



Beyond the GP practice: why the future of health starts in the community

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In September 2025, Lisbon will host the WONCA World Conference under the theme **A NEW VISION FOR PRIMARY HEALTH CARE AND SUSTAINABLE DEVELOPMENT**. As family doctors, primary care professionals, and health leaders gather, we must face a fundamental truth: health systems alone cannot carry the full weight of keeping people well.

We are living through overlapping global crises that are deepening inequality, worsening the climate emergency, driving displacement, eroding public trust, and destabilising societies. These are not just background issues. They are structural determinants of health. They shape who lives, who dies, and who is left behind.

Evidence shows that only 20% of health is determined by clinical care.¹ The remaining 80% lies in the conditions in which people are born, live, behave, work, learn, and age. Yet, most health systems still spend most of their resources treating the downstream consequences of upstream neglect.

In this context, communities are not waiting. Across rural areas, cities, refugee camps, and informal settlements, people are claiming health as a matter of justice, not charity. They are confronting violence, fighting for clean water, housing, food, education, and mental well-being. In these efforts, community members are not just recipients of care. They are its drivers and creators.

Health workers have a vital role, but it must begin with humility. We are trained to lead, but this moment calls us to listen. We carry knowledge, but we must also

be ready to learn. When communities rise, our task is not to take over but to stand with them, offering what we can and acknowledging what we do not know.

Some of the most transformative health gains have come from partnerships where health workers, scientists, and activists work with communities to change policy, shift resources, and save lives. These collaborations show that health equity is not given. It is claimed, and often from the ground up.

Globally, we are witnessing a shift in the burden of disease. There is a move from infectious illness to chronic conditions shaped by social context. Public health advances have extended life expectancy, but we must now ensure those years are lived with dignity and purpose. That requires more than clinical services. It requires transforming the conditions in which people live.

So what could this mean for family physicians?

It could mean that advocacy must be seen as part of clinical responsibility. Yes, we are overburdened. The workload is immense, and the emotional toll is high. But advocacy is not an extra task. It is a way to change the conditions that make our work unsustainable. We have access to data, to public platforms, and decision-makers. These are not privileges to be held quietly but responsibilities to be used with courage.

Advocacy can take many forms. It might mean speaking out for policy change. Or it could mean supporting a colleague advocating for mental health services in your clinic, challenging structural racism, or backing a grassroots effort already underway. Advocacy does not need to be loud. It needs to be principled. It begins small, grows through collective effort, and is most effective when we recognise that we are not alone.

Advocacy takes time, and time is scarce. Policymakers must recognise and fund advocacy as a legitimate

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part of health care and service models. Investing in advocacy is investing in better health outcomes, lower costs, and stronger national development.² Simply put, health is an investment, and so is advocacy.

At WONCA 2025, I will deliver a keynote entitled MORE THAN MEDICINE: THE ROLE OF COMMUNITY ADVOCACY IN SHAPING HEALTH'S FUTURE. I will speak from the Global South, but not only for it. The lessons we are learning about humility, collaboration, and community-led care are needed everywhere.

The most sustainable health solutions are not being designed in boardrooms. They are being built through daily struggles for dignity by people who refuse to accept health as a privilege. The future of health will belong to those who listen with empathy, act with courage, and serve with humility. It will not be delivered by

prescription. It will be built through partnership, advocacy, and systems transformation.

See you at WONCA 2025.

REFERENCES

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