

## Family Medicine in Zambia

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Zambia continues to face a human resource crisis. According to MoH, Physicians, Nurses & Midwives per 1,000 population ratio was **1.2** per 1,000 population in 2017. The WHO standard is 2.3 per 1,000 population. The gap is greatest in rural areas where the ratio stands at 1.12 Health Care Workers per 1,000 in the rural and 1.87 per 1,000 in urban areas.

Further, the Doctor population ratio is per 1,000 population is **0.12**, whereas the WHO standard is 1 per 1,000 population. The Ministry of Health Strategic Plan of 2022 to 2026 states that Primary Health Care is the main vehicle of service delivery in Zambia. According to WHO, Human resources for Health is one of the building blocks for health systems strengthening. Therefore, there is need to resolve Human Resources for Health crisis in Zambia.

Zambia now has prioritised Family Medicine in the National Training Operational Plan of 2019-2024. National targets have been set to graduate 40 Family physicians in **first 5 years**. This is from three out four public health universities in the country, i.e., University of Zambia, Levi Mwanawasa Medical University and Copper Belt University. So far only one university (UNZA) is offering this programme.

The distribution of doctors in Zambia is disproportional, with more doctors in higher level institutions compared to the lower levels of care, and specialist doctors found in 2 & 3 level facilities, leaving the primary care with non-specialist doctors in most cases. This poses a challenge in our health care system, and this results in repeated visits to facilities by patients as they often do not get the right care especially in the primary health setting. This leads to patient dissatisfaction, hence forcing them to bypass Primary level of care, in search for better care and expertise. As a result, the higher-level hospitals are overburdened, and this results into poor use of resources.

Family Medicine will answer many health challenges for the health care system in Zambia. Particularly, it has the potential to improve care at the primary health care setting. The presence of Family Physicians will lead to equitable distribution of Health Resources and Improved staffing in periphery areas. The presence of Family Physicians is also likely to improve quality of Care & Service Delivery by having specialists in the periphery of the healthcare system. Other potential benefits include the cost-efficient use of resources not only at Primary care levels but at other levels

of care too. This will eventually lead to confidence being built in the care system. To define Family Medicine; It is a medical speciality of first contact with the patient. It is devoted to providing, preventive, promotive, rehabilitative and curative health care, with physical, psychological and social aspects, for the patient, his family and the community. The scope is not limited by system, organ, disease entity, age or sex. The key principles of Family Medicine include the following:

Continuity of care, Comprehensive care, coordinated care, community & family-based care, Central Patient doctor relationship, Care as Evidence based and Care for ALL.

The first Family Medicine program commenced in 2018/19 at the University of Zambia, in the Department of Community & Family medicine. It is a four-year MMed programme. Training sites are at District/General hospitals and Tertiary Hospitals specialist rotations. The programme involves bedside Clinical Teaching /daily clinical supervision and mentorship, Outpatient Clinic registrars and preceptors. The registrars do rotations through all the departments including Ob/Gyn, Surgery

One of the key innovations of the programme is the Development of Posters for common NCDs. These are for all clinicians in the facility and provides a quick reference and improved management and standardised care. These have been placed in various service points at the training sites. Patient information posters have also been created on common NCDs with emphasis on lifestyle modification. The have been translated into the common Zambian languages.

Another innovation is the Creation a family medicine “Doctors Bag” to provide better care! This ensures quick access to basic medical equipment and diagnostics. The equipment includes: Diagnostic set, U/S probe, portable ECG – pocket size, BP machine with different size cuffs, pulse oximeter.

Point Of Care Ultrasound (POCUS) has been introduced for the FM Program  
POCUS is able to do the following:

Answer clinical dilemmas quickly, provide quick diagnosis, ensure quick intervention Ensures better care and provide patient satisfaction. The next steps for Family Medicine to expand the programme and train more FPs. A critical mass of FPs can be a solution the health care challenges