

Forum: World Health Organization (WHO)

Issue: Delivering accessible and high-quality healthcare to low-resource and remote areas

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Introduction

The preamble to the World Health Organization's (WHO) Constitution writes, "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition." Healthcare, as defined by WHO, is an undeniable universal right that should be guaranteed to all. Despite this standard that many nations uphold, remote regions have shown to lack needed access to healthcare systems as compared to rural areas. A 2015 report published by the International Labor Organization (ILO) found that 56 percent of the global rural population suffers from a lack of health coverage, while only 22 percent of the urban population is deprived of coverage. The disparity points to the significant deficit in healthcare access that rural regions continue to face. In 2012, the United Nations General Assembly passed a resolution marking its commitment to advance the progress of universal health coverage (UHC), providing equal access to quality and affordable healthcare across everyone, among the international community. Remote areas suffer from notable gaps in accessibility and quality healthcare due to minimal growth of health infrastructure in those regions and lack of human resources or workforce shortages. Important services that establish the foundation for quality healthcare—such as transportation, immediate or emergency medical support, and resources— are significantly lacking in remote regions. While basic resource issues contribute to the healthcare access inequalities experienced in different regions of nations, a significant aspect of the problem lies in resource allocation fueled by information gaps governments fall trap to. National funding for healthcare often experiences unequal distribution as data on rural healthcare are often undocumented or unavailable, yielding deficits in financial support or funding from

governments. Another key aspect is the quality of the workforce and healthcare staff in rural regions. Although remote areas have certain allocated workers or healthcare services, without the level of quality that healthcare systems provide in urban areas, maternal mortality rates remain higher in rural locations.

In light of the COVID-19 pandemic situation, rural communities have become even more vulnerable to the socioeconomic and health impacts of the pandemic due to their precarious access to healthcare. Healthcare workers and resources that specialize in fighting and containing the virus in these regions are particularly sparse. In such times, it is more difficult for accessible healthcare providers to reach and treat remote populations, and thus, the issue of equitable healthcare access has become even more urgent and pertinent to resolve. While the effects of the coronavirus can be felt among all nations, the rural populations of Less Economically Developed Countries (LEDCs), particularly the low- and middle-income households are experiencing significant hardship in gaining basic access to their healthcare needs to prevent their conditions from getting more severe.

Definition of Key Terms

Primary Healthcare

According to the WHO, primary healthcare is “a whole-of-society approach to health and well-being centered on the needs and preferences of individuals, families and communities” which “addresses the broader determinants of health and focuses on the comprehensive and interrelated aspects of physical, mental and social health and wellbeing”.

High-quality healthcare

High-quality healthcare refers to a generalized term characterized by equitable, safe, efficient, suitable, and patient-centered coverage of medical services and resources that are guaranteed to the patient. This differs from basic healthcare as it addresses the degree of efficiency and suitability of the healthcare to the patient. High-quality healthcare goes beyond the basic criterias of affordability and accessibility.

Universal Health Coverage (UHC)

According to the World Health Organization (WHO), Universal Health Coverage is defined as “ensuring that all people have access to needed health services (including prevention, promotion, treatment, rehabilitation and palliation) of sufficient quality to be effective while also ensuring that the use of these services does not expose the user the financial hardship.” UHC is one of the UN Sustainable Development Goals (SDGs) and is a goal set to be fulfilled by 2030. UHC covers the need for more equitable healthcare access by increasing availability of medical assistance in rural areas.

Low-resource areas

Low-resource areas are characterized by insufficient funds to cover basic healthcare services and severely limited access to medical supplies and workers. Low-resource areas are often common in remote regions.

Legal health coverage

Legal health coverage as defined by the International Labor Organization (ILO) is the “percentage of population affiliated to or registered in a public or private health system or scheme”.

