INTERNATIONAL DEVELOPMENT OF FAMILY MEDICINE IN PALESTINE

Notes on visit by Paul Wallace (IDFMP) & Andy Ferguson (MAP)

25-29th January 2016

1: Tuesday 26th Jan: An Najah National University

(meeting with Khalil Issa, Lubna, Suha, Souad, Zahir)

- **General:** The faculty fully support the planned activities for 2016/17, summarised in the IDFMP Work Plan and draft MAP logframe.
- **Proposed work plan:** Specifically this includes their commitment to work with IDFMP, MAP and other key stakeholders to: review/revise the educational curriculum for the four year residency programme; develop criteria for PHC training centres, and use these to contribute to the development/accreditation of the three PHC FM training centres; and develop/pilot a transitional training programme for non-specialist GPs working within the PHC system (MoH +/- UNRWA).
- **Roles for faculty members**: They will identify faculty members to lead on each of these key components with IDFMP/MAP counterparts
- **Representation on IDFMP Exec**: It was agreed that Khalil will join the IDFMP Executive Group as representative of An Najah; given his position as vice dean, strategic vision and membership of the PMC's High Scientific Committee. He will work closely with Lubna and other members of faculty.
- **Recruitment and retention of FM residents**: The faculty is under increasing pressure from the university to increase enrolment in the residency programme and generate income (not for profit, simply to cover staff costs and overheads). Until now they have been able to argue that the university is investing in the future, and more immediate income from the transitional training programme will help their case. They have concerns that one doctor has already placed his residency on hold because of the signing of a permanent contract with the MoH (which attracts a higher salary but currently precludes his release from service to attend the university one day/week) and another may soon be forced to do the same. They have additional concerns that interns applying for specialisation in family medicine (several have expressed an interest, with applications to be submitted between now and the end of March) will again not be supported by the MoH this year. We agreed to raise both issues with Dr Ramlawi at the meeting scheduled for 28th Jan.
- **University FM clinic in Attil:** The university is planning to open a private clinic, combining family medicine with MNCH services, in Tulkarem district. Suha has been asked to manage the family medicine component on a half-time basis, which will reduce her academic role to half-time. This is the same health district that will house the third PHC FM training centre at Deir Ghsoon (see below).
- **Plans for IDFMP visit in April 2016**: Suha agreed to organise accommodation for those UK colleagues planning extended stays in Nablus, with names/dates etc to be forwarded to her asap.

2: Visit to Deir Ghsoon, 26th Jan 2016:

(visit accompanied by Dr Ramlawi, the MoH District Coordinator, the newly appointed MoH Director of Public Health, and a large supporting cast)

- We had been led to believe that this, the third of the three proposed PHC FM training centres to be visited, was already operational. However, the building is currently empty, with two of the three floors currently building sites and a fourth floor yet to be constructed. The ground floor has been furnished, but will remain a community meeting hall. We were shown engineering plans for the work required to create a safe delivery unit, ED, training room, community mental health unit and consulting rooms for the family medicine clinic and visiting hospital specialists, and informed that municipal funding has been identified and that the work is expected to be completed by the end of the year. The centre would, of course, still need to be staffed and equipped before becoming operational. (see Appendix 1: FM Training Centre model)

3: Wednesday 27th Jan 2016: WHO, Jerusalem

(meeting attended by Gerald Rockenschaub and Nadim Barghuthi)

