanisation and globalisation
- Change in risk factors (alcohol, tobacco, diet, physical activity)





# WHO: the “25x25” strategy

Four priority diseases:

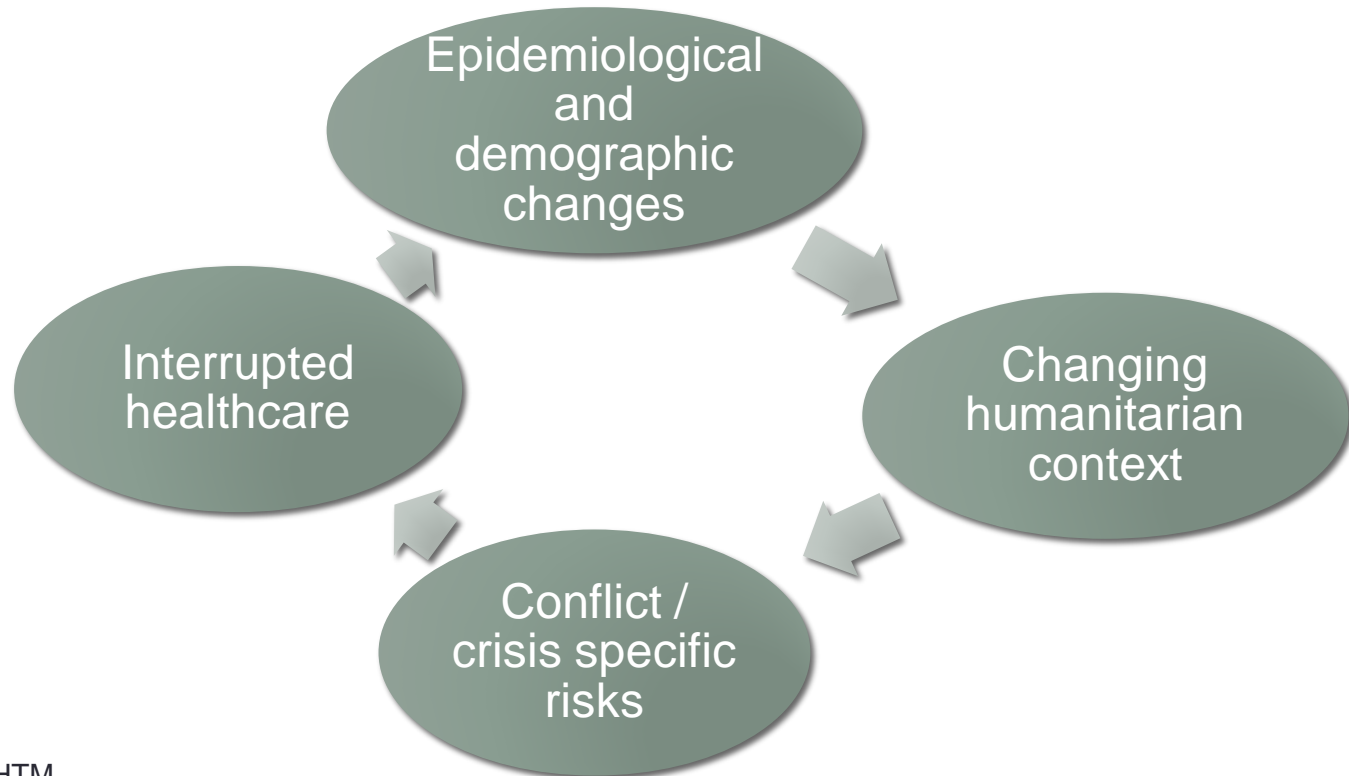


‘Main 4’ NCDs  
account for  
**87%**  
of NCD deaths

Target: **25%** reduction in mortality by 2025



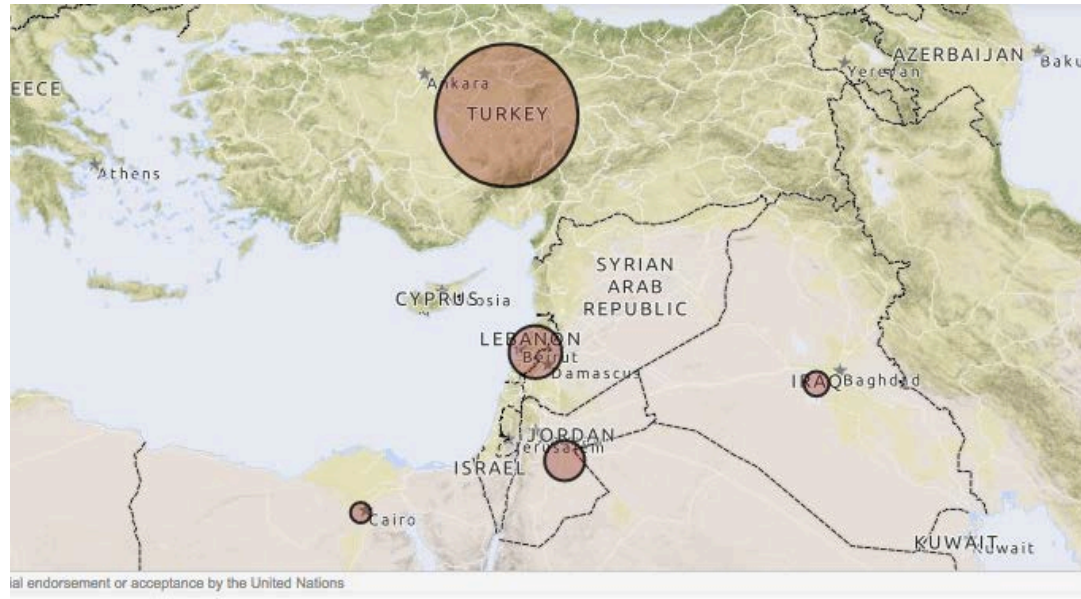
# NCDs in humanitarian settings



# Health Service Disruption



# Syria Regional Refugee Response



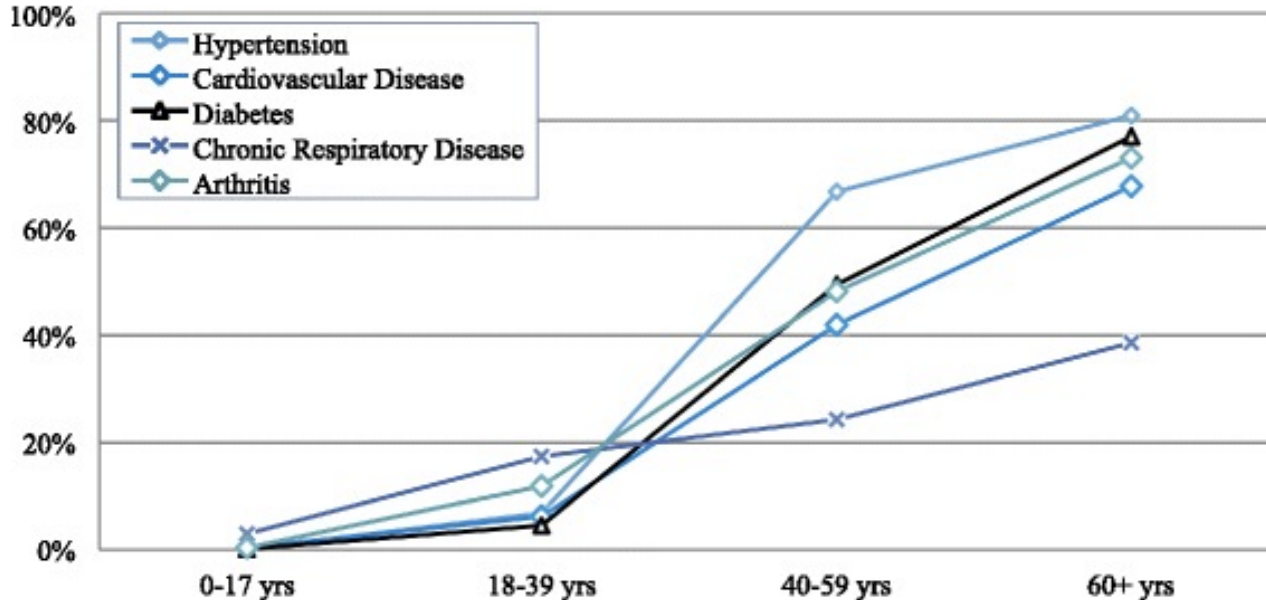
Total Persons of Concern

**5,481,615**

Last Updated 02 Jan 2018

Source - UNHCR, Government of Turkey

# Chronic disease Syrian refugees in Jordan



Age specific prevalence rates of chronic health conditions

# Challenges for humanitarian actors (MSF)

1. Knowledge gap re NCD programming
2. Chronicity and cost
3. Lack of tools, guidelines, protocols, policies
4. Lack of drugs/ equipment/ emergency kits
5. Lack of skilled workforce (in some settings)
6. Monitoring and evaluation

# NCD Knowledge Gap

I'M TERRIBLY SORRY, BUT THERE'S NOTHING I CAN DO ABOUT YOUR DIABETES... IF ONLY YOU HAD AIDS OR TUBERCULOSIS, IT WOULD BE A DIFFERENT STORY...



