

INAUGURAL LECTURE

# RURAL HEALTH

## *The Way Forward*

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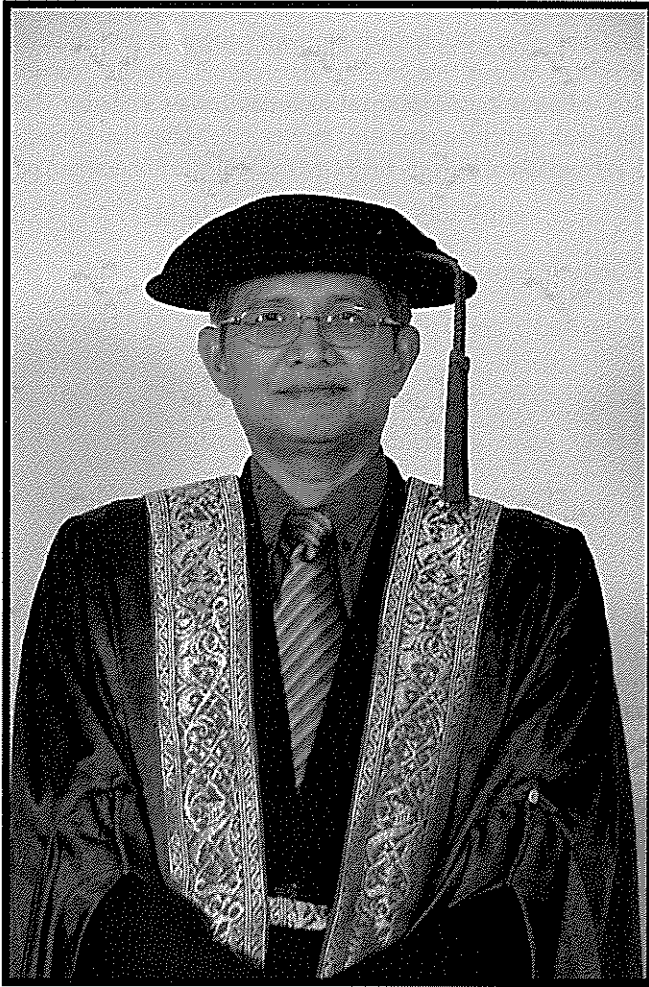
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## LIST OF ABBREVIATIONS

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>CPD</b>	Continuous Professional Development
<b>GTP</b>	Government Transformation Programme
<b>HIV</b>	Human Immunodeficiency Virus
<b>ICT</b>	Information and Communications Technology
<b>MDG</b>	Millennium Development Goal
<b>MOH</b>	Ministry of Health
<b>MOHE</b>	Ministry of Higher Education
<b>NGO</b>	Non-Governmental Organisation
<b>NHMS II</b>	Second National Health and Morbidity Survey
<b>NHMS III</b>	Third National Health and Morbidity Survey
<b>NKRA</b>	National Key Result Areas
<b>PHC</b>	Primary Health Care
<b>PUPUK (UFCFCW)</b>	Program Perkongsian Universiti-Keluarga University-Family Partnership in Community
<b>RMEC</b>	Rural Medical Education Centre
<b>UMS</b>	Universiti Malaysia Sabah
<b>WHO</b>	World health Organization
<b>WONCA</b>	World Organisation of National Colleges and Academics

## ABSTRACT

**I**nequities and inequalities in health care provision still persist in many countries. The disparity between developing and developed nations and between the urban and rural population is a real issue and challenge in health care delivery. The major contributors to the crisis are the shortage and maldistribution of health care professionals worldwide. There is a shortage of doctors, nurses, midwives and allied health professionals in most countries and the most severe is in the poorest countries. The shortage and maldistribution are affecting the provision of health care especially in the rural areas. In most cases, lack of educational opportunities and facilities in rural areas has lowered the interest of doctors to practise in these areas. Some of the strategies to attract health professionals to choose rural areas for service are by increasing the number of students with rural backgrounds for medical training and by increasing the exposure of undergraduate students to rural settings and environments. To retain health professionals in the rural areas, more flexible, integrated and coordinated vocational training programmes and specifically-tailored continuing education and professional development programmes have to be instituted immediately to meet the identified needs of rural family physicians, supported by sophisticated and relevant ICT infrastructures. Medical schools should take the responsibility to educate appropriately-skilled doctors to meet the needs of the population in their respective geographic regions. Sekolah Perubatan, Universiti Malaysia Sabah has taken a proactive step in producing doctors who are culturally-sensitive to the needs of the local population, while at the same time developing skills to function effectively in any community. Community-based education, especially the PUPUK (UFPCWP) programme implemented in the medical curriculum is one of the initiatives to attract more medical graduates and other health professionals to the rural areas, especially in Sabah to practise medicine while at the same time having an opportunity to develop and empower the community.