THE RUSTENBURG RESOLUTION: INEQUALITY IN HEALTH CARE IN SOUTH AFRICA

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Also endorsed by (with more to be added)
Rural Doctors Association of Southern Africa

See also at SAFPJ website:
THE RUSTENBURG RESOLUTION
ON INEQUALITY IN HEALTH CARE IN SOUTH AFRICA

We, family practitioners gathered in Rustenburg for the 14th National Family Practitioners Congress:

RECOGNISING:

1. The commitment in the Constitution of the Republic of South Africa to the right of access to health care
2. The efforts to provide health care to all those living within South Africa
3. The principles enshrined in the Patients Rights Charter and the Batho Pele programme
4. The continuing inequity in access and differential quality of health care experienced by people in South Africa
5. The discrimination experienced by the poor, the marginalised, immigrant and rural people in accessing quality health care
6. The major imbalance in spending between hospital care and primary care

AND ACKNOWLEDGING:

1. That we have failed individually, and collectively through the system and structures we are part of, to provide high quality affordable health care to our patients
2. That we have failed to stand up for the “have-nots”, but instead have entrenched the privileges of the “haves”
3. That we have not provided sufficient care to the most vulnerable in society

COMMIT OURSELVES:

1. To reflect, together with local health service teams, on our role in contributing to the inequity of resources and inequality of care in our various contexts, and to endeavour to address these issues together
2. To document instances of what is happening in the primary care context with regard to inequality of care

AND CALL UPON ON

A. THE GOVERNMENT OF SOUTH AFRICA

1. To establish a Commission of Enquiry into Inequity and Inequality in the health system
2. To investigate pooling of funds for health care to ensure their availability for the care of all
3. To commit itself to spending 15% of the budget on health as agreed to in the Abuja Declaration
4. To ensure that active measures are taken in the health service to provide good quality care to all inhabitants regardless of nationality, gender, race, language group, religion, and ability to pay.
B. THE HUMAN RIGHTS COMMISSION

1. To conduct an enquiry into inequality in health care access and quality in South Africa

C. DONOR AGENCIES

1. To allocate 15% of funds allocated in vertical programmes towards strengthening comprehensive primary health care, in accordance with the 15 by 2015 campaign

D. DEPARTMENTS OF FAMILY MEDICINE

1. To report back to the Academy of Family Practice/Primary Care within eight (8) weeks on the current situation in regard to inequality in their spheres of influence and a plan of action for moving forward in addressing these issues
2. To work together in developing a strategic plan to take this forward locally and nationally

E. FAMILY PHYSICIANS

1. To take a lead in building a vision for a new primary health care system in South Africa
2. To contribute to the process outlined above

IN ORDER TO bring about changes in health outcomes towards achieving the Millennium Development Goals

Adopted unanimously by delegates at the 14th National Family Practitioners Congress
10th August 2008
Rustenburg Civic Centre
Bojanala District
North West province