- **Grandfather clause:** The retirement age is generally 60yrs, which has implications for our planned "grandfather clause" within the transitional training programme. Early retirement can be requested after working for the MoH for 20yrs.
- **WHO consultancy**: Gerald is going to contact Xavier again regarding the consultancy to produce a family practice strategy endorsed by both the WHO and MoH. If he gets confirmation within the next fortnight that Xavier could complete this work by early summer then Xavier will be offered the consultancy. If not we agreed to help disseminate the ToR and find a replacement. Paul agreed to help redraft the ToR to ensure that our plans (specifically the IDFMP Work Plan) are appropriately referenced. (See Appendix 4)
  Later in the week Gerald confirmed that Xavier was unavailable within this timeframe and that he was looking for a replacement
- **Identifying the link person at MoH**: Dr Ramlawi's replacement as Director General for Primary Care and Public Health is Dr Kamal Al Shakhra, a dermatologist by training. Dr Yasser, previously District Coordinator for Salfid has been newly appointed as Director of Public Health and is also working closely with Dr Ramlawi 0n the FP transition programme.
- **Financial considerations:** Nadim reported that any decisions with financial implications for the PA, such as a salary increase for GPs successfully obtaining a Diploma in Family Medicine (or equivalent; Step 2 in our proposed training/accreditation ladder), would need to be approved by the MoH, Ministry of Finance and the Employee's Association **Re-orientation training programme:** Nadim also reported that the proposed 3-5 day Family Practice Reorientation Training Programme (for the full multidisciplinary team working within PHC centres) was in the early stages of development, supported by the MoH, WHO and the Italian Cooperation. Dr Ramlawi was reported as wanting this to start asap and to be delivered throughout the West Bank, but Nadim was keen to pilot it in Salfid and Tobas districts initially, with him providing ongoing support for the necessary system changes. We asked if such a pilot could also be extended to the three PHC training centres and, after much discussion and the promise of practical support from IDFMP/MAP, this was agreed

4: Wednesday 27th January: Italian Cooperation

(meeting with Enrico Materia)

- **Policy issues:** Enrico informed us of two key policy changes:
  - The Palestinian Prime Minister is pushing for greater strategic control and coordination through the Policy Unit, including the establishment of a National Policy Agenda; once the broad components are agreed then sectoral agendas (including health) will be developed to determine development priorities.
  - From the beginning of 2017 a five year Joint European Cooperation Strategy (encompassing all development sectors) will be implemented, with Italy and Sweden the principal health actors.

  It is thus extremely important that our family medicine programme is highlighted and prioritised within these key strategic documents, to both focus stakeholders and attract donors.
- **Support from Italian co-operation:** Enrico is happy to support the proposed programme.
- **Reorientation Training Programme**: After lengthy discussion we agreed that the 3-5 day Family Practice Reorientation Training Programme should probably be delayed until the situation regarding the PHC training centres and transitional training programme became clearer.
- **Gender based violence**: Enrico introduced us to his colleague, a gender based violence specialist, who mentioned a relevant training course at Birzeit University's Institute for Women's Studies (possibly suitable for at least one member of An Najah's faculty) and promised to provide advice for gender based violence components of the residency and transitional training curricula.

5: Thursday 28th January: Consulate General of Sweden

(meeting with Johan Schaar, Consul, Head of Development Cooperation, and Tala El-Yousef, Programme Manager)

- **Policy issues**: Johan confirmed Enrico's information regarding the Joint European Cooperation Strategy, but added that they were in the second year of their own five year strategic programme and that this would also continue.
- **Swedish support programme**: They have been supporting the Gaza Community Mental Health Programme and PMRS's core costs for a few years, and are now adding a major health component to their development portfolio in Palestine.
- **Collaboration on FM with Italian Co-operation**: Johan agreed to discuss our proposed family medicine programme with Enrico, and Tala (who has a health background) will review the IDFMP Work Plan and follow up with Andy.

6: Friday 29th January: Meeting with British Council

Meeting attended by Caroline Khalaf and PW:

- **International online MSc issues**: Caroline reported that despite earlier positive feedback from Meeting with Minister of Education, no concrete steps had yet been taken by Ministry to recognise online MSc programmes. Current requirement for

recognition is that students must spend at least 12 months living in host country. Caroline stated that for BC to be able to continue to fund Suha's MSc, a minimum requirement is that University of An Najah should confirm that it fully supports her undertaking the MSc. PW agreed to raise with Suha, Khalil and Saleem.

