

**Geneva Health Forum:
Towards Global Access to Health
25 – 28 May 2008**

**Preparing Health Professionals
for Work in Isolated Settings**

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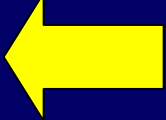
Preparing Health Professionals for Work in Isolated Settings

Plan

1. Introduction: The concept of isolation and remoteness the problem and challenges.
2. Access: Sub Saharan Africa and the “Paradigm shift”
3. Rural/Remote medicine:
A specific and evolving entity.
4. The Miracle of Technology and the “Know-Do” gap!
5. And Ethics.....What Ethics?
6. Concluding remarks

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A



B



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Geopolitical instability

Rural versus Urban

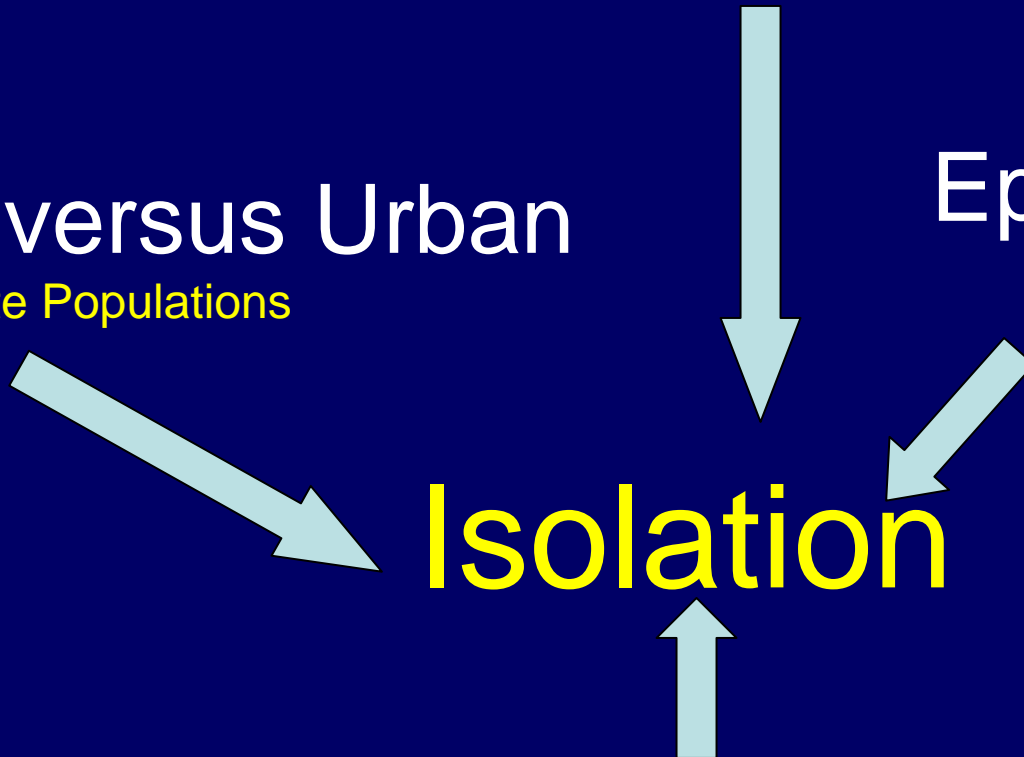
Remote Populations

Epidemiological

Transitions/
Epidemics

Isolation

Natural-Environmental
and climatic factors



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Critical Areas for improving health equity in Sub Saharan Africa:

- Access and Affordability
- Rural and remote healthcare
- Home and Community care
- Integration of service delivery

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Driving Forces/pressures for change

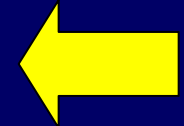
- Demographic Explosion and rising expectations
- Increasingly unstable local and global economic context with unprecedented poverty with unmatched and constantly rising inflation
- Lack of an evidence-based policy development system and established norms and standards
- Changing and often conflicting priorities and lack of controlled spending reforms.

