THE CONGRESS
OF LOCAL AND REGIONAL AUTHORITIES

Recommendation 223 (2007)[1]
Balanced distribution of health care in rural regions

1. Local access to health care is a decisive element in the welfare of communities but, for that access to be effective, health care provision has to be fairly distributed throughout the territory of the member states.

2. However, it is often the case that health care is unevenly distributed between the member states, between regions within one state and between different parts of a region, and it is the rural areas which lose out. The World Health Organization (WHO) has established in this respect that, while 45% of the world's population live in rural areas, only 25% of doctors practise in those areas.

3. These disparities are due to various factors: certain areas being seen as less attractive, resulting in a kind of medical desertification; wage policies for health care professionals; training policies and, in particular, the ability to keep trained professionals in the area; retiring staff not being replaced; and migratory phenomena.

4. It is important to note that the prospects in this area point to a worsening of the uneven distribution of health care in Europe's regions, especially because it is forecast that the need for care will increase, particularly as a result of the growth and ageing of the population, increased medicalisation of certain acts, regulatory requirements in terms of safety and the decline in the number of practising doctors.

5. Aware of this situation, the heads of state and government of the Council of Europe's member states agreed, in the Action Plan adopted at the Warsaw Summit in May 2005, that protection of health as a social human right was an essential condition for social cohesion and economic stability and they pledged to intensify work on equity of access to care of appropriate quality.

6. The Congress of Local and Regional Authorities of the Council of Europe, for its part, is keenly aware that an uneven distribution of health care can only render areas more vulnerable and damage social cohesion in the regions.

7. It should be pointed out in this respect that, at its spring session in March 2007, the Chamber of Regions of the Congress adopted Recommendation 212 (2007) on e-health and democracy in the regions, proposing concrete responses to the problem of the increasing scarcity of medical staff in the regions.

8. In the light of the above, the Congress recommends that the Committee of Ministers of the Council of Europe:

a. invite the governments of member states to implement specific measures to combat the phenomenon of medical desertification in the European regions concerned, and in particular to:

i. introduce permanent mechanisms for identifying areas which are vulnerable or becoming vulnerable where the distribution of health care provision and the ageing of health care staff are concerned;

ii. develop co-ordination between health policies and spatial planning policies, including urban planning measures and the distribution of support services for individuals and families, with a particular focus on the elderly and minors (to reduce the early impact of deprivation on their health);

iii. include the social status of individuals as a comparative criteria for regional health services;

iv. more strongly regulate the location of health professionals in practice, discouraging doctors from setting up in amply serviced regions and encouraging them to exercise their profession in regions with a lower density of medical provision and, with this in mind:

– set up more faculties of medicine in rural areas;

– incorporate programmes into medical courses designed to better prepare students for practising medicine in rural or remote areas, including through work experience courses familiarising students with such situations;

– offer financial aid for medical training, in return for a commitment from students to practise in a rural or remote area;

– authorise increments in wages in rural areas and possible measures exempting practitioners from tax and social contribution payments;

v. clarify and review the distribution of competences between the various health professions (transfer of tasks between doctors and nurses or between generalists and specialists), through the development of in-service medical training and the creation of new training or even new health professions;

vi. forge closer co-operation between doctors and paramedic staff;

b. invite the European Health Committee (CDSP), within the framework of its activities concerning the planning and organisation of health services at the level of primary and secondary care, to turn its thoughts to measures that might be implemented by the member states to ensure optimum distribution of health care in the regions of Europe.

---

1. Debated and approved by the Chamber of Regions on 30 May 2007 and adopted by the Congress on 1 June 2007, 3rd Sitting (see Document CPR(14)4REC, draft recommendation presented by N. Evdokimova (Russian Federation, R, NR) and C. P. Muratore (Italy, R, ILDG), rapporteurs).