

## Rural and remote health care

The past decade has witnessed increasing interest in several countries especially Australia, Canada, America and more recently South Africa, in addressing the problems of rural and remote area health care as many of these areas have suffered as a result of poor resource allocation from governments. The challenge is to redress the imbalances of the past. The provision of health care, adequate and equitable services and facilities and human and financial resources are of prime importance for the future of rural health care.

Incentives for recruitment and retention of health personnel, especially family practitioners, selection criteria of medical students, education training, research and continuing education for rural practice, strategies for improving service coverage, professional and personnel support for health personnel and their families have been some of the common themes for improving rural health. The development of an infrastructure to meet these needs is of critical importance. The absence of an infrastructure with national, provincial and local government support has been identified as one of the problems for the poor development of rural health strategies from the numerous surveys, workshops and conferences that have been held on rural health. Although the joint effort of all stakeholders including government, health planners, decision makers, medical educators, key service providers and the public are important in recommending fundamental change for the health system support for rural practice, general practitioners in particular have been identified to play an increasingly important role. They can ensure the delivery of comprehensive, continuous, integrated, co-ordinated and cost-effective individual health care. Their role is likely to become more important in the future if they also adopt community orientated approaches that improve services to meet people's needs in the community.

The adoption of the recommendations of the recently held joint WHO/WONCA conference on "Making Medical Practice and Education more relevant to people's needs – the contribution of family doctors" will have a significant impact on rural health care especially the recommendation "to use well trained family doctors to provide better quality care more cost-effectively" and that "every country should provide specific vocational residency (postgraduate) training in family medicine which should follow basic medical education and which should meet the needs of a balanced workforce".

The Directorate of Rural Health of the SA Academy of Family Practice has secured the Second World Rural Health Congress. This will be held in Durban from 14–17 September 1997. This conference will attract rural practitioners from throughout the world and will afford rural practitioners the opportunity to share their expertise, discuss the critical issues in rural health and find solutions to the main problems.

To facilitate this process and to reach out to as many rural medical practitioners (medical generalists) as possible, a whole day is being devoted to rural health care at the next national Family Practitioner's Congress to be held in September 1996 in Grahamstown. A National Rural Doctors Group/Association will be formed at this Congress. It would be appreciated if all rural doctors could make a special effort to attend this Congress. This "Association" would enable a concerted effort and a single voice to negotiate on rural health issues with the Government of National Unity and to also make a major contribution to its Reconstruction and Development Programme.

I look forward to receiving comment from anyone who has a contribution to make to improve rural health care in South Africa.

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### Reference:

1. World Health Organisation and WONCA. Making Medical Practice and Education more relevant to People's Needs: The Contribution of Family Doctors. 1 February 1995.