

INTERNATIONAL FORUM OF RURAL HEALTH EXPERTS IN SOUTH AMERICA

Montevideo, Uruguay, 13-14th December 2013

We, the professional experts in rural health, the members of the International Advisory Committee, and the participants from different local, national, regional and international organisations, with the agreement of EURIPA (European Rural and Isolated Practitioners Association), ICOH (International Commission of Occupational Health), Spanish Institute of Rural Health, WONCA (World Association of Family Physicians) Working Party on Rural Practice, European Forum for Primary Care, Australian College of Rural Medicine, Rural Practitioners' Association of Santa Fe (AMER-Argentina), General Zone Practitioners National Association of Chile, Rural Medicine Society of Neuquen, Colombian Society of Family Medicine, Bolivarian Society of General Integral Practitioners of Venezuela, General Practice Society of Tucuman (Argentina), and the Rural Medicine Society of Uruguay (SOMERUY), as well as representatives from several international Universities, conclude our deliberations with the following document:

INTERNATIONAL DECLARATION OF MONTEVIDEO

URUGUAY – December 14th, 2013

“PROPOSALS FOR IMPROVEMENT IN RURAL HEALTH: P.E.I.C.U. STRATEGY”

P: Políticas de salud (health policies)

E: Educación (education)

I: Investigación (research)

C: Calidad (quality)

U: Urgencias (emergencies)

The Forum of experts on Rural Health in South America, aware of the regional difficult Rural Health setting and after the considerations highlighted in the Declaration of Santa Fe, has resolved to develop this strategy document in order to identify the future direction to be pursued in Rural Health and the practice of Rural Medicine in South America. The five strategic areas that have been identified were health policy, education, research, quality and emergencies (P.E.I.C.U).

GENERAL RECOMMENDATIONS:

Recommendations include:

- The need to improve the Primary Health Care strategy in the rural community: Primary Health Care teams have proven to be the most efficient providers of care, in contrast with the lack of efficiency demonstrated by the specialized care performed in other areas.
- The need to adapt the health strategies to focus on the perceived needs of their own specific communities towards to which the efforts should be targeted. The context matters: healthcare policies must take local context into account, as well as the educational decisions, research studies, the quality improvement and the particular delivery facets, such as the urgent care and emergencies, public health, occupational health, and community activities.
- The need to ensure a quality health care regardless of the location, culture and local resources. The five identified strategy areas must have a specific and different design in order to contribute to equity between our communities: It is not acceptable that urban concepts dominate the health planning for rural communities, and so it is necessary that minorities become heard, respected and move towards equity.
- The need to implement the recommendations of WHO concerning "health in all policies" especially with regard to energy resources, agriculture, livestock, mining, industry and transportation that are not respectful to the territories and ecosystems of rural communities who see their health affected, in the name of supposed progress, without being even consulted about it.
- The wellbeing of a country is related to the health of its minorities: Rural Health will not be achieved until the goal of Health for All and the Millennium Development Goals are achieved.

HEALTH POLICIES

The Forum of Experts on Rural Health in South America believes that Health Policies are an essential element in order to design the search for health in the rural communities, and therefore specifically recommend in this field:

- A proper distinction: single global planning is not feasible since each community has its own context and specific need, and it is towards them that care policies should be directed. It is recommended that health policies in rural areas should not be imposed, but come from the communities themselves, from the roots to the top: health professionals themselves and representatives of local communities should work to achieve the understanding needed to identify their own health maps and the diversity of their communities, and based on these be provided with the necessary resources to implement their own health care policies. The highest levels should promote these studies: ignoring the rural realities leads inexorably to an inefficiency.
- The importance of making the rural voice be heard: the pride of being rural and to work in team, the attachment to our land and our cultures, our inherent characteristics must be heard at a global level, and for this the same health workers must try to raise our needs to the highest levels, promoting their dissemination and the commitment of the agencies at the highest level, both individually and with our integration into discussion and opinion groups. Despite resilience being one of our positive attitudes, there is no reason to condemn us to fatalism nor entrust it to overcome our problems: we must pursue and foster our voice between us in order to be strongly heard in the different forums and opinion media.
- In comparison to other world regions, there is lack of evidence on the issues concerning Rural Health in our region. With this lack of evidence it becomes difficult to get a change in attitudes, and this change must be achieved not only at the level of global planning but also in our own approaches at clinical, epidemiologic and social level.
- Healthcare resources should be used wherever there are the highest needs: cultural diversities and marginalized communities (such as in large areas of our rural communities) require greater resources per capita than in large cities, where isolation is not a barrier for access to health care. It may be politically profitable to invest a resource where it can benefit more users (1 man = 1 vote), but this is not ethically acceptable: all human beings are entitled to the same level of health care alike, and differences in health outcomes must not be created. It is the mission of politicians and planning strategists to provide adequate human and material resources to disadvantaged communities in order to achieve this equity: there is high evidence at rural areas of the lack of equipment, the amount and qualified diversity of their team members, as well of the necessary allowances for their proper functioning, both for the preventive and the specific delivery activities, and it becomes the mission of all the players to execute and track policies or plans that address equity for health and its determinants.

- We urge the implementation in our countries of the WHO framework for action for health in all policies, including intersectoral action and community participation to address the social determinants of health. The different health systems should be oriented accordingly.
- We recommend that at government level there should be a department working to maintain national health statistics for rural areas, both at the epidemiological level as well as with respect to the delivery of care at the primary care level. This department should set the guidelines for Rural Health leaving opportunity for local debate and alignment with each of the territorial realities that must be supported by the central level, rather than with hierarchical relationships and policy commitments based on urban concepts. In this department there must be practitioners who live and/or practice in rural areas available; it would be preferable if they are based in a rural area due to their deep knowledge of the reality of being rural.
- Regarding the massive scourge that causes the migration of professionals from their own country to other more prosperous regions, we adhere to the Melbourne Manifesto. Without the need to assess the adequacy of foreign health professionals to meet the lack of professionals in rural areas we denounce, in accordance with the Manifesto, that these policies which induce the immigration of professionals from other less developed countries increase the gap between rich countries and the weak ones, leaving the countries that need them most without professionals.
- It is advisable to consider an award to tempt new medical generations to encourage their establishment in rural areas, providing retention and support, not only in financial terms, both for them and their families.
- In case of an extreme lack of professionals in rural areas compulsory service can be a temporary solution; this should not be however the basis for human resources policies, which must be aimed at creating a large enough professional contingent with the required training for the practice of top quality primary health care, as described below

EDUCATION:

The Forum of Experts on Rural Health of South America believes that education should be differentiated in order to achieve the aims of care in the rural community, and therefore specifically recommends:

- The need to promote specific educational measures for working in rural areas in order to provide a suitable health care workforce to solve the needs of each one of its communities. These measures should include skills in public health, occupational health, urgent care and emergency care, community hospital care, gender and health, environmental risks, social determinants, health promotion and the life cycle, epidemiological surveillance and disease control, mitigation, mental health, etc.
- There are different models for rural practice around the world, with examples ranging from centralisation in public health or technological-hospital care. This Forum of Experts points out that the model required in our region is the one that represents General Practice / Family Medicine with the skills required for the practice of Rural Health in their specific community: these skills must be accessible to the professional, and to their community and have to be offered by their health authorities. No specific specialization as a Rural Physician is required, although this must be regarded as a super-specialization of general practice / family medicine and related to it. In this way, basic Sociology, Anthropology, History and Geography of the site, group dynamics, conflict resolution, etc may be needed.
- Rural Health Education should serve at the same time to achieve a reinforcing effect to get a sufficient workforce to cover the present and future needs: the specific training in Rural Health should start at an early stage, thus promoting the recruitment and subsequent retention in rural areas, and be sustainable over time with continued training.
- The recruitment of health care professionals unaware of the reality of their communities and cultures and not prepared to solve their problems may lead to dissatisfaction, insecurity and lower health outcomes. The rural health team should be included in this training, as the support for the rural practitioner's actions because - without the team- their action is unsustainable.
- Education and training in the skills of Rural Health should be promoted horizontally and vertically: horizontally because it must address skills, knowledge, and different abilities in a multi-professional and multidisciplinary way, and vertically because it should involve all the stages of education and medical training: from undergraduate to continuous professional development.
- The revalidation of professionals is a fact in many countries, and inevitably it will be introduced here in the not too distant future. This will be a great opportunity for the implementation and validation of knowledge and skills in Rural Health, and the training requirements must be designed with adequate time and the necessary resources for universal accessibility to healthcare professionals who are already working or intending to work in this environment.

RESEARCH:

It is highly unlikely that measures to improve Rural Health will be carried out if the needs or achievements are not known or not disclosed. Therefore, the Forum of Experts on Rural Health believes that research is one of the fundamental strategies for achieving the improvement of Rural Health. For this reason, the following recommendations are made:

- We should appreciate the research, both for producing new knowledge and also for identification of problems in the rural communities. It is vitally important to analyze the health situation for the identification and solution of the local problems.
- Although in certain regions of the world research is part of the routine activity, for Rural Health professionals it is evident from what has been published in the reference media that this is not generally so in our region. We should be self-critical and contribute to the promotion and implementation, from the beginning on an individual basis and also to move it to higher levels (organization of discussion groups, scientific organizations, relationship with the University, commitment to governmental and non-governmental bodies, etc), and a minimum lapse of time during the working day should be agreed in order for it to happen.
- The needs of our own health care teams and of the communities that we care for are the results of the expression of knowledge: our requirements and our planning must be based on the evidence of our needs. It is crucial that research activities aimed at identifying our needs and the needs of our communities, with which we will achieve an efficient way to target all the resources that we have or, based on the evidence, require those that we don't have.
- Looking towards health planning, we highly recommend the development of a tool that will allow development of a specific vision for the Rural Health of the community we serve: implementation of local health maps, health situation analysis, combined with "rural proofing" techniques that have been implemented in other parts of the world. They constitute identification and verification measures that should be carried out by our Rural Health teams and exhorted to higher authorities for the improvement of Rural Health.
- Another important barrier for research is the availability of funds to finance it. Therefore, and given that is a concern of the country, each State should have funds available for Rural Health teams to maintain specific research lines aimed at the rural reality of their territories.

QUALITY:

The Forum of Experts on Rural Health firmly believes that the rural community should be offered the same quality of care as their urban counterpart. For this reason, we make the following recommendations:

- Rural health requires specific and differentiated human resources compared to those of the urban community. These resources should be especially supported both professionally (possibilities for promotion and recognition, training, financial and educational) as well as the personal (comfort of health workers and their families). Rural factors such as complexity, risk management, immersion in community/social accountability, the isolation and the need for improvement in different fields of medicine and inherent skills in Rural Health, along with a shortage of resources determine a professional profile of high performance and high level of expertise for the rural area that should be specially rewarded and considered in order to achieve a quality and safe care for the communities that we serve.
- In Rural Health the nature of the community in which we are working, should be taken fully into account, where the commitment to the population's perceived needs must be known, where more preventive-curative and rehabilitative activities must be undertaken, and where the doctor-patient- community relationships will become closer.
- Rural Health can also provide a particularly efficient model of care, allocating resources wherever they are needed, and where better results in health can be achieved with fewer resources. In order to do so, the organization of the Health Care Teams should be especially rational and the professional's competencies be targeted towards its effectiveness. The profile of the nurses (with an intimate relationship with the community) and the required skills of the medical staff also have essential differences. Similar requirements should be applied for rural odontologists and other health care professionals. Healthcare workers must have minimal bureaucratic tasks due to the scarce professional resources available in order to take full advantage of their clinical care and community role.

URGENT CARE AND EMERGENCY DELIVERY:

It becomes very difficult to approach the urgent and emergency care issue without a previous description of the Latin American setting. The great diversity of contexts in which rural doctors practice requires us to seek answers, which will necessarily be global, but that must also have enough flexibility to be suitable for each rural community, no matter of how remote it may be. The urgent and emergency episodes of care, which happen like a thunderbolt in a serene sky, are a nightmare for rural health professionals; they are only surpassed –in stress levels - by the limited but real "simultaneous calls" undertaken usually far away one from the other. For health care professionals the importance of the "golden hour" is crucial, since it will be dealt with far away from high-tech centers and exclusively our responsibility; let us also remember that many times the victims are people known to us and that, and not less important, the social structure is more strict in small communities. The weakness in the emergency delivery chain is located in the rural setting: the heterogeneity of the equipment, the lack of skills (the infrequency of emergency situations conspires against updating skills), the special characteristics of each placement, where the distance to the secondary and tertiary centers is not a minor issue, etc.

At the Santa Fe Forum, the situation and the problems of diversity in each community have been previously described, and perhaps it's in the context of emergency care where these differences more strongly conspire against our willingness to provide solutions. Taking, for example, data from the Rural Health Programme of the smallest of the countries represented in this Forum (our hosts), in Uruguay almost 600,000 people live in rural areas and in towns of fewer than 5,000 inhabitants. When we are thinking about healthcare delivery in rural areas of Uruguay we must take into account 369 towns of fewer than 1,000 inhabitants and 101 between 1,000 and 5,000: almost 500 villages, to which we must add more than 200,000 Uruguayans living in extreme remote and isolated areas. Trying to simplify the diversity, we can point out several areas: the oceanic coast, the west coast, the metropolitan area, the Brazilian frontier border area and the center of the nation. If this diversity happens in the smallest of our countries, what happens in the other ones, one of which is 45 times bigger! We are talking also about a country which does not have large variations in its geography, referred to as a slightly undulating plain; if you now add jungles, mountains, large distances and inhospitable climates we can verify that we must test our technical skills and the political will of our Governments to find a response that can be applied efficiently for each of our rural communities.

The response for urgent and emergency care in rural areas should improve: our opinion is that with the current structure and working conditions this will not become feasible. The solution is that the programmes and system planning and implementation should become