IFMSA Policy Proposal
Rural Health

Proposed by the Team of Officials
Presented to the IFMSA General Assembly March Meeting 2017 in Budva, Montengro

Policy Commission

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Policy Statement

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Introduction:
The International Federation of Medical Students Associations (IFMSA) stands to increase attention to the social determinants of health in rural settings. As future health professionals, we believe in the importance of improved access to rural and remote healthcare. In order to achieve this, the fundamentals that make up health systems need to be adapted to rural areas. Furthermore, there are key issues that must be addressed; these include increasing training to rural healthcare workers; and access to telemedicine, as it can improve equitable access to healthcare.

IFMSA Position

The IFMSA affirms that:

1. The social determinants of health, including the improvement of access to services, should be a priority in rural health settings.
2. Increasing the ratio of health workers in rural locations and adapting services to the needs of the population is key to achieve Universal Health Coverage (UHC).
3. Strengthening rural health systems starts with strong primary care, as it increases access to health services and is able to encompass health promotion, prevention, treatment, rehabilitation and palliative care services..

Call to Action:

The IFMSA calls:

1. Medical schools to:

- Improve and strengthen rural training and exposure opportunities throughout medical school (e.g. rural clinical schools) and the quality of these programs
- Increase their entry of successful applicants from rural areas likely to practice rural medicine in their future career, while supporting their return to rural areas post graduation.
- Contribute to medical education efforts surrounding the need for improved rural and remote healthcare;
- Increase education about innovative medical technologies such as telemedicine and mobile health technologies.

2. Governments and policy makers to:
   - Develop policies and strategic implementation frameworks that focus on increasing the rural health workforce, while providing appropriate working conditions and career opportunities
   - Implement multidisciplinary, collaborative health services that focus on providing rural healthcare.
   - Promote and facilitate the implementation of policy that supports rural healthcare access and infrastructure;
   - Establish guidelines in order to clarify conditions where it is necessary to introduce telemedicine and mobile health strategies for improved access to healthcare;
3. The World Health Organization to:
   - Evaluate the implementation of the recommendations of the 2010 report on "Increasing access to health workers in remote and rural areas through improved retention"
   - To develop a framework that supports the placement of health workers and the distribution of services worldwide and nationally.

Position Paper

Position Paper

Background:
46.6% of the world's population currently live in rural and remote areas. This comes with an imbalance between health needs and health services provided, which is common to almost all countries and poses a major challenge to health systems worldwide. [1] The rural-urban divide is omnipresent from the richest countries down to the poorest countries.56% of those living in rural areas worldwide were not covered by basic health care against 22% in cities and towns, according to the report, with data from 174 countries [2] The impact of these discrepancies, however, is most severe in low- and middle-income countries. This is mostly attributable to a shortage of rural healthcare workers, and a higher proportion of the population living in rural regions in low and middle income countries (LMICs) as compared to other countries. [1]

Currently, there is still an insufficient number of skilled professionals to provide necessary healthcare services in many rural and remote areas around the world [3].Although half of the world's population lives in these areas, only 23% of the global health workforce has

been deployed there, an extra seven million health workers are needed to make up for the shortfall in rural areas across the world [2]

Rural and remote communities require improved access to appropriate and comprehensive healthcare provided by skilled and well-supported healthcare professionals. Health services must take the necessary steps to improve rural health, by improving healthcare planning, policy development and public-private partnerships, while ensuring transparency and accountability [5]. There are several strategies being implemented to facilitate access to healthcare for rural and remote populations -- of which telemedicine and mobile health clinics are a few examples.

Discussion:

Social determinants of health in rural areas

In rural areas, the impacts of the Social Determinants of Health are represented in the statistics and demographic maps provided by the World Health Report. Aside from these factors, there is a worldwide difference between the health status of citizens in urban centres, compared to those in rural settings, which is also attributable to different cultural values and language barriers. This difference is apparent when looking at indicators such as life expectancy. Nonetheless, rural physicians are regularly asked by their communities to assist in responding to perceived health threats by the local populations. These threats may relate to access to health services, health promotion and prevention programs and access to treatment, rehabilitation and palliative care services. This is where primary healthcare and population health meet, as care for the individual patient can inform and be informed by the factors that influence, not only the health of that patient, but the health of the community. It is also the place where policies and activities of the health system must similarly inform and be informed by the policies that influence the health of these populations. (2)

Telemedicine in rural health

To address these factors, the use of technology to deliver healthcare from a distance, known as telemedicine, has been demonstrated as an effective way of overcoming certain barriers to accessing care in rural and remote areas. In particular, telemedicine can provide crucial care for those living in communities that are underserved by subspecialty providers . Given the benefits observed through the provision of healthcare via telemedicine, there is tremendous momentum towards increasing access to care through the use of health information technologies. This has created a central role for innovation and the implementation of new, advanced platforms for service delivery. Two such platforms include the use of wireless and telemonitoring technologies. (3) However, such methods might pose some issues in regards to the application and implications on a practical level.