History

In September 1978, the Declaration of Alma-Ata was published at the International Conference on Primary Healthcare, recognizing the importance of addressing equitable access to healthcare throughout the world regardless of region. It was one of the earliest published resolutions recognizing the importance of widespread primary healthcare, as Article VI of the declaration states: “Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community.” This declaration set the stage for introducing high-quality healthcare to all communities, including the rural and remote ones. The importance of addressing rural and remote healthcare gradually gained recognition as a global issue. Rural healthcare has undergone significant reforms and changes since it was first recognized as an universal problem.

Unlike its urban counterparts, rural regions have long experienced a shortage of healthcare physicians, transportation barriers to medical facilities, and a severe deficit in healthcare resources. However, new innovative programs targeting rural healthcare have grown in the world, including the US Federal Communications Commission (FCC) Rural Healthcare Program and the VÄITel partnerships with Sweden and Denmark to develop healthcare services to remote populations. Nations are improving methods of comprehensive healthcare development through combating issues such as healthcare workforce deficits by offering rural retention programs and expanding rural recruitment. As countries begin to recognize the importance of supporting and retaining a rural medical workforce, more local training and curriculums for rural physicians are being implemented. Efforts to build healthcare technology and updating a centralized information system that collects data across all regions of nations are also underway. Such progress has benefited many low-resource remote areas and pulled them out of poor healthcare conditions, however, much remains to be done before achieving universal healthcare coverage. In particular, developing countries continue to face greater health care disparities between their urban and rural regions due to the gradual growth of healthcare innovations and resources in their nations. With limitations regarding technological advancement and funding, these nations continue to struggle with rural populations that suffer with low-quality healthcare services.

Key Issues

Rural healthcare remains a prevalent issue in our society today, and if not addressed, the disparity between health in urban versus remote regions will only exacerbate. Working towards the UN goal of achieving equitable universal healthcare access by 2030 and the UN Sustainable Goal 3 Target 3.8, rural healthcare remains a vital aspect towards achieving universal health coverage.

Criteria of Healthcare: accessibility and availability, quality, affordability

Availability and Accessibility

One of the barriers to accessibility in rural healthcare is the deficit of transportation infrastructure and transportation to healthcare facilities. This prevents rural communities from

gaining access to quality healthcare services and also impedes the delivery of healthcare resources to rural clinics. Geographical accessibility of medical facilities and resources is a vital aspect of high-quality healthcare. Without the proper transportation to these medical facilities, this hinders the process of ensuring equitable healthcare access. Deficits in transportation and transportation infrastructure further affects the other alarming aspect of healthcare availability—rural healthcare worker shortage. The number of rural healthcare workers generally falls short in these regions as many healthcare professionals are reluctant to relocate to these regions due to the significant lack of transportation infrastructure. The general shortage of healthcare workers in rural areas poses another obstacle to gaining equitable access and availability to healthcare for rural communities. As the International Labor Union data displays: “nearly 70% of health workers (seven million), are missing in rural areas compared to three million in urban areas”, “23% healthcare workers today are deployed in rural areas, while 50% of the world’s population are living in these areas and need to be served”, “10.3 million skilled healthcare workers are missing in the effort to achieve UHC.” Causes of health worker shortages include the scarcity of job opportunities due to the lack of medical facilities and infrastructure supporting these rural regions, poor working conditions, and low wages. In order to mitigate the gap between rural and urban health worker needs, health professionals would require heavier incentives to move to these regions. Such include a more accommodating location, increased job opportunities, decent working conditions, and adequate wages. The need to address the deficit of health workers in remote areas is dire as without sufficient healthcare workers, rural populations are unable to attain the basic healthcare services. The inability of those to obtain primary healthcare leads to a general decline in health conditions in these regions.