- **Support for the proposed Transitional Training programme**: Caroline re-affirmed her strong support for the IDFMP work plan and expressed her intention to continue to find funds wherever possible. She indicated a strong interest in the proposed Transitional Training programme, and invited us to submit a 3- 4 page funding proposal to BC. She would undertake to review this and seek funds as appropriate from other funders. She also mentioned possibility of nursing input from her senior nursing colleague in Juzoor – Dina Nasser

7: Friday 29th January: Meeting with An Najah Faculty:

(attended by Khalil, Lubna, Suha, Souad and Zaher., Saleem present intermittently)

- **General:** PW reported back on the outcome of all the meetings which had taken place in the previous 3 days and shared the charts (see Appendices 1-3). Faculty were very positive about the commitments which had been made and on this occasion appeared to be genuinely enthusiastic and motivated to pursue the FM implementation agenda.
- **Contractual issues for residents:** PW reported that there had been agreement with Dr Ramlawi that residents would be provided with definitive MoH contracts and would be permitted to attend the An Najah day release scheme. He reported that faculty should immediately contact Dr Kamal about current and potential future residents.
  Khalil agreed to organise this.
- **Training Centres**: PW reported on the intention of MoH that An Najah residents in 3rd and 4th years should begin to receive training at Training Centres in Dhariah and Beir Nabala from April 2016 onwards.
  There was general enthusiasm for this and again agreement to d/w Dr Kamal.
  PW explained the proposed staffing model (see Appendix 1 FM Training Centre model) and stressed that it was vital that the FP component was established as a core component. He explained that there was an expectation from Dr Kamal that faculty should collaborate closely with Dr Mohammed Rabai to propose to him at least 2 FM Board certified physicians to take on the posts in Dhariiah and Beir Nabala. It was thought that best candidates would be Mohamed Rabai (Dhariah) and possibly Isra (Beir Nabala)
- **Review of FM curriculum:** There was acceptance that this needed to be undertaken, and while there was some defensiveness, it was recognised that the current curriculum was not fit for purpose and needs revision.
- **Transitional training programme:** PW reported that the scope for this had been extended to include non-medical staff, and that intention was for the course to be "core and options" and largely online. PW reported the MoH intention for this to be jointly badged by An Najah, MoH, RCGP, RCN and IDFMP. There was discussion about how practical this would be and real concerns about how this would be profitable for the University. PW explained that there was an intention to fund the pilot phase (from Jan 2017) and that university should be entitled to revenue. He also explained intention to

seek external funding to subsidise attendance from mid-2017 onwards and that this could potentially contribute substantially to revenue.

- **Status of FM training from 2017**: PW explained that while MoH could not initially *require* all future primary care medical employees to undertake FM training, as of 2017, there would be an *expectation* that only those with FM Board certification would be appointed. This appeared to be accepted by faculty.
- **Potential involvement of Nazareth colleagues:** PW indicated that he would be meeting with Dr Bishara Bisharat the next day and asked for views about his potential involvement. There was enthusiasm for this, following experience of his input at the finals exams. PW also subsequently spoke with Saleem who indicated that he had hopes that Bishara might transfer to An Najah definitively.