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Paradigm shift

When considering Health Issues in Sub Saharan Africa

The rural-urban divide is more an issue of needs and opportunities in a context of extreme poverty and not necessarily one of level of development.

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These inter-related requirements to improve healthcare Access

Adequate workforce supply;

adequate funding
and appropriate financing

appropriate
Workforce organization

Access

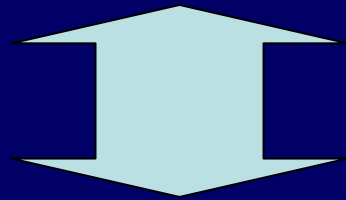
good management
and governance

leadership

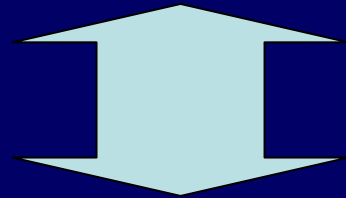
adequate infrastructure

Appropriate
community participation.

Diagnosis



Therapeutics/Care



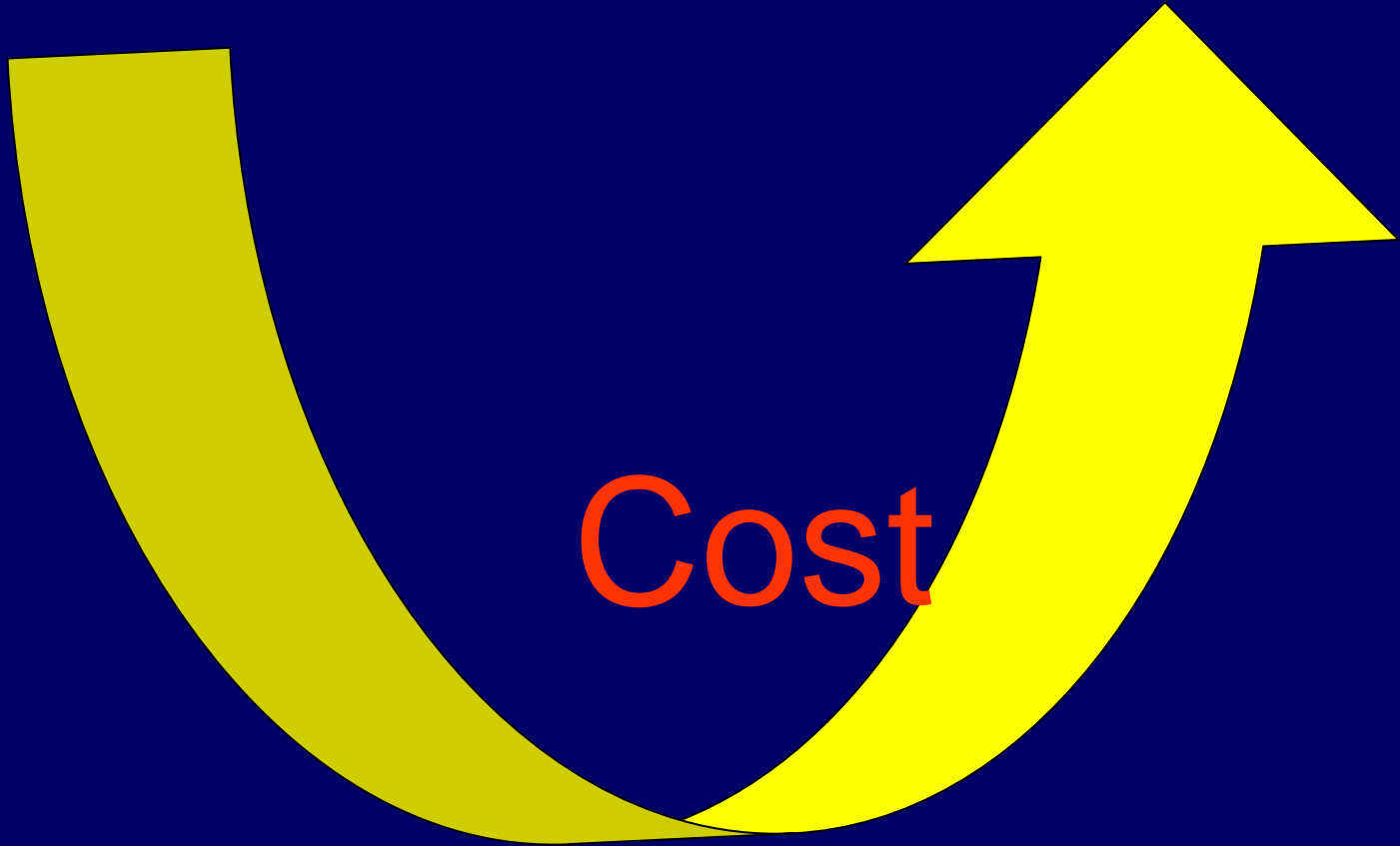
Prevention

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Access



Quality



Cost

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Everybody should have an equal opportunity to enjoy a healthy life and have access to acceptable health care.

Empower people in rural and remote areas to identify problems in health and health care, and to find local, practical and sustainable solutions.

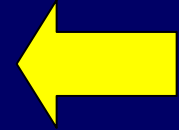
Support health-enhancing traditions and practices among the diverse cultural heritages .

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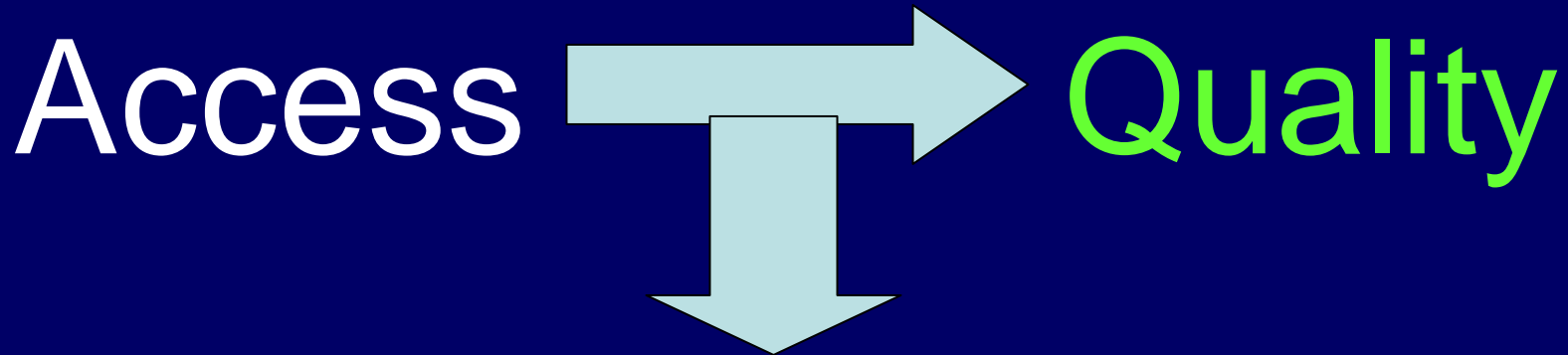
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Changes to health service delivery

Changes to health professional training

Application of information and telecommunications technology.

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Training and curricular systems for medical and other health professionals which recognize and address the specific needs of rural/remote/isolated settings

Selected Components

The importance of:

- Generalist practice(Models in which educational preparation, experience and skill mix matches practice)
- Emergency care
- Clear establishment and identification of levels of care with networking and distinct interfaces of communication
- **Appropriate deployment and use of e-health resources**

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Specific emphasis Issues of remote and rural health

Access to care

Workforce difficulties

Communication challenges

Skills sets

Appropriate technology

- Interdisciplinary/ Multidisciplinary/team-work
- Flexibility- roles/responsibility/Delegation tasks
- Cultural adjustments
- Rapidly changing context- **Creative solutions**
- Primary health care approach and context

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Goal:

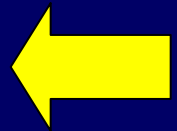
→ Train in rural/remote areas, and train specifically with an emphasis on integration and education on dealing with rural/remote care. Different standards may need to be developed specifically for rural/remote staff and care.

