Delivering health in rural communities: The returns on rural workforce reforms and investment

Fourth Global Forum on Human Resources for Health
Building the health workforce of the future
13-17 November 2017 Royal Dublin Society, Dublin, Ireland
Wonca Working Party on Rural Practice
“RuralWonca”

• Created 1992> Established as part of Wonca 1995
• 25 years of leadership in rural practice and rural health
• 25 years of evidence gathering
• Unique global network of family doctors, academics, students and young doctors (Rural Seeds)
• Publication of policies, educational tools, documents, strategies, declarations.
• Annual world Rural Health Conferences (700-1000 delegates)
• Working with NGOs
• http://www.globalfamilydoctor.com/groups/WorkingParties/RuralPractice.aspx
“The distribution of physicians is not made according to the needs of the total population; only a small percentage of them live in rural districts”

Andrija Stampar
NEJM 1938
• **The rural-urban divide was omnipresent from the richest countries down to the poorest countries**

• More than half the population of rural areas worldwide do not have access to basic health care, with four in five rural Africans lacking services

• 56% of those living in rural areas worldwide were not covered by basic health care against 22% in cities and towns, according to the report, with data from 174 countries.

• An overwhelming 83 percent of Africans in rural areas were left uncovered.

• The situation is worsened by the lack of health workers in the world's rural areas

• Although half of the world's population lived in these areas, only 23% of the global health workforce was deployed there

• An extra seven million health workers were needed to make up for the shortfall in rural areas across the world
• Globally, poverty continues to have a rural face. About 1.4 billion people worldwide live in extreme poverty, with more than 70% of them living in rural areas of developing countries (IFAD, 2010). The recent pace of urbanization and current forecasts for urban population growth imply that most of the world’s poor will still live in rural areas for many decades to come (Ravallion, Chen & Sangraula, 2007).
3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
Andrija Stampar
1888-1958

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”

Andrija Stampar, WHO Constitution
OBSERVATIONS OF A RURAL HEALTH WORKER

ANDRIJA STAMPAR, M.D.*

It is a great honor your university has bestowed upon me, in appointing me Cutter Lecturer for the current academic year. I wish to express to you my profound appreciation for the compliment you pay me in asking me to address you. The practical application of our knowledge in public health is difficult in rural districts. In countries where the population is mostly agricultural, we may find excellent health activities in the urban districts, but there is usually a lack of physicians and health services in rural districts. It is com-
• “In countries where the population is mostly agricultural, we may find excellent health activities in the urban districts but usually a lack of physicians and health services in rural districts”

• “The vitally important need for health workers in rural areas is universally recognised. There are still enormous rural areas in the world without proper medical aid, and without any preventative work”
Inadequacy of current medical curricula

• “There are still very many physicians graduated from the best medical schools with inadequate knowledge of the importance of rural health problems and rural conditions as well as the enormous possibilities for health work in rural areas”

• “Villages are generally considered to be an unsuitable field for medical activities. Effective rural health work requires certain changes in medical education, particularly in regard to the social aspects of medicine”
“A rural health worker must therefore be a promoter of a social, political and economic peace. For these factors are fundamental requisites to the success of rural health work”