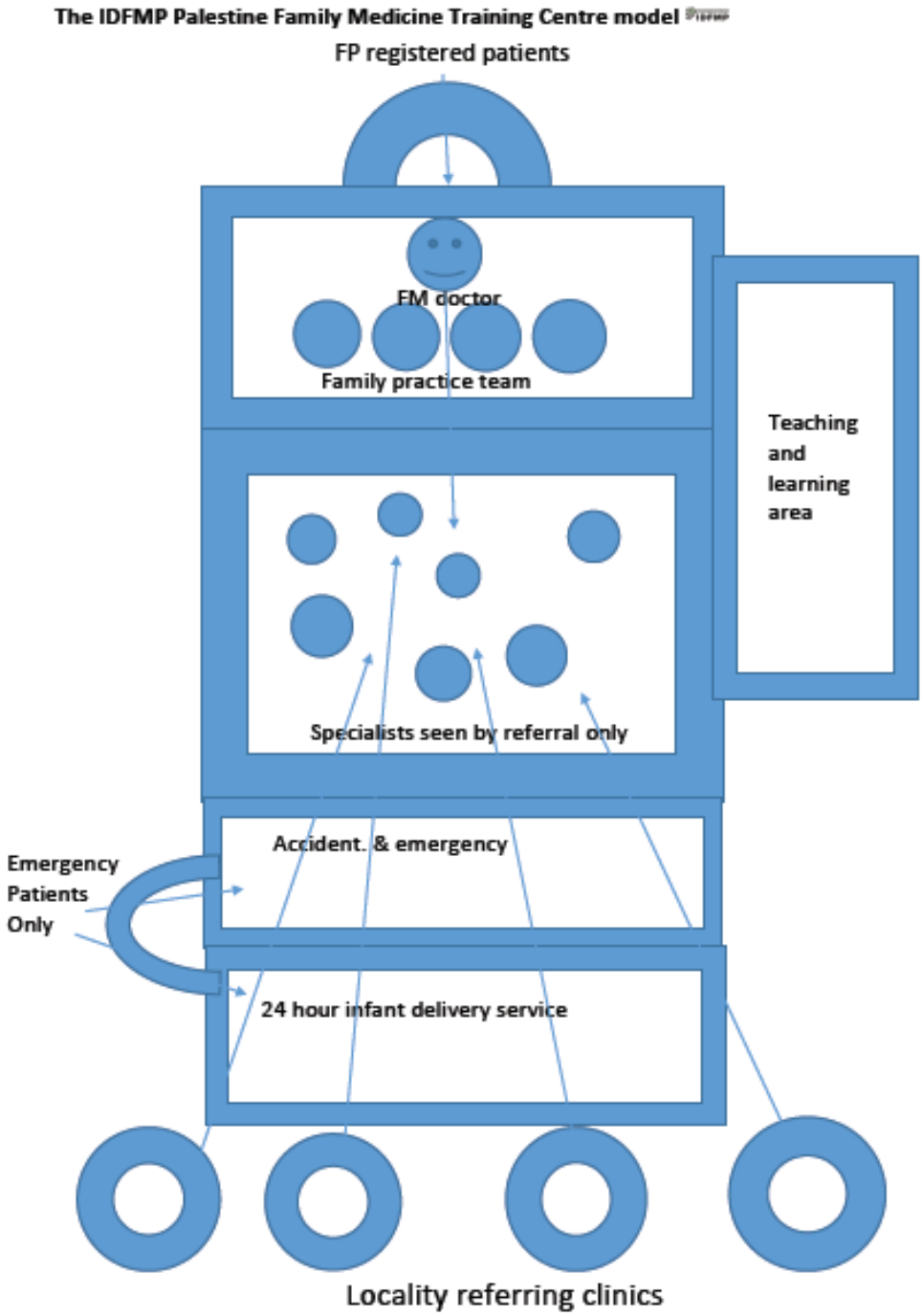
8: Saturday 30th January: Meeting in Nazareth:

(meeting attended by PW and Dr Bishara Bisharat)

