<table>
<thead>
<tr>
<th>Major area</th>
<th>Short-term actions (2-year term)</th>
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| Governance/ regulations                 | • Advocate with policy-makers to adopt strengthening of family practice as an overarching strategy for service provision toward universal health coverage  
• Establish/strengthen a national high-level multisectoral commission for universal health coverage that sets goals, develops roadmap and oversees progress in scaling up family practice  
• Establish standards for regulation of family practice programme (whether implemented through the public or private sector)  
• Develop a health information and reporting system (manual/electronic) to monitor health facility (risk factors, health status, system) performance                                                                 |
| Scaling up family practice training programmes | • Advocate with university presidents/chancellors and deans of Faculties of Medicine to establish, strengthen and expand family medicine departments and increase intake of family medicine trainees  
• Develop and implement competency-based short courses to orient general practitioners, nurses and allied health workers on principles and elements of family practice  
• Introduce incentives for physicians to be enrolled in postgraduate family medicine programmes based on work experience in rural areas and primary health care services  
• Develop harmonized continuous professional development programmes with evaluation and standards for recertification in family medicine                                                                 |
| Financing (strategic purchasing)        | • Finance family practice programmes as an integral part of the national health financing strategy in a manner to ensure sufficient and sustainable funding for implementation  
• Engage in strategic purchasing for family practice from public and private providers to achieve pre-set goals  
• Design and cost essential health services packages, identify target population and pilot provider payment modalities, e.g. capitation, case payment and necessary performance-based payment or their combinations                                                                 |
| Integration of services                 | • Develop and pilot a prototype referral system between primary, secondary and tertiary level including feedback and follow up (includes policies and procedures, instruments and staff training)  
• Implement integration in all programmes in certain areas: training, supervision, health promotion, health information systems, drug supply and laboratories                                                                 |
| Quality & safety/ standards/ accreditation | • Develop quality standards and indicators for family practice (inputs, process, outputs and outcomes)  
• Develop training and continuous professional development programmes for primary health care workers on improving the quality of service delivery  
• Introduce/institutionalize accreditation programmes to support higher primary health care performance                                                                 |
| Community empowerment                    | • Establish a community health board to oversee the establishment of family practice  
• Launch a community-wide campaign to encourage populations to register with reformed health facilities in the catchment population (including civil registration and vital statistics)  
• Strengthen/initiate and support training of community health workers/outreach teams through multimedia educational campaigns to scaling up home health care as integral part of the family practice approach  
• Encourage the health volunteer approach as a bridge between households and health care facilities and train volunteers in the use of WHO manuals                                                                 |

The full report on the consultation on strengthening service provision through the family practice approach is available at: http://applications.emro.who.int/docs/IC_meet_rep_2015_EN_16267.pdf?ua=1