# MSF NCD Guidelines



MSF Field  
Research

## Non-communicable diseases - programmatic and clinical guidelines (MSF OCA)

Item type	Working Paper
Authors	Jobanputra, Kiran; Ansbro, Eimhin
Downloaded	17-Jan-2018 16:12:44
Link to item	<a href="http://hdl.handle.net/10144/617826">http://hdl.handle.net/10144/617826</a>



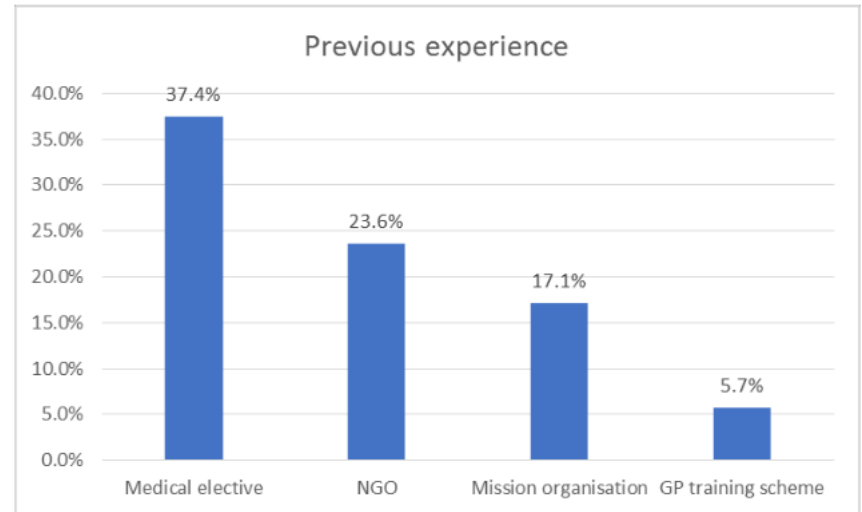
“What do you want me to eat? I’m fleeing a country at war...”

“The doctor told me to eat vegetables, but I eat what I’m given. There's no other choice.” Syrian refugee in Lebanon.



# Why now?

- Many ICGP members already engaged in this work
- Interest gauged at Summer and Winter Meetings 2017
- Email survey Dec 2017
- 247 responses
- 123 previous experience in developing world

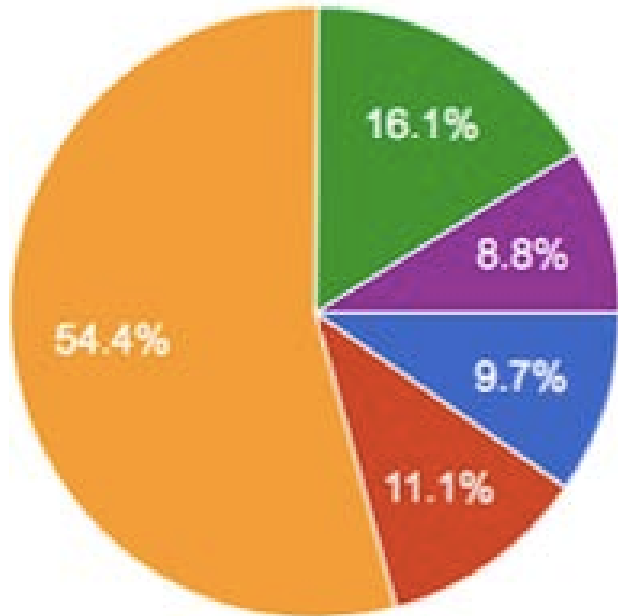


Source: Dr Joe Gallagher

# ICGP Survey - interests

89%

*interested in linking Irish GP and developing countries (N=247)*



- Developing training materials
- Hosting trainer/trainee in practice
- Travelling to provide training in developing countries
- Providing advice by email or teleconference to trainers/trainees developing countries
- Other

Source: Dr Joe Gallagher

# ICGP Survey – identified needs

Leadership skills and cultural awareness skills (34%)

Emergencies and minor injury management (25%)

Paediatrics (12%)

Obstetrics/gynaecology (12%)

Infectious diseases (10%)

Ultrasound (3%)

Palliative care (3%)

# How? In general...

Time Commitment	Options	Example
6 months +	Work with medical NGO	MSF, VSO, ICRC
2-3 weeks	Trainer of local health workforce	Primary Care International (UK GPs)
Few hours or days per week	Guideline or training material preparation	Online course material; international partnerships
Intermittent	Online support of clinicians	

# How? Irish Professional Training Bodies

- **College of Anaesthetists**

- Training clinical officers in Malawi (<https://goo.gl/xRuiZs>)

- **RCSI**

- Training surgeons in East Africa (<https://goo.gl/ajHtez>)