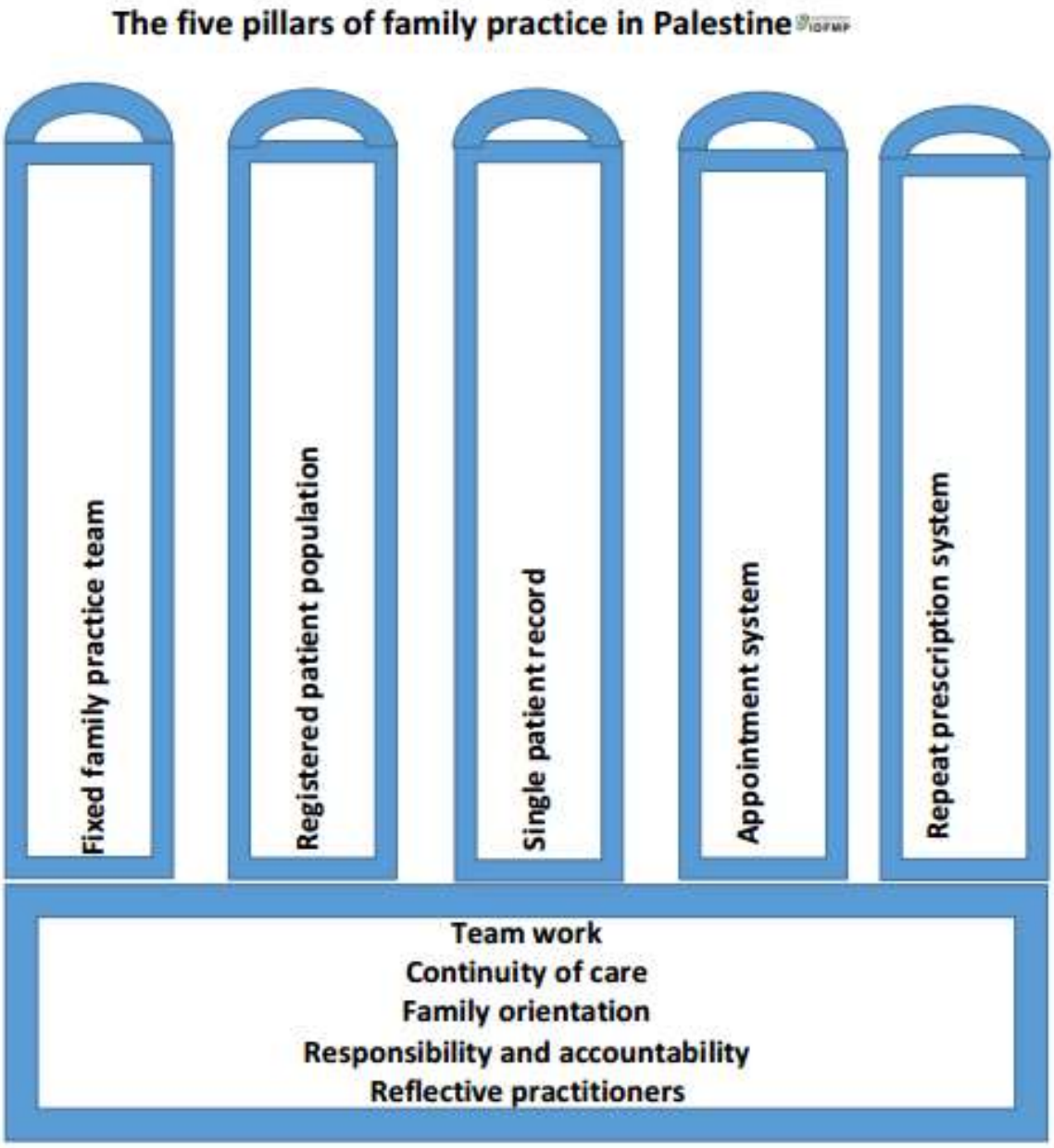
- **General**: PW met with Bishara who is currently Director of the "English" Hospital in Nazareth. He has a Masters degree in public health from Harvard, and is strongly connected with WONCA. He and PW had in fact met in 2007 when PW gave a keynote in Nazareth. Bishara is a fully board certified Family Physician who continues to see patients 2-3 days per week. PW had a wide ranging discussion with him about his potential involvement in the IDFMP programme and explained the work plan and the emerging consensus about the way forward. He also shared the charts (see Appendices 1-3)
- **Bishara's vision:** He is at a stage in his career when he wants the next challenge, and sees this as being engagement with IDFMP programme. He outlined his interest in developing FM as a specialty and the potential involvement of the insurance companies (an idea also mentioned by Saleem and Khalil). He explained that he has 3-4 family physician colleagues who would be willing to join him in spending at least 1 day/week working with the An Najah programme, possibly supporting the FM trainers in the training centres and getting involved in the transitional arrangements. They would not require salaries/payments but would need costs of taxi and accommodation to be met. In the long term he (Bishara) would consider taking on a substantive post at An Najah if this could be funded. He stressed that there are good links between West bank and Nazareth, because it is the only Israeli city with a majority of Israeli Arabs and there would therefore be no bars to exchange.
- **Next steps:** PW and Bishara agreed to plan for a 2 day meeting at An Najah with Nazareth colleagues, IDFMP colleagues and An Najah Faculty to take place, preferably some time between 14th and 18th April.

