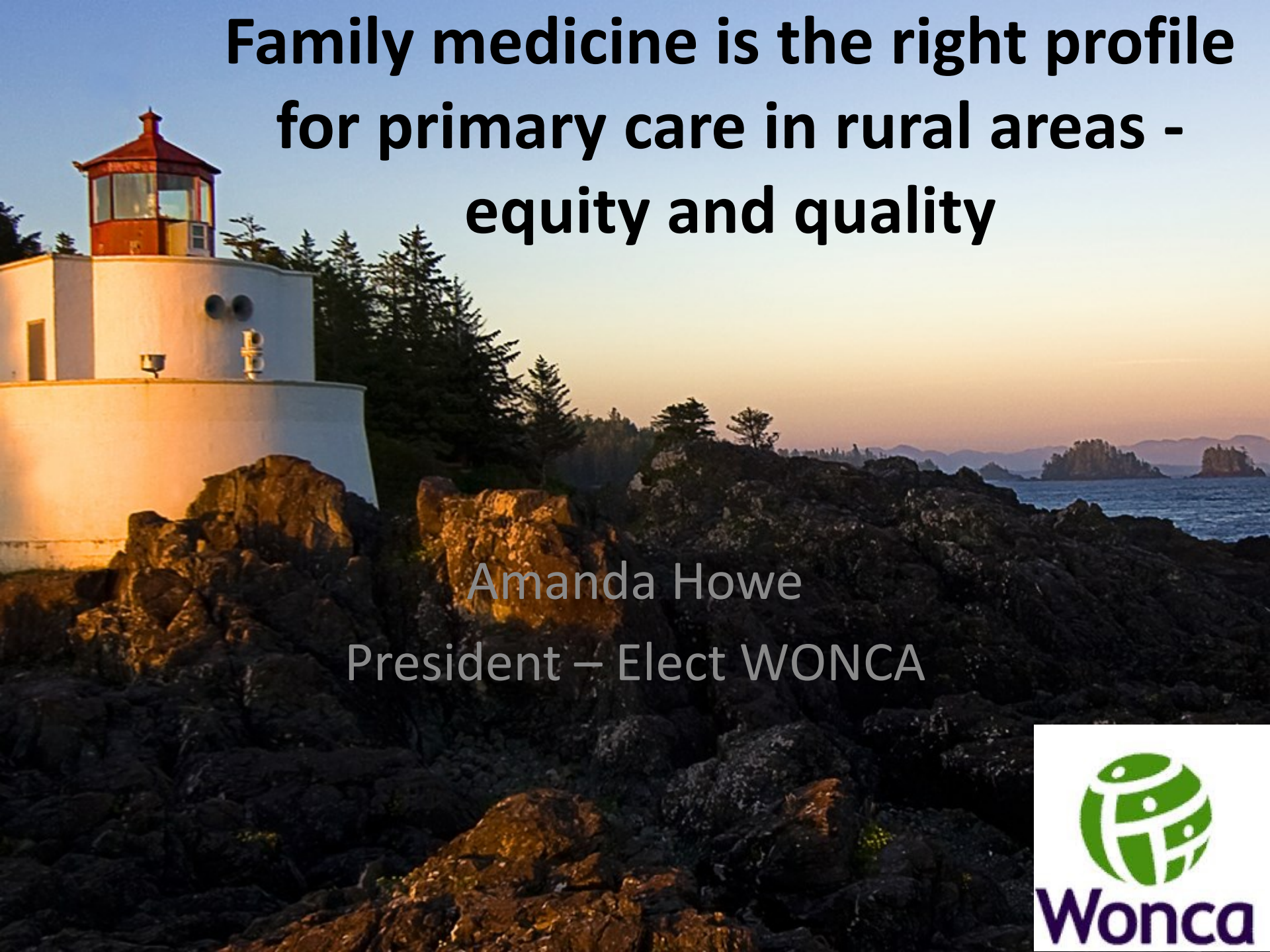
Family medicine is the right profile for primary care in rural areas - equity and quality



Amanda Howe

President – Elect WONCA

Wonca

What is known?