First, physician satisfaction and acceptance play a critical role in further acceptance of telemedicine. Physician uptake is influenced by the perceived efficiency of telemedicine and the potential for it to negatively impact quality of care, placing physicians at risk for malpractice in our ever-increasing litigious environment. A recent study on patient interest in e-mail communication with their physicians raises concerns about the ability to meet patient expectations of a timely response time. Furthermore, there are important legal issues that must be considered before the widespread acceptance of telemedicine including the potential implications of malpractice and the impacts it may have on clinical-decision making. Although very few cases of telemedicine malpractice have been reported, the potential nevertheless exists. The standard of care for medical encounters that constitute a physician-

patient relationship have yet to be determined by the courts. (5) The WHO notes that there are few policies that govern patient privacy and confidentiality through data transfer, storage, and sharing between health professionals ; health professional authentication, specifically e-mail applications; as well as the risk of medical liability for the health professionals offering telemedicine services. (6) Another positive found about telemedicine is its ability to bring together junior doctors and senior clinicians together. Junior doctors found this tool to be a good way to be supervised by their superiors in medicine (6)

Rural health in achieving Universal Health Coverage:

Permanent and long term investment in Primary healthcare is the way to ensure Universal Health coverage (UHC). Improving access of primary healthcare in rural regions is essential to improving UHC (7). This is taking into consideration Out of pocket expenditure and Catastrophic health even out of pocket expenditure pushes many families especially in the rural areas below the poverty line(7).

Here the telemedicine and its adjunct like remote supervision step in. Advantages include the provision of increased confidence, new learning opportunities, practice validation, professional support, establishing relationships and decreased feelings of isolation for junior and senior medical officers in rural areas.
Rural senior medical officers described the importance of being able to collaborate with seniors in tertiary centres, while providing supervision to the junior medical officers.(7)

This can be achieved through

1. Long term and well funded models of governance of rural healthcare delivery, which include model housing projects encompassing first referral centres, increased supply of rural healthcare workforce and private-public partnerships, along with instant healthcare advice and diagnostics with telemedicine. Problems of lack of funds should be managed innovatively
2. Various Administrative responses:- To give the impetus to the whole new concept the administrative machinery needs to be integrated and reorganized. The Medical, Health and Education Department need to work in synergy to achieve the objective of overall enhancement of health
3. Affordable healthcare by research:- Provision of healthcare for rural areas hinge on the affordability of treatment and diagnostic costs. Only through innovative research it will be possible to translate the knowledge into affordable medical products.(8) .

References:

(1)Increasing access to health workers in remote and rural areas through improved retention:
http://www.searo.who.int/nepal/mediacentre/2010_increasing_access_to_health_workers_in_remote_and_rural_areas.pdf
(2) http://www.social-protection.org/gimi/gess/ShowTheme.action?lang=EN&id=4066
(3)WONCA Rural Medical Education Guidebook:
http://www.globalfamilydoctor.com/site/DefaultSite/filesystem/documents/ruralGuidebook/Preface.pdf

(4): Benefits of telemedicine in remote communities
https://telehealth.utmb.edu/presentations/Benefits_Of_Telemedicine.pdf
(5): Role of Telemedicine in the healthcare delivery system
http://www.medscape.com/viewarticle/432585
(6):
http://www.who.int/goe/publications/goe_telemedicine_2010.pdf
(7)https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4368981/
(8) Reasons why trained healthcare workforce is hestitant to work in rural areas:-
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4248476/

Draft Policy Proposals have to be sent to all National Member Organizations (nmos@ifmsa.org) by the proposer to request for feedback by January 10 2017 23.59 GMT. Policy Proposals to be discuss at 66th March Meeting General Assembly 2017 have to be sent to gs@ifmsa.org by February 1, 2017 @ 23.59 GMT (please put the code [POLICY] in the beginning of the subject of your email).

Bylaws Paragraphs concerning Policy

15.2 Definitions
a. Policy Statement: Short and concise document highlighting the position ofIFMSA for specific field(s). A policy statement does not include background information, discussion related to the policy, a bibliography and neither does it quote facts and figures developed by outside sources. The maximum length of a policy statement is 2 pages, including introduction, IFMSA position and call to action.
b. Position Paper: A detailed document supporting the related policy statement that contains background information and discussion in order to provide a more complete understanding of the issues involved and the rationale behind the position(s) set forth. A position paper must cite outside sources and include a bibliography.
c. Policy commission: A policy commission is composed of three people, with 2 representatives of the NMOs and one representative of the Team of Officials.The proposer of the draft is part of the policy commission and is responsible of appointing its members. The tasks of the policy commission are the following:
i. They are responsible of the quality of the policy document with the approval of the proposal.
ii. Ensuring the content is based on global evidence.
iii. Collecting and incorporating NMO feedback after the call for input.
iv. Coordinating the discussion during the General Assembly.

Adoption of policies
15.3. A draft policy statement, position paper and the composition of the policy commission must be sent to the NMO mailing list by the proposer and in accordance with paragraph 9.4. Input from NMOs is to be collected between submission of the draft and submission to the General Secretariat.
15.4. The final policy statement and position paper are to be sent in accordance with paragraph 9.4, using the template provided in the call for proposals. The proposal must be co-submitted by two NMOs from different regions or the Team of Officials.
15.5. Policy statements and position papers must be resented to NMOs during the first working day of the IFMSA General Assembly.
15.6. A motion to adopt the policy statements and position papers must be submitted the day before the relevant plenary and submitted by two NMOs from different regions. Adoption requires ⅔ majority.
15.7. Amendments may be sent to the proposer and in accordance with paragraph 9.4. Amendments made during a General Assemblies or after the deadline in accordance with paragraph 9.4, will be voted upon during the relevant plenary and require ⅔ majority.