Quality

The quality of healthcare is heavily intertwined with the criteria of availability and accessibility aforementioned. The quality of healthcare is dependent on the working conditions provided to the healthcare workers— if they do not receive proper medical equipment or do not have a stable environment to work in, this affects the quality of performance and also hinders their ability to perform more complex surgical procedures which are often needed. The lack of accessibility to such resources drives down the ability of healthcare workers to perform necessary medical operations. As the ILO data projects, “50% of the global rural population lacks effective access to healthcare, compared to 24% of the urban population.” The imbalance of healthcare workers also affects the healthcare service conditions offered to each rural region

as needs vary across the population. The services provided need to cater to those specific to the region, if a certain field of medical workers are concentrated in one region but are not needed, this would not produce quality healthcare.

Affordability

The affordability of healthcare serves as another critical factor in achieving equitable healthcare access in rural communities. Legal healthcare coverage is a crucial element of affordability in many nations as those without legal coverage are not protected by the healthcare system and thus have no rights of access to primary healthcare. This prevents them from obtaining the quality medical aid that they deserve. According to 2015 ILO estimates: 48 percent of the global population does not have financial coverage, and of this 48 percent, 63 percent is the rural population while only 33 percent is the urban population (Figure 1). ILO states that “global deficit in rural coverage is 2.5 times higher than that in urban areas.” Additionally, funding of healthcare resources remains a prevalent issue in rural communities. Among nations, unequal distribution of healthcare resources remains. A systematic flaw that has led to inequitable funding and the lack of financial resources to support medical services in remote

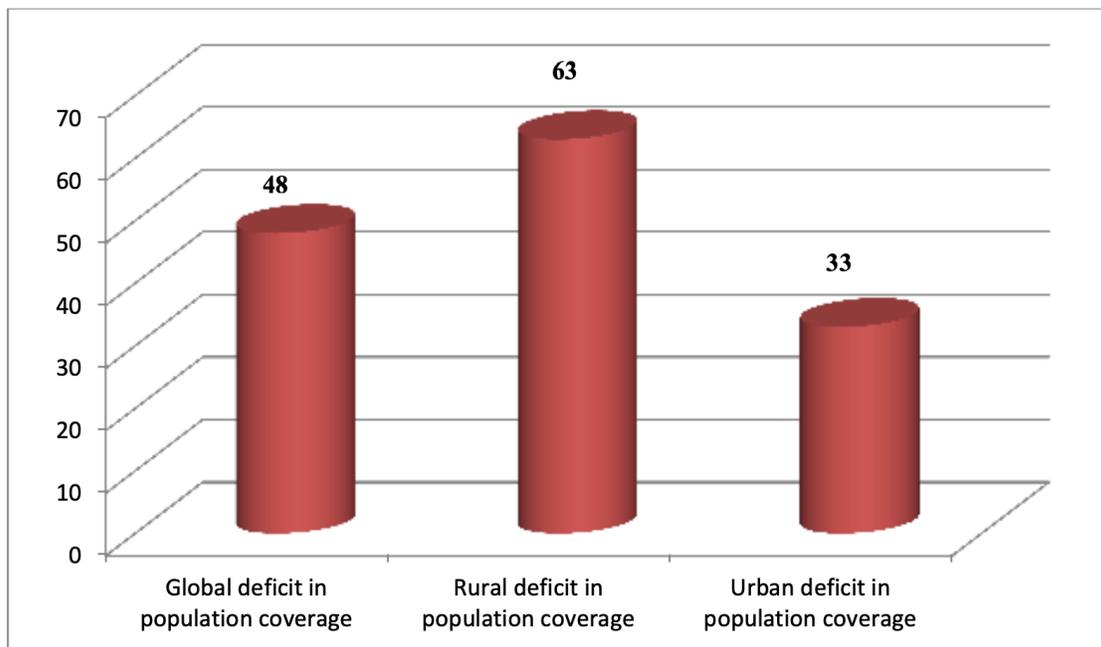


Figure 1: Graph of rural vs urban coverage

areas is that within health systems, resource allocation tends to go to the higher-level facilities which are generally concentrated in the urban areas rather than the remote. This creates unequal distribution of medical supplies, harming the rural populations. The international community has begun to observe the importance of allocating resources not based on staffing and infrastructure but rather on meeting the requirements and needs per region. This would combat unequal resource allocation and ensure that rural communities are receiving the healthcare resources they need in order to support the population.

