



## **Physicians in global health**

**Tuesday 27 May 2008**  
**11:00-12:30**  
**International Conference Centre Geneva**  
**Room 18**

Among the health professions, physicians require the longest training, make most important decisions regarding patients' health and the use of health resources and enjoy a reasonably high social status. In return, they meet new challenges: citizens are more aware and critical of best practices in care and cure, other professions offer a wide range of attractive health services, health organizations seek greatest returns in services delivery, policies emerge aiming at more comprehensive health development.

A fresh vision on physicians' position on the health chessboard is needed worldwide, inspired from what societies do consider as their priorities and how health systems can best respond. Values such as quality, equity, relevance and cost-benefit in health services, as well as health system features such as social determinants in health, population approaches and partnership with other stakeholders, should be considered as key references in redefining roles. Their consideration and leadership in health will be strengthened if physicians widen their scope of aptitudes to implement socially accountable health strategies. The WHO five-star-doctor profile is an example of such reorientation in highlighting roles of care provider, decision-maker, communicator, community leader and manager<sup>1</sup>.

The search for an optimal contribution of physicians to health development is fostered by ethical, democratic, economic and political pressures and further enhanced by the phenomenon of globalization. Experiences will be presented in the session whereby physicians demonstrate capacities to diversify their roles to best meet health priorities of deprived communities and vulnerable groups.

### **Questions**

Which are the major forces and incentives to encourage physicians to adapt their roles for a better contribution to health promotion, disease prevention, and action on social determinants of health?

To what extent can joint actions involving medical schools, professions associations and health systems facilitate such move?

### **References**

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<sup>1</sup> Doctors for Health. A WHO global strategy for changing medical education and medical practice for health for all, WHO, Geneva, 1996 ( WHO/HRH/96.1)

**[THE FIVE-STAR DOCTOR: An asset to health care reform?](#)**

Dr Charles Boelen, WHO, 1996

**["The WONCA International Award of Excellence in Health Care – the 5-Star Doctor"](#)**

Press release, Departement of Family Medicine and primary Care, Ghent University, Belgium, October 2004

**[Doctors in society: Medical professionalism in a changing world](#)**, report from the Royal College of Physicians, 2005

**[Medical professionalism: Out with the old and in with the new](#)**, Smith R., J R Soc Med. 2006 February; 99(2): 48–50.

**[Primafamed an institutional network for the development of family medicine and primary health care in Africa](#)**

Primafamed is a 2-year project financed by Edulink-ACP-EU. With Primafamed we want to establish an institutional network between departments of family medicine and primary health care in universities in Sub-Saharan Africa. South-South cooperation and sharing of experiences and skills in family medicine training is very important. The objective of this network is to develop a comprehensive vision and strategy to delineate the integral contribution of family medicine and primary health care team to an equitable and accessible primary health care system of good quality for all. Primafamed is coordinated from Ghent University, Belgium, and is working together with 10 partners universities in 8 African countries. Next to this we have many associated universities worldwide, including all departments of family medicine in South-Africa.

[Primafamed Newsletter, May 2008](#)