



Ubuntu 2024 Declaration

Cape Town Consensus

Preamble

The concept of Ubuntu is a humanist African philosophy that derives from a profound Zulu phrase "Umuntu ngumuntu ngabantu" (a person is a person because of other people), which emphasizes the intrinsic connection among people, asserting that a person becomes complete through their relationship with others. Ubuntuism underscores the interconnectedness of all aspects of existence, weaving together spiritual dimensions, collective and personal identities, familial inclusivity, and the profound value of interpersonal bonds.

Ubuntu 2024 - The Network: TUFH and Rural Wonca conference in Cape Town, South Africa builds on the legacy of both organisations and their policies, individually (1-5) and jointly (6), to develop a declaration that addresses both a global and an African context. The conference allowed a rich dialogue between those that know the local circumstances and those with international experience.

The conference took place within a context of inequity, poverty, and social disparity, especially in rural areas. The setting serves as a poignant backdrop for discussions that delve into the far-reaching implications of Ubuntu in the realm of healthcare equality. The conference also recognized the energy, vibrancy, resilience and innovation of people, who, shaped by the challenges of their contexts, consistently demonstrates their ability to work together to make a difference to current realities.

The 2024 Ubuntu Conference served as a pivotal gathering for individuals passionate about fostering positive transformation in health and wellness-related domains, emphasizing the interconnectedness of PEOPLE, PLACE, and POLICY. The conference focused on four overarching themes, each highlighting a crucial aspect of this interconnectedness:

1. Building Equity in Rural Health
2. Community Engagement for Local and Global Health
3. Social and Health Policies for the Public Good
4. Educating the Health Workforce.

Recommendations for action

Building Equity in Rural Health

Based on the principle of equity, rural issues must be prioritised as we restructure the health system towards realising health for all.

Key areas for action are:

- **Advocacy for rural health** should ensure that the supply and distribution of health resources is equitable by location, gender, and income.
- **Adequate and equitable funding** for health services, especially in underserved rural areas: this requires a focus on primary health care and a movement of resources away from hospicentric approaches.
- **Enabling and training the future rural health workforce** to be effective generalist clinicians, good team players and courageous advocates for their patients and communities, while ensuring inclusivity and diversity relevant to the context in which they work.
- **Support a rural health workforce** that is sufficient in numbers, competencies, and range of professions, and that is well-distributed by aligning rural health initiatives including pathways with **WHO guidelines** on health workforce development, attraction, recruitment and retention in rural and remote areas (7)
- Ensuring inter-sectoral collaboration of rural health services with appropriate government, non-government and community role players to address the **social and environmental determinants of health and disease** and ensure **gender and geographic equity**.
- Implement **Rural Proofing** to ensure national and regional policies and guidelines are appropriate for rural areas.
- **Involve communities** in health policy development from the earliest stages.
- Enable students to learn in rural settings through **Immersive Community Engaged Education** (8) as demonstrated by the Cape Town Universities in their outreach and distributed (9,10) health professions education.
- **Recruit and ensure admission of students** from rural areas and enable them to stay and learn in their rural area where possible
- Focus on **effective primary health care** – locally based first contact, accessible, continuous, comprehensive and coordinated person focussed care - involving family doctors and based on a multiprofessional **team of generalist practitioners from a range of professions including community health workers working to full scope**
- **Address the 10/90 research gap**, ensuring research is carried out for, with and in rural communities.
- Provide practical support to **rural communities** to improve emergency preparedness and addressing climate change.
- Facilitate opportunities for health professionals and managers to enable them to become familiar with the contextual experiences of patients, in their own homes and living environments, places of learning and work, and modes of transport, as part of both clinical and health service budgeting and decision making.

, **Community Engagement for Local and Global Health**

Community engagement should consider the role of the community in healthcare, learning from the community, working towards socially responsive engaged communities, unlocking the potential of patients and communities, the role of the community in chronic medicine adherence, community engagement in mental health support, collaborations for health, strength in partnerships and role of community in epidemics and natural disasters.

Key areas for action are:

- **Develop community capacity** to engage with policy development through supporting locally led social innovation in health initiatives and continuous learning processes.
- Publicize and build on innovative **collaborations between public and private** sectors to enhance community engagement.
- Ensure **health workforce education takes place in the community**, with students learning from communities and respecting community values.
- Involve communities in training to ensure **responsive and culturally relevant graduates**.
- Consult, involve, fund and actively engage community-based organizations in developing **local solutions** to their health problems
- Support the training and engagement of **community leadership** in all aspects of health, including chronic disease management and mental health.
- Develop strategies to the environmental impact of health systems and work together with communities to **mitigate climate change**.
- Work with communities to ensure their involvement and **empowerment** in addressing future public health emergencies

Social and Health Policies for the Public Good

Policy formulation and implementation should ensure promoting health policy and education for the community good, social policy for the public good, that the built environment is for the public good, socially responsive and community conscious healthcare for all, gender and economic equity, health impact, planetary health, climate change, global policies, local policies, one health and social determinants of health. and should promote health advocacy and diplomacy in a divided world

Key areas for action are:

- **Support a community-led approach** to co-create policies and solutions that reflect the needs of marginalized communities, including women, rural populations, migrants, indigenous peoples and disabled people.
- Ensure that **policies are clear, accessible, and promote social justice**, in relation to health inequities especially gender disparities.
- **Develop models of co-creation** with community and cultural frameworks, promoting sustainability and resilience.
- Advocate for greater commitment to **social accountability, inclusivity, and diversity** in health and social policy development.
- Incorporate **climate change, planetary health, and social determinants of health** into social and health policies.

Educating the Health Workforce

Health professional education need to emphasise interprofessional education in health, technology, digital health, clinically competent and critically conscious curricula, how to incorporate climate change and planetary health into the curricula, socially responsible curricula, and community engagement in education.

Key areas for action are:

- **Ensure equitable supply, distribution, and quality** of the workforce by location, gender, ethnicity, culture, and income, prioritizing rural and underserved areas.
- Ensure **appropriate capacity and models of care** including addressing team composition for community-based primary healthcare.
- Ensure the preparation of students and graduates to work for **inter-professional and multi-professional teams** and collaboration within these teams and ensuring there are teams that can serve as models for students.
- Educating and funding **community-based health workers** as a key community resource
- **Education for the rural workforce** should be generalist- and team-based, with a focus on training students in rural settings.
- Facilitate health professional **education in the community** through mHealth, E-Learning, and Artificial Intelligence (AI), while ensuring that essential elements relationship, communication, authenticity and continuity are retained.
- Promote and reward **scholarship and education** that lead to societal impact, particularly for rural and marginalized communities.
- Regularly review curricula to ensure competencies are relevant to the changing needs of the health workforce and determined by the changing needs of the communities they serve, including a focus on **climate change**.

We encourage those who have attended Ubuntu 2024 to consider these broad actions, reflect on their learnings from the conference, and adapt and implement them in their local context for the benefit of their communities.

The recommended actions are key elements that can make incremental change for communities, but we must also look at broader community development by working with other agencies to provide an environment in which these can be successful. Key areas of fundamental service and social inequity must be addressed in a meaningful way,

We challenge readers to work with The Network: TUFH and Rural WONCA individually and through their local organisations to measure our outcomes against these key goals.

References

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