Table 1 Key actions for implementation of family practice	
Major area	Short-term actions (2-year term)
Governance/ regulations	<ul> <li>Advocate with policy-makers to adopt strengthening of family practice as an overarching strategy for service provision toward universal health coverage</li> <li>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</li> <li>Establish standards for regulation of family practice programme (whether implemented through the public or private sector)</li> <li>Develop a health information and reporting system (manual/electronic) to monitor health facility (risk factors, health status, system) performance</li> </ul>
Scaling up family practice training programmes	<ul> <li>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</li> <li>Develop and implement competency-based short courses to orient general practitioners, nurses and allied health workers on principles and elements of family practice</li> <li>Introduce incentives for physicians to be enrolled in postgraduate family medicine programmes based on work experience in rural areas and primary health care services</li> <li>Develop harmonized continuous professional development programmes with evaluation and standards for recertification in family medicine</li> </ul>
Financing (strategic purchasing)	<ul> <li>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</li> <li>Engage in strategic purchasing for family practice from public and private providers to achieve pre-set goals</li> <li>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</li> </ul>
Integration of services	<ul> <li>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)</li> <li>Implement integration in all programmes in certain areas: training, supervision, health promotion, health information systems, drug supply and laboratories</li> </ul>
Quality & safety/ standards/ accreditation	<ul> <li>Develop quality standards and indicators for family practice (inputs, process, outputs and outcomes)</li> <li>Develop training and continuous professional development programmes for primary health care workers on improving the quality of service delivery</li> <li>Introduce/institutionalize accreditation programmes to support higher primary health care performance</li> </ul>
Community empowerment	<ul> <li>Establish a community health board to oversee the establishment of family practice</li> <li>Launch a community-wide campaign to encourage populations to register with reformed health facilities in the catchment population (including civil registration and vital statistics)</li> <li>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</li> <li>Encourage the health volunteer approach as a bridge between households and health care facilities and train volunteers in the use of WHO manuals</li> </ul>
The full report on the consultation on strengthening service provision through the family practice approach is available at: http://applications.emro.who.int/docs/	

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