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Addressing the Challenge of Medical Deserts

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Abstract

In response to medical deserts in the Francophone world, the International Conference of Deans of French-Speaking Faculties of Medicine (CIDMEF) held a symposium resulting in the Djerba Declaration, endorsed by the International Organisation of La Francophonie (OIF). The partnership involves various Francophone entities, focusing on both "North-South" and "South-South" collaborations. The roadmap aims to influence health policies, secure international funding, and balance technology with social innovation in healthcare. A survey is underway to assess the impact of these initiatives. The ultimate vision is improved health access and outcomes in local communities, with results to be presented during the RIFRESS (Le Réseau international Francophone pour la responsabilité sociale en santé) Conference in 2024.

Introduction

To address the growing challenge of medical deserts in the French-speaking world, the International Conference of Deans of French-Speaking Faculties of Medicine (CIDMEF) convened a health partnership symposium on the sidelines of the International Organisation of La Francophonie (OIF) summit in Djerba, Tunisia in November 2022. The meeting produced the Djerba Declaration, a call organized around five strategic priorities. It was subsequently ratified by all participating partners and endorsed by the OIF.

Since then, the Francophone health partnership has been working on an inventory in order to map health challenges and their solutions in relation to each of the strategic priorities (Figure 1). “Around the world, there are populations living in areas with limited or nonexistent healthcare services, so it is crucial to identify sustainable initiatives that address local challenges,” says Dr Ahmed Maherzi, Director of the Office of Social Responsibility at the Université de Montréal Faculty of Medicine. Even in urban areas in Canada and France, the distribution of healthcare professionals is unequal. African countries face a shortage of doctors combined with an exodus of medical and paramedical leaders, resulting in woefully inadequate coverage.[i] In 2006, the World Health Organization recommended a minimum ratio of 2.3 physicians, nurses, and midwives per 1,000 people; a country that falls under this ratio does not have adequate coverage of basic health needs.[ii]

Challenge

Some of the main causes of medical deserts include:

1. doctors trained and selected primarily in urban areas
2. lack of development in rural areas
3. suboptimal organization of national healthcare systems
4. shortage of healthcare workers in low-income countries
5. unequal distribution of healthcare in both North and South

Solution

The International Conference of Deans of French-Speaking Faculties of Medicine (CIDMEF) created the Djerba Declaration, a call organized around five strategic priorities as seen below in the Djerba Declaration.

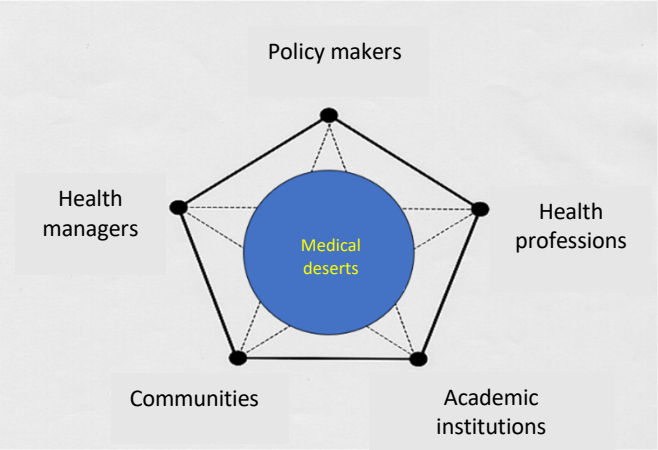
Figure 1 – The Djerba Declaration roadmap

The Djerba Declaration outlines **five strategic priorities, as seen in Table 1 below,** identified by the Francophone health partnership. They will be addressed through a "partnership pentagon," i.e., a multidisciplinary model in which each dimension—public policy, health governance, education, digitization, social accountability, and civic engagement—is marshaled to achieve the desired outcomes (Figure 2).

Table 1

Priority 1 - Strengthen social accountability **in healthcare and education** 1.1 Conduct an objective assessment of what already exists, what is underway and what is planned to promote social accountability. 1.2 Develop a process for objectively identifying community needs in order to reorient research and training programs.
Priority 2 - Support and promote health partnerships in underserved areas 2.1 Create an observatory on local experiments that harness health partnerships, analyze the key success factors, and disseminate the findings. 2.2 Develop specific approaches based on local conditions in order to adapt relevant experimental models.
Priority 3 – Promote digitization in healthcare 3.1 Implement innovative training using digital media and simulation in healthcare as part of multi-professional and continuing professional development courses. 3.2 Develop inter-professional exchanges and operational links between healthcare players through joint management of healthcare delivery projects, including digital technology and AI.
Priority 4 – Promote youth civic engagement and build skills to address health challenges 4.1 Support student training that incorporates leadership skills, engagement and social accountability. 4.2 Implement community and international cooperation internships to better develop these skills and promote student mobility.
Priority 5 - Develop a science impact strategy for health equity in local communities 5.1 Assess the ability of academic institutions to understand and strategically address the challenges facing healthcare systems. 5.2 Recognize the local community as the appropriate setting for evaluating the impact of training institutions on the health of a population.

