

## From Third World to Fourth

### *Third WONCA World Conference on Rural Health in Kuching, Malaysia; Fourth in Calgary*

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In July 1999, several Canadian family physicians attended the Third WONCA World Conference on Rural Health in Kuching, Malaysia. The conference's goal was to explore problems common to rural health care workers around the globe.

Almost 300 delegates came from a variety of nations, with large contingents from Southeast Asia, Australia, Africa, Europe, and North America. Most were rural physicians, but we also met with nurse practitioners, community health nurses, social workers, and government representatives.

Rural health is gaining prominence on the world scene. Recognizing this, the WONCA Executive chose to hold their meeting at the same time in Kuching. This gave the WONCA Working Party on Rural Practice a splendid opportunity to thoroughly apprise these powerful policy makers of the importance and urgency of many rural health problems.

The theme of the conference was "Achieving Health for All Rural People." Although issues discussed were varied, themes were surprisingly common to many nations, rich and poor. Relative disparities of service and funding issues affect rural health in all nations from Australia to Zimbabwe.

On the final day of the conference, an Action Framework was proposed to participants. By universal acclamation, the Kuching Statement on the Health of Indigenous Peoples was ratified by delegates. You will shortly find details of these two documents on the World Organisation of Family Doctors (WONCA) website at [www.wonca.org](http://www.wonca.org) in the rural section.

Two pervasive themes were aboriginal health and women's health. These issues are obviously not unique to rural areas, but rural features were clearly identified. In particular, community control is essential to integration, efficiency, and ownership of health problems and rural health planning. It was made abundantly clear that, without substantive community control, externally imposed solutions are doomed to ignominious failure.

Issues affecting women, both as health care providers and recipients, came through in many discussions. Domestic violence and sex disparities are commonplace throughout the world but seem to have been particularly ignored in rural areas. Speakers presented a range of

human rights issues, such as early marriage, the sex trade, and genital mutilation.

Themes from this conference reappeared in Calgary. Linkage from previous years has clearly been effective in turning policies into action and results. We heard in Kuching of many projects that had been launched successfully, following recommendations from the first conference in the series in Shanghai in 1996.

A strong group of collaborating organizations supports the team in Calgary: WONCA, the College of Family Physicians of Canada, the Alberta Rural Physician Action Plan, the Society of Rural Physicians of Canada, the Canadian Medical Association, the University of Alberta, Memorial University of Newfoundland, and the University of Calgary.

The conference theme was "Progress Through Partnerships," which neatly ties together clinician partnerships, physician sustainability, communications, aboriginal health, women's health, and trauma. The conference format emulated the successful models of previous conferences with short plenaries, many parallel workshops, and small-group activities. Emphasis was on practical sessions that are highly interactive and focused on solutions to common problems in rural health. ❖

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