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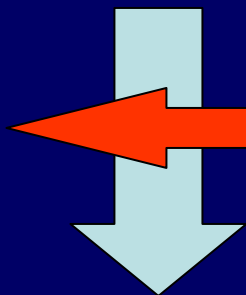


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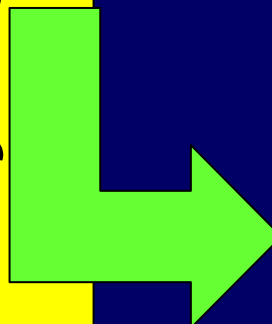
Technology

Disease



Patient

Professionals



Health

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Which/What Technology?

When?

For Whom?

? Appropriate
Technology!

e-Health Development

Stock Taking



Policy Development



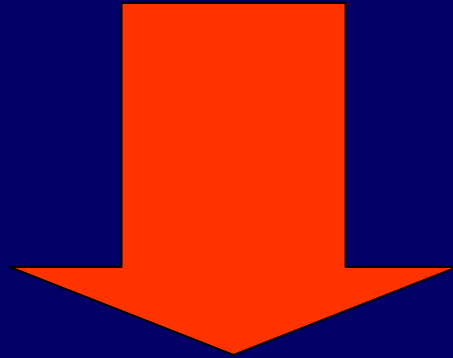
Strategic Planning



Implementation

e-Health Development

Centralized coordinated development policy with a time-scale may be important



Capacity-building now at levels where needs and opportunities present themselves is more critical and ultimately
More productive

Information Technology Comes to Medicine

Core Functionalities

1. Health information and data
2. Results management
3. Order entry and support
4. Decision support

Other functionalities

1. Electronic communication and connectivity
2. Patient support
3. Administrative support
4. Reporting and population health management

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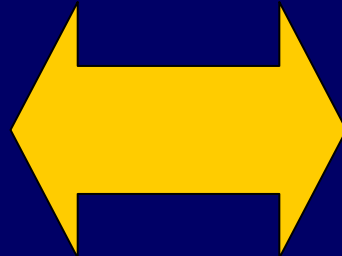
“Know-Do” gap

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The GAP



Cultural
Sociological
Philosophical



Economic
Political
Developmental
Technological



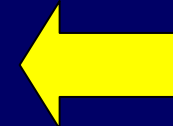
More Complex
?Globalization?

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Ethics?

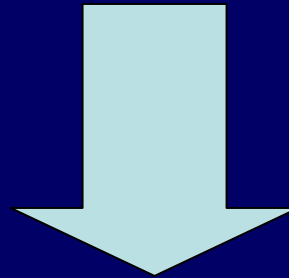
What Ethics?

Appropriate Ethics?

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Changing models in health services delivery

Disease treatment
and Prevention Models



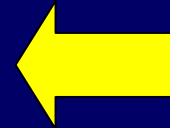
Wellness models

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Re-model healthcare delivery and services to rural and remote areas in a context of shrinking resources and extreme poverty and community disillusionment .

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This will certainly require necessary changes to health professional training and the **application of appropriate information and telecommunications technology.**

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Help build the capacity of rural and remote communities to draw upon the experience, expertise and other resources that may be located at some distance from them.

Paradigm shift

When considering Health Issues in Sub Saharan Africa

Development occurs when there is:

Education and information ←
Involvement ←
Commitment ←
Ownership ←

When Capacity–building occurs at any level!

Issue of Technology: It must be “

- Adoption of technology should be “needs based”, because the best use of already scarce resources must be made.

All key stakeholders must be involved:
community groups and partnerships,
clients,
health care providers,
Governments and NGO's, and the suppliers

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Quote from a WHO report (Investing in Health- Building a safer future)

Capacity-building in developing countries must be practical, based on The needs of the country, and must be collaborative.

MIYAKA!