Figure 2 – The Partnership Pentagon



Boelen, C., *Towards Unity for Health,* WHO, Geneva, 2000

One notable feature of this strategy is the wide range of Francophone partners that have rallied behind it, including Le Réseau international Francophone pour la responsabilité sociale en santé (RIFRESS), the Francophone University Agency (AUF), the Besrour Centre for Global Family Medicine, and various civil society health and academic organizations (see Appendix 1).

The Francophone Health Partnership Model

The partnership is based on a distinctive model in that it includes members from many sectors and regions, not only academia. As noted above, its approach is based on the partnership with the pentagon, and its strategy has been developed through collaboration among influential stakeholders from Québec, France, Africa and the Caribbean (networks), Tunisia, Senegal, Lebanon, Egypt, Morocco, and elsewhere (see Appendix 1). Their initiatives will also foster "North-South" and "South-South" alliances.

> "We want to draw inspiration from evidence-based success stories," explains Dr. Maherzi. "We hope that this action plan serves as a guide for partners in regions facing issues such as massive health professional migration." Using

the final guide as a tool to influence health policy and management is also a key goal of the project.

One of the benefits of a consensus-based initiative is that it makes it easier to secure funding for innovative public health projects from international organizations (World Bank, African Development Bank, European Union, Grand Challenges Canada, Quebec-Tunisia joint projects, etc.).

The health partnership guide will include a specific section on the balance between innovative technology and social innovation in healthcare. Existing and emerging technologies alone (robotics, AI, mobile apps, telemedicine, etc.) are not enough to create an efficient and equitable health system. For strategic priority #3, it will be important to articulate approaches that incorporate the human dimension (e.g., humanistic values in curricula).

Impact Metrics

In the second phase of this project, the health partnership is conducting a survey in order to compile an inventory of local experiences and their impacts. Each project representative is asked to share the main achievements, key indicators, a SWOT analysis, and an action plan adapted to their region, which addresses the five strategic priorities. The survey lists examples of evaluation inputs, such as statistics, public feedback, articles, and KPIs.

Once data collection has been completed, the inventory will be used to propose impact assessment measures.

Long-Term Vision and Impact

We envision that each partner will adapt the guide to their region and its landscape in terms of social and policy influence on politicians, health professionals, civil society, etc.
The guide will help countries define priorities and find strategic solutions, including:

- relocating medical campuses (satellite campuses of medicine faculties in remote areas)
- telemedicine
- regional, economic, and social development initiatives, etc.

The ultimate purpose of this synergy is to improve health representation and access in local communities in order to:

- improve the health of populations
- have a positive social and economic impact
- strengthen civic engagement

Conclusion

The Francophone health partnership roadmap that emerged from the Djerba Declaration will yield an action plan that will be set out in a guide that proposes solutions adaptable to local contexts.

The results and the final guide will be presented at the 3rd RIFRESS Convention in Strasbourg, France, in May 2024.

APPENDIX 1

Members of the Francophone Health Partnership

Conférence internationale des doyens et des facultés de médecine d'expression française CIDMEF
Conférence des doyens de médecine, de pharmacie et de médecine dentaire de Tunisie
Conférence africaine des doyens de médecine d'expression française (CADMEF)
Conférence des doyens des facultés de médecine française
Réseau des hôpitaux d'Afrique de l'Océan Indien et des Caraïbes (RESHAOC)
Le Réseau international Francophone pour la responsabilité sociale en santé (RIFRESS)
Université Senghor
Faculté de médecine de l'Université de Montréal
Besrour Centre, College of Family Physicians of Canada
Fondation Dr Sadok Besrour
Conférence internationale des doyens de pharmacie d'expression française (CIDPHARMEF)
Réseau des établissements Francophones en santé publique (REFSEP)
Région Ile-de-France
Agence universitaire de la francophonie (AUF)

[i] World Bank, Data, Physicians (per 1,000 people)
[ii] World Health Organization, The Global Health Observatory, Density of physicians (per 1 000 population)