- *"The availability of good medical care tends to vary inversely with the need for it in the population served".*

Rural populations and the inverse care law

- More people in rural settings, more poverty, less facilities, less health care, less health care professionals
- Well established approaches that could moderate this
  - 'Train and retain'
  - Rural placements / rural track in medical school
  - Financial incentives
  - Additional skills development
  - Social and professional support …. BUT
- Lack of governmental or professional will to act on this
- Trend towards further urbanisation
- Infrastructure problems in rural undermine PHC

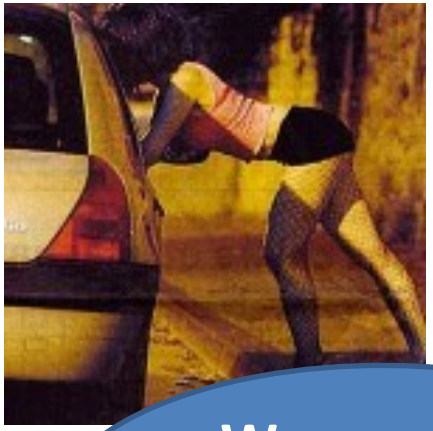
Rural family medicine – is there a dark side?

- ‘toxic communities’
- ‘nowhere to hide’
- Complex relationships
- Personal and professional boundaries
- No alternative resource for health
- 24 hour responsibility
- Professional isolation
- Lack of rewards and career opportunities …

Equity

- *"the principle and practice of ensuring the fair and just allocation of resources, programmes, opportunities and decision-making to all groups, while reflecting different needs and requirements".*
- Implications for WONCA's work
- NB organisational equity committee

WONCA's platform for equity



Rural

Women and children's health

Health inequalities

WONCA policies

WHAT WE aim to do

- Universal coverage
- Access to local teams (**quality*)
- Generalist FM clinicians
- Appropriate training and upskilling (**rural)*
- Social accountability of governments and HEIs
- Empowering women and children
- Health inequalities
- Organisational equity

- www.globalfamilydoctor.com

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World Health Organisation

- Echoes many points made by WONCA
- Focus on health equity should drive systems and policies for rural priority
- Notes less skilled / expensive staff are less likely to drift to urban settings?

- NO mention of family medicine as an essential component of rural health systems
- DOES mention need for generalist skills at all levels
- [Evidence of FM as an essential component of the (rural) health system deemed 'weak']

So how can WONCA do *more*?

- To show that **family medicine *is* the right profile for primary care in rural areas –**
- **That it can assist to achieve equity and quality for patients and communities**
- **To use our time and energies effectively**
- **To maximise political and professional impact**
- ***To support those who can bring more FM doctors into rural work***

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WONCA processes

- Links with WHO
- Via regional presidents
- National member organisations
- Working Parties and SIGs
- Specific advocacy statements and programmes
- Collecting and disseminating data
- Sharing information and experiences
- Participating in teaching and training

Effective campaigning – the evidence

1. Having the evidence for change
2. Personal meaningful contact with the public and politicians
3. Comprehensive approaches at different levels (doctor, team practice, region, wider environment) - specifics tailored to specific settings and target groups
4. Positive messages – change, innovation, impact
5. Effective use of professional representation* and communications

*Action outside the personal domain of the consultation

Rural proofing

- What is the **policy objective** in terms of problem to be solved or outcome to be achieved?
- What **impact** do you intend it to have **in rural areas**?
- **What constitutes fair** rural outcomes in this case?
-
- **Understand the situation**
- What is the **current situation** in rural areas?
- Do you have the **necessary evidence** about the position in rural areas?
- Do you have access to the **views of rural stakeholders** about the likely impact of the policy?
-
- **Develop & appraise options**
- Is **action needed** to ensure fair rural outcomes?
- Will it **cost** more to deliver the policy in rural areas?
- Do the necessary **delivery mechanisms** exist in rural areas?
- What steps can be taken to achieve **fair rural outcomes**
-

My Gramado commitment

The WWPRP should

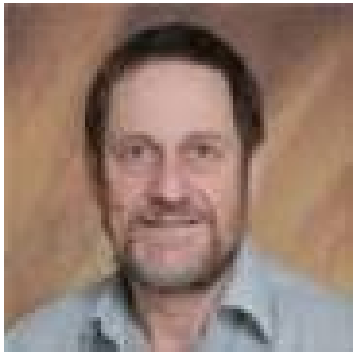
- nominate named links for each region and the OEC

- **prepare regional briefings for their Presidents and member organisations**
- **assist Exec with WHO links**
- **liaise with other WPs to ensure reciprocal working on rural FM implications for their policies and activities**
- **share good practice and innovations that work .**

The WONCA Exec & OEC should

- **communicate and recognise the work of rural FM doctors**
- **hold themselves and others accountable for ensuring rurality and 'rural proofing' is considered in new policies**
- **consider the rural dimensions of issues on their agenda**
- **use intelligence on levers for change in rural FM in any meetings with key external stakeholders**
- **Focus on the Millenium Goals and the centrality of FM .**

A personal perspective



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COM ASSISTÊNCIA SOCIAL