

Medical outreach activities, a means to an end

In recent times, there has been a spate of medical outreach programs often tagged “rural” because the activities are carried out in places designated as rural. Initially, the programs involved citizens of localities who co-opted and or cooperated with governments notably at the state and local government levels. Government interest is driven by political interests. Otherwise, why are the state hospitals not equipped with personnel and infrastructure to render sustained services to the needy? Political motives for this laudable exercise only make the benefits merely collateral.

We do not hear of medical outreach programs in nations in which health care of the inhabitants is an integral function of the government. This function is not an exclusive reserve for the advanced and industrialized countries. Recent strides in Rwanda and Mauritius present a case in point. It is a matter of governance with the will.

There can be no doubt that these outreach programs have provided a significant medical (and surgical) relief to afflicted individuals. Depending on the scope and dare of the resource personnel, lives have been saved as with emergency cesarean sections. The World Health Organization and the International College of Surgeons are collaborating to hasten access to surgical succor to the needy.

The medical (and surgical) outreach programs should be supported in the short term as a means. In the long term, society must evolve ways to make medical services available and affordable to inhabitants. Health facility institutions must be reinforced with personnel and infrastructure as an end in the long term.

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