Andy Ferguson
Paul Wallace
February 2016

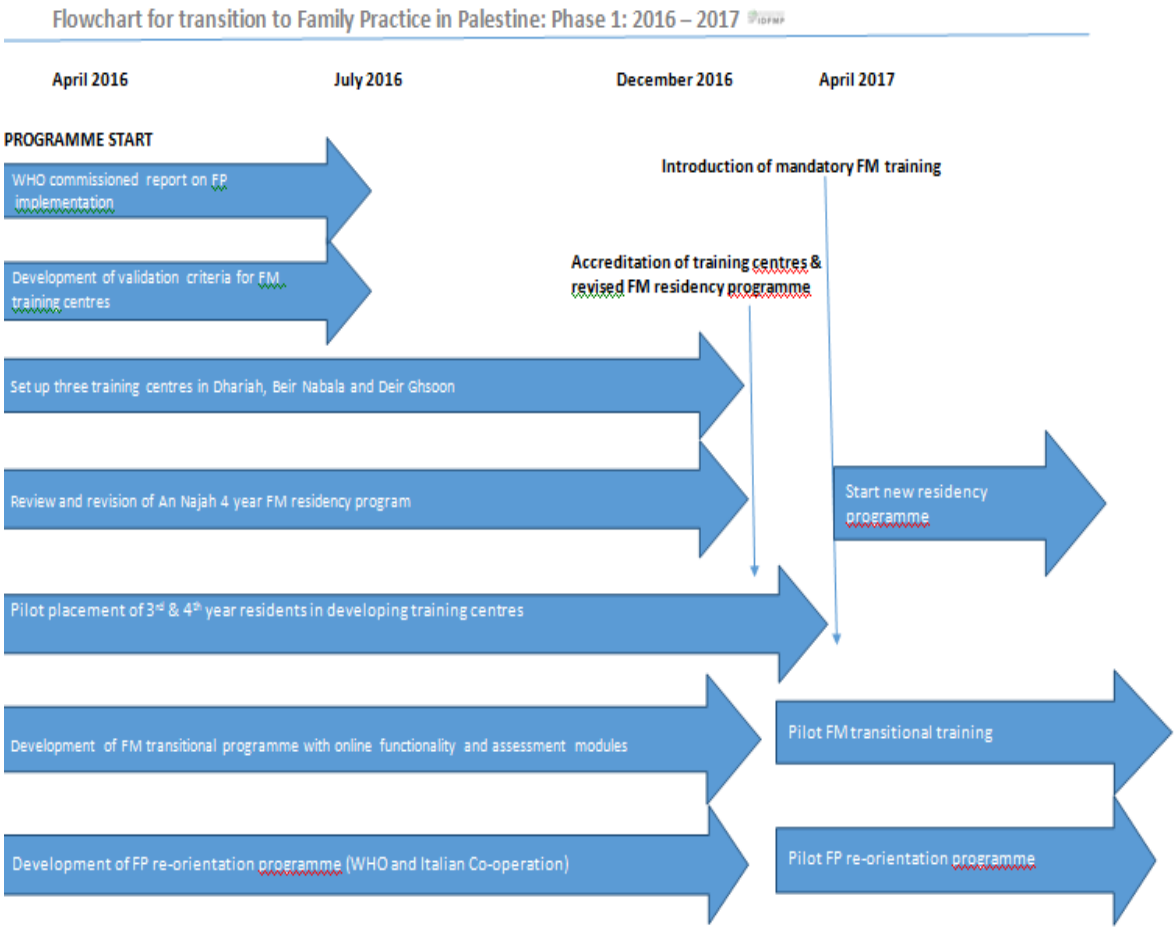
Appendix 1: FM Training Centre model



Appendix 2: Pillars of Family Medicine in Palestine



Appendix 3: Flow chart of Palestinian FM Transition Programme



Appendix 4: WHO draft ToR

World Health Organization – West Bank and Gaza

DRAFT Terms of Reference for a short term consultancy

Support to Palestine Ministry of Health in developing a strategy for implementation of a family practice approach in primary health care