Information Gaps and Inefficiencies

The inequitable distribution of healthcare in remote areas versus urban areas also stems from the information gaps that exist. The lack of data on rural medical care needs and healthcare workers continues to exacerbate the issue of unequal healthcare coverage in nations. The ILO has found that a “lack of management information about the numbers and locations of existing health workers...make it very difficult for planners to deploy human resources to where they are most needed.” The result of having “disaggregated data and analysis” is significantly unequal resource distribution and allocation processes, often resulting in the exclusion of rural communities. Such gaps in information lead to the creation of “urban biases” where urban hospitals and clinics receive the abundance of government funding and resources while rural-based hospitals and centers receive the bare minimum. This also leads to a severe shortage of healthcare workers and services as the lack of information contributes to neglecting the rural communities. Qualified healthcare workers that are deployed in these rural hospitals and clinics end up having to spend time on non-clinical tasks such as cleaning, administration, and health education, taking away from their time that could be dedicated to helping those in need of medical support.

Issues that poor rural healthcare has caused

Correlations between the lack of high-quality healthcare resources and health disparities faced by urban counterparts have been made. In these regions, primarily high maternal mortality rates in rural regions indicate the failure of current healthcare systems. As the ILO indicates, “[g]lobally, the maternal mortality ratio (MMR) is 2.5 times higher in rural than in urban areas.” The ILO reports also linked the shortage of healthcare staff access in remote regions to these high rates of maternal mortality. Poor rural healthcare has also led to increased poverty in these regions.

Major Parties Involved and Their Views

Australia

The Australian Government Department of Health and Ageing funds the non-governmental organization Rural Health Workforce Australia (RHWA). The RHWA supports and collaborates with a network of seven government-funded Rural Workforce Agencies (RWA) all working toward the initiative of offering comprehensive healthcare services to the remote and rural Australian companies. They focus on collaborating with general practitioners in order to sustain and expand the health workforce in rural Australia.

France

Despite France's universal coverage healthcare system, the French government has witnessed the disparity of healthcare access between their urban and rural regions. A study commissioned by the L'Association des maires ruraux de France (AMRF) reported that rural France experiences inferior healthcare access and quality compared to its urban counterparts. The study addresses the deteriorating conditions of rural healthcare as between 2010-2017 the access to local medical care decreased by over a third in 30% of all administrative districts in France. Emmanuel Macron, the French president, has proposed reforms to the "medical deserts" concentrated in rural regions as he is set on contributing more funds into these areas in order to address the severe lack of healthcare access.

Germany

Germany's main problem with healthcare in rural areas is a significant shortage of physicians and health workers while its elderly population in remote regions is rising. However, the German government has attempted to remedy this by passing legislation to promote the relocation of doctors to rural regions in need of a stronger health workforce. Germany contributes large funds to its healthcare system but inequities in allocation and distribution processes of resources continue to persist, hindering the growth of healthcare quality in rural regions.

GBCHealth

GBCHealth is a coalition of companies and organizations that are committed to investing their resources to create a healthier world. GBCHealth aims to leverage the resources of this business community in order to meet today's most pressing global health challenges. They drive to progress in areas such as sexual and reproductive health rights, adolescent health, and NCDs. In these areas, the assets of the business community can help maximize GBCHealth impact as they work to achieve the 17s Sustainable Development Goals (SDGs).

Global Alliance for Chronic Diseases (GACD)

The GACD is an alliance of international funding agencies that provide global funding for health research. They focus on multi-country, multidisciplinary research in the particular needs of low and middle income countries (LMICs), where 80% of the deaths from chronic diseases occur. They also focus on research with the populations of LEDCs. GACD focuses on the research collaborations between low and middle income and high income countries to fight chronic diseases such as Diabetes, Heart Disease, Mental Illnesses, Cancer, and Lung Diseases.

