

Family Medicine for Africa



Readers of South African Family Practice (SAFP) have been treated to the fascinating story of the development of family medicine in South Africa over the years, culminating in the establishment of a formal medical specialty in South Africa in 2007. The following year (2008) was almost a climactic busy year for the discipline: the various specialty training programmes started in 2008; a groundbreaking set of core skills for family physicians in the South African context was published in this journal¹; a very successful National Family Practitioners conference was held in August 2008, culminating in the passionate Rustenburg Resolution calling on the broad South African society to redress the inequalities in health in South Africa.²

Against this backdrop the development of family medicine in the broader African context was also gaining momentum. Two important meetings in Kampala, Uganda were convened under the auspices of Primafamed (www.primafamed.ugent.be) and financed by EDULINK-ACP-EU, aiming to improve the health of the population of Africa and to reach equity in health care delivery by strengthening community-oriented primary health care. The meeting in 2007 resulted in the first draft of a definition of what family medicine means in the African context.³ At the 2008 meeting the first pan-African scholarly journal for the discipline was also launched. The African Journal of Primary Health Care and Family Medicine (www.phcfm.org) now serves as a repository for cutting-edge, peer-reviewed research in all fields of primary health care and family medicine in a uniquely African context. This journal is financially supported by the Flemish Interuniversity Council through its division of University Development Co-operation (VLIR-UOS, www.vliruos.be).

The next important step for African Family Medicine is the 2nd WONCA Africa Regional Conference: 25–28 October 2009, taking place in Rustenburg, South Africa (www.woncafrica2009.org). The main purpose of this conference is to develop consensus around key aspects of family medicine and primary health care in Africa.

The main themes of the conference are:

- The African context: culture and diversity in health, values, traditional beliefs, family, generalists, connecting, leadership
- Primary Health Care and Family Medicine – relationship, equity/advocacy, intersectoral work, COPC
- Training: the development of training complexes, the context of training
- Change agents to improve the quality of care
- Teamwork and networking

The conference will host a series of workshops around key areas for which consensus will be sought. Discussion papers, which will soon be published, will form the basis of these discussions. Set out for Rustenburg and become part of the history of the development of family medicine in Africa!

A new health minister

At the writing of this article the South African elections of 2009 resulted in another resounding victory for the African National Congress, although it was its worst show since 1994. Much speculation is taking place on who the new health minister would be in president-to-be Zuma's cabinet. Barbara Hogan's appointment in 2008 raised hopes of a fresh start with regard to HIV/AIDS and service delivery, after the denials of the Mbeki era.⁴ Hogan had a good start but may have fallen into disfavour as a result of her criticism of the government's decision to deny a visa to the Dalai Lama. She deserves another chance. Family physicians and their patients will keep a close watch on her or her successor. There are many challenges facing health care in this country, most notably the HIV/AIDS pandemic and its "twin brother" tuberculosis. Poor service delivery of public health services, partly caused by the serious shortage of health personnel needs urgent attention. The number of nurses declined from 2.5 per 1000 persons in 1994 to 1 per 1000 in 2007, and the unfilled posts for medical practitioners in the public sector in 2007 averaged 35%.⁵ The sad fact is that the health of the population is now worse than it was in 1994 in spite of greater expenditure on health and improved social spending. It is time that the government starts delivering on its promises and moves beyond the solution of merely throwing more money at the problem. We will be watching you!

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References

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