

Caring for People's Health Around the World: A Family Physician for Every Community

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What family medicine aims for is universal: health for all, without boundaries and without distinction toward ethnicity, gender, or socioeconomic status. But ethnicity, gender, and socioeconomic status are major determinants of health status, and national borders mark substantial differences in the availability and delivery of health care. This lends health care development its particular dual orientation. Universal concepts have to be made available to local circumstances, irrespective of social or economic consideration: the notion of equality and the principle of “think globally, act locally.” At the same time, however, efforts have to be directed at those in greatest need and exposed to disadvantageous health care conditions—the notion of equity and with it the principle to “think locally, act globally.”

These are the conditions under which international academic family medicine is pursuing its objectives. The first implication is the need to have family physicians and other primary care professionals available in every community in the world.¹ Related to this is the second implication—that of equity: the need to prepare and support family physicians and their primary care teams to the best performance that local circumstances require—through research, teaching and training, and professional development. This implies an academic outreach of family medicine in each community of the world. This is, in short, the mission of the World Organization of Family Doctors (Wonca).²

In this issue of *Family Medicine*, which is dedicated to international health, and in a group of special articles that will follow in subsequent issues of the journal, are reports about family medicine education, retraining, and training in countries where family medicine is less developed. Central Asia, the Middle East, Latin

America, and Africa are regions of high priority for Wonca for further development of family medicine and primary care—regions with substantial health threats, vulnerable populations, and poorly developed health care structures. Wonca has made significant progress in disseminating family medicine education and development globally. This contribution consists of a three-tiered approach.

The first tier is documenting the knowledge base and expertise of family medicine for improving medical practice and education. This has been organized and disseminated in two landmark documents.^{3,4} Collaboration with other international bodies, and in particular the World Health Organization (WHO), has been essential for these publications. A condition for successful “dissemination” is to tune available expertise to local conditions and specific (populations, practitioners, and delivery systems) needs. This requires a robust academic structure on the ground.

The second tier in Wonca's approach consists of the development of family medicine's organizations (national colleges and academies of family medicine) and university departments in all countries of the world. The last 6 years have seen a substantial increase in the number of countries with colleges or academies of family medicine. Currently, 115 nations have 119 family medicine organizations that are members of Wonca,⁴ including, with the exception of India, all countries with populations >100 million. Wonca has worked to promote university departments of family medicine that have substantial tasks in undergraduate and postgraduate teaching and research.⁵ A conservative guess would make it unlikely that more than half the world's 1,800 medical schools currently have a family medicine department—with a virtually complete absence in the countries that need primary care development most urgently. This is a critical challenge for Wonca. In an important first step, Wonca opened a special membership status for university departments in 2007. Demonstrating a leadership role of university departments of family medicine in primary care research, education, and health systems improvement is often required to convince universities without family medicine depart-

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ments of their self-interest to include family medicine departments in their structure. The creation of family medicine research and development funding—as part of national, regional, or global structure—is now on our wish list.

The third tier of Wonca's approach is the development of regional structures to encourage cross-fertilization. To disseminate programs, experts should have prior knowledge and experience of the problems faced in the target country. Neighboring countries are as a consequence often best positioned. Examples from the Wonca experience point to the successful primary care development in the Balkans and former Yugoslav republics⁴ and the collaboration between Hong Kong and mainland China. Traditionally, the European, Asia-Pacific, and North American regions were well organized, and the most significant recent developments have been the Ibero-Americana region as a focus point for family medicine development and hopeful developments in the African region. Central Asia and the Middle East present obvious targets for further development.

The principles of equality and equity require that we, as family medicine educators, work toward having

a well-trained and well-equipped family physician for every community and family in the world. Wonca's three-tiered approach to the collaborative development of our field has and will continue to lead to improving people's health around the world.

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