India

India has an overwhelming population of approximately over 65 percent living in rural regions. The government of India launched the National Rural Health Mission in April 2005, which was created in efforts to provide affordable, accessible, and quality healthcare to the rural communities. Areas that the National Rural Health Mission cover include the strengthening of the health infrastructure, where they undertook eighteen states that were identified with weaker health infrastructure that needed better management and centralization.

United States

Around 60 million people, or 19 percent, of the population lives in rural regions of the United States. With a large portion of the population living in the rural regions, the United States has a national non-profit professional association, the National Rural Health Association American (NRHA), dedicated to fulfilling the duty of delivering health services to the rural population and assisting the rural citizens in gaining access to these services. Through methods of education, advocacy, and communication, the NRHA strives to diminish health disparities experienced between the rural and urban populations.

World Organization of Family Doctors (WONCA)

The World Organization of Family Doctors is a global non-profit professional organization that represents general practitioners and family physicians. WONCA has developed a specific focus on rural healthcare through the creation of the branch Working Party on Rural Practice founded in 1992. The WONCA Working Party on Rural Practice has been holding world conferences on rural health since 1998 and held its most recent one, the 17th annual conference on Rural Health, in 2020 in Bangladesh. Under the Working Party on Rural Practice is a subcommittee, the Wonca Rural Information Technology Exchange (WRITE), which spearheads using informational technology to improve healthcare and using low-cost technology to kickstart telehealth in rural communities. Telehealth is one of the initiatives that the WONCA Working Party on Rural Practice has suggested as a means of attaining rural healthcare coverage. In 1997, the WONCA also published the declaration of “Healthcare for All Rural People” which proposes a universal initiative for the global rural population to overcome the healthcare inequities experienced.

Timeline of Relevant Resolutions, Treaties and Events

Date	Description of Event
September 1978	The International Conference on Primary Health Care was held in Alma, Alta that published the Declaration of Alma-Ata
May 2002	The WHO-WONCA Invitational Conference on Rural Health. During this conference, WONCA initiated a specific action plan to be adopted named the “Health for All Rural People” (HARP) action plan. WHO–Wonca co-sponsored invitational conference, entitled Health for All Rural People, which was held in Traralgon, Victoria, Australia. The conference recognized the importance of “equitable distribution of health resources and investment”.
November 2013	WHO publishes report, <i>A Universal Truth: No Health Without a Workforce</i> , that addresses the universal lack of healthcare professionals and physicians in the world, particularly in remote regions.
September 25, 2015	Publication of the UN resolution Transforming our world: the 2030 Agenda for Sustainable Development

Relevant UN Treaties and Events

UN Treaties

- Global health and foreign policy, 12 December 2012, (A/RES/67/81)
- United Nations Declaration on the Rights of Peasants and Other People Working in Rural Areas, 17 December 2018, (A/RES/73/165)
- Global health and foreign policy: addressing the health of the most vulnerable for an inclusive society, 12 December 2017 (A/RES/72/139)
- Transforming our world: the 2030 Agenda for Sustainable Development, 25 September 2015, (A/RES/70/1)
- WHA58.31 Working towards universal coverage of maternal, newborn and child health interventions, 2007, (A/60/17)

UN Events

- Expert Group Meeting on the “Eradicating rural poverty to implement the 2030 Agenda for Sustainable Development” held from February 27th to March 1st 2019 by the Division for Inclusive Social Development (DISD) of the United Nations Department of Economic and Social Affairs