Palestine has a well-established primary health care (PHC) system. However, the evolving health challenges of the 21st century (aging populations, noncommunicable diseases, mental health problems) require adaptation of Palestine's PHC service delivery model toward an approach that provides continuous, comprehensive, close-to-client, coordinated, person-centered care, with a team composed of doctor, nurse and other health professionals(as a team) responsible for delivery of comprehensive health services to a defined population.. The Family Practice concept embodies such an approach. The Palestine Ministry of Health (MOH) has expressed its commitment to primary health care transformation through a Family Practice model. WHO has worked closely with the MOH for the past 3 years in promoting this transformation.

Moving toward this new model will require changes at various levels, including training of family medicine specialists, changes in the organization and infrastructure of PHC services, and orientation of existing PHC staff toward family practice principles and the modified service delivery model. The MOH has chosen to take a dual stream approach. One stream will focus on ongoing development of the family medicine training program at An Najah University, in collaboration with international partners, International Development of Family Medicine in Palestine (www.idfmp.org) and Medical Aid for Palestinians (MAP-UK) The second parallel stream will focus on reorienting the current primary health care system toward family practice principles. This will involve modification of the service delivery model, with consideration of the influence of relevant aspects of the supporting health systems building blocks, as well as re-orientation training for existing staff of various cadres. The complexity and breadth of the elements involved in the reorientation process will require a carefully considered strategic approach, based on thorough understanding of the current Palestine health system.

The WHO seeks an experienced health systems consultant to develop a strategy for reorientation of the current PHC service delivery system toward family practice principles. The strategy should draw strongly upon the WHO PHC review and costing study for the West Bank, conducted during 2013 and 2014 and take full account of the work currently being undertaken by IDFMP and MAP The strategy should be congruent with the most recent Palestine national health strategy.

Terms of reference

- Analyze data and come out with draft scaling out/ expansion plan, , major challenges, opportunities, proposed strategic direction in short, medium and long term and recommendations for action along with defined responsibilities and time frame.
- Facilitate a two day workshop participated by: MoH officials, academic institutes, directors of health departments, representatives of IDFMP and MAP-UK, and other key national stakeholders. The main objective of the workshop is to discuss and come out with an evidence based FP scaling up national plan and agree on the actions based on different expansion phases.

Deliverables:

- 10 year (2016 – 2026) strategy for development of family practice approach in Palestine
- 3 year operational plan to be supported by the ministry of health
- Funding proposal for WHO to support the MOH 3 year operational plan

Contents and outlines of the 10 years family practice strategy

The strategy will have three main sections:

1. Primary health care and family practice situation in Palestine (from the PHC assessment 2013).
2. Family medicine education, training and continuing professional development (taking full account of activities being undertaken by ANU and IDFMP/ MAP UK)
3. Action plan to scaling FP implementation and mechanism to increase number of family physicians graduates. The plan will be on three phases. Short term for the first 2 year (2016-2018), medium term for 3 years to 2021, and long term for 5 years to 2026.

Timing:

- 2 weeks distance work to develop outline of deliverables
- 2 weeks field work based in Jerusalem for stakeholder consultations
- 1 week field work in Gaza for stakeholder consultations
- 2 weeks distance work to finalize the deliverables

Remuneration:

- Consultant fee per working day: USD400 x 42 days (6 working days x 7 weeks)
- Per diem (standard UN rate for Jerusalem): USD228 x 18 days (6 working days x 3 weeks)
- Airfare and visa costs

Consultant profile:

- Background in health systems analysis
- Substantial knowledge of primary health care concepts, including the family medicine model

- Extensive work experience in health systems of developing and/or middle income countries
- Substantial work experience in conflict-affected or disrupted health systems
- Knowledge of the health system in Palestine an asset
- Prior experience in Palestine or the Middle East an asset
- Proven experience of short term consultancies
- Proven English language report writing skills
- Master's degree in a relevant field