- **RCPI**

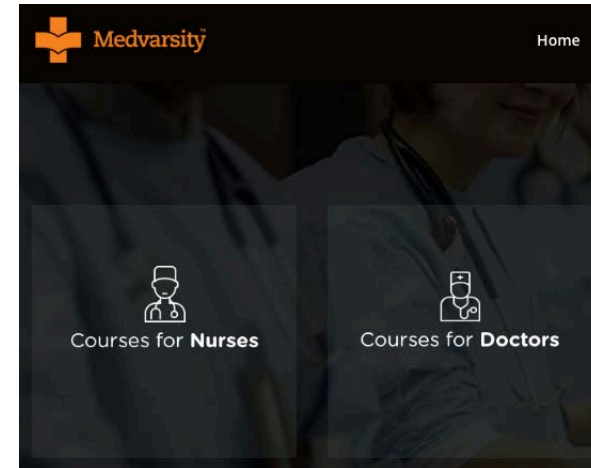
- EQUALS initiative (<https://goo.gl/5KQXqN>)

- **HSE**

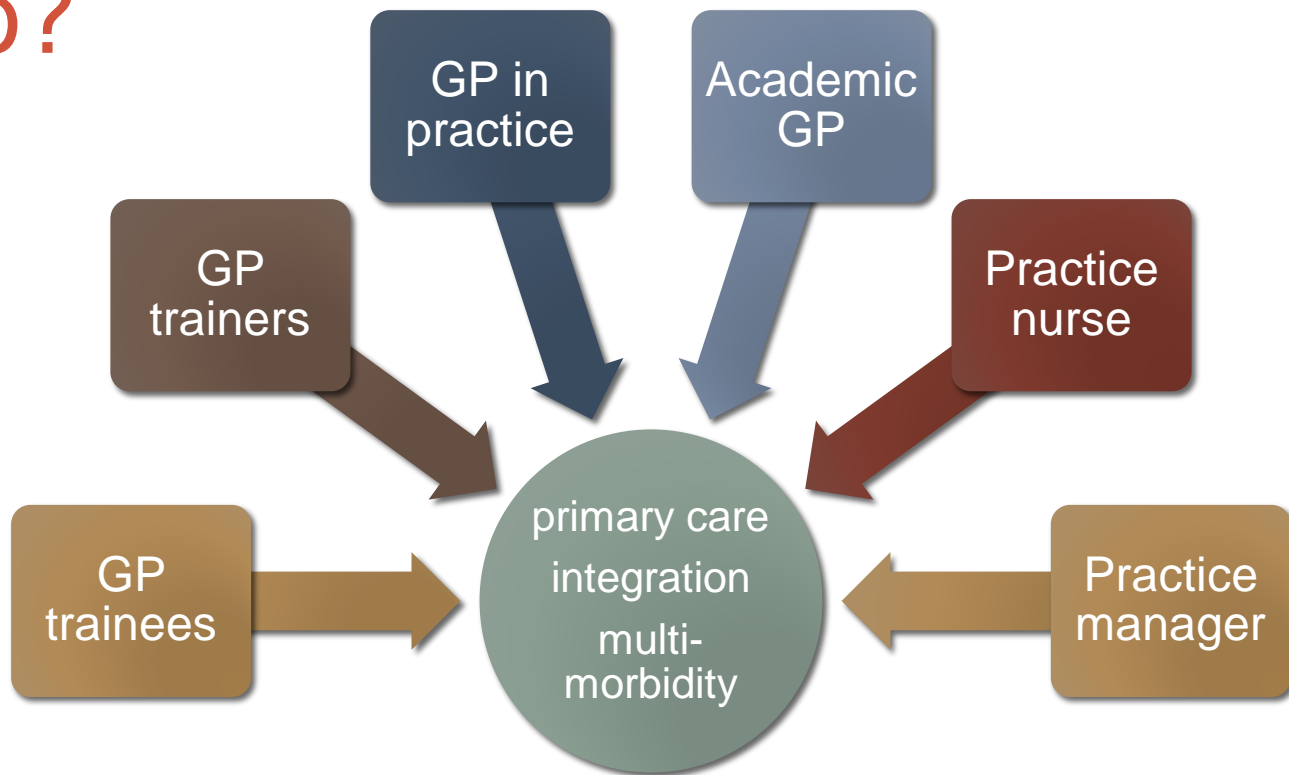
- global health programme (<https://goo.gl/dhU2z8>)

# How? An example - RCGP

- Junior International Committee
- International training and accreditation
  - International consultancy services
  - International trainers course
  - Training the Trainers
  - UK Family Medicine exchanges
  - International accreditation – MRCGP, cert, dip
- International and Overseas Network
- Faculty-level bilateral agreements



# Who?





# Thank you...