Evaluation of Previous Attempts to Resolve the Issue

WHO solutions towards rural healthcare

In 2001, the World Health Organization (WHO) initiated the *Towards Unity for Health* Project which promotes the adoption of policies that provide access to health services to the whole population of the nation. The WHO also has a *Towards Unity for Health* working paper that dives into the idea of catering health services to people’s needs across varying regions. The working paper discusses potential flaws in the current healthcare system, such as fragmentations in health services, and proposes a series of policies that nations should abide by to achieve unity for health. These include the integration of medicine and public health through new patterns of service, sustainable partnerships, and emphasizing the role of health professionals in this. It addresses the importance of collaborative approaches in reducing the

deficits experienced by vulnerable populations. In 2010, the WHO further published its global policy recommendations to increase access to health workers in remote and rural areas. The movement towards achieving universal healthcare coverage continues to progress, as of September 25, 2015, the United Nations formally declared its goal of attaining Universal Health Coverage (UHC) by 2030 through the adoption of the resolution on Transforming our world: the 2030 Agenda for Sustainable Development.

International community and UN solutions

The global community's attempt to address the issue of healthcare disparities in rural versus urban regions begins with the acknowledgement of these severe gaps observed in varying regions of nations. A UN resolution adopted in December 2012 addressed the importance of universal health coverage through the implementation of comprehensive primary health-care services as explicitly stated in Clause 9 of the resolution. The resolution is an attempt to urge its signatories to acknowledge the importance of healthcare coverage across all regions of the nation, including the remote areas. This is a stepping stone for the problem of healthcare discrepancies in remote areas as it recognizes the importance of addressing widespread rural and urban health disparities. The scope of the issue expands not only to the lack of access and poor quality of healthcare offered in rural areas, but also how this affects certain groups of people. Article 15 of the UN Declaration on the Rights of Peasants and Other People Working in Rural Areas aims to target the healthcare rights of children in rural populations, a particularly vulnerable group to the insufficient healthcare resources provided in these areas. The major attempt to resolve the issue is through the 2030 Agenda for Sustainable Development adopted by the United Nations in September 2015 which officially recognized and set Universal Health Coverage (UHC) as an international goal striving to be attained by 2030. UHC establishes the criteria for achieving a comprehensive healthcare system within nations, aiming to cover and include all communities of a nation. Many of these global policy recommendations as outlined by these resolutions are crucial to provide the foundations for nations to follow in order to adopt a comprehensive rural healthcare system. However, rural healthcare needs vary across nations and these resolutions only provide the basic layout. More region-specific resolutions would provide a better outline for developing and developed nations in need of improving rural healthcare systems.

Possible Solutions

1. Setting up rural healthcare and the necessary transportation infrastructure needed
 - **Pros:** By targeting transportation and rural healthcare infrastructure, this addresses the core issue of accessibility. Setting up government-funded buses or vehicles to transport remote populations to medical clinics is an example.
 - **Cons:** Funding deficits would be a potential problem as it would require significant coverage in order to build new infrastructure and transportation. However, finding necessary NGOs and providing further incentives for the governments to fund these healthcare and transportation infrastructure could solve the funding deficit.
2. Implementation of a comprehensive data collection system for rural healthcare monitored by the national government.
 - **Pros:** Governments can gain access to more specific healthcare needs of rural regions and respond accordingly to the reports published, creating a more centralized system to address healthcare worker shortages and healthcare service deficits. This is a step forward for addressing the issue of information gaps that causes inefficiencies within the healthcare system.
 - **Cons:** Difficult to carry out due to technological deficiencies in rural areas, however, this could be a part of the government's plan to implement new healthcare infrastructure including technological advancements.
3. Rural healthcare should be incorporated into medical curriculums and offered by medical schools in order to promote rural doctors and integrate them into the rural workforce
 - **Pros:** Offering rural healthcare curriculums would better encourage the growth of a branch of rural healthcare workers and address the shortage of physicians and doctors in these remote regions.
 - **Cons:** Incentives need to be created, such as increase in wages and better living conditions in rural hospitals, in order to expand the rural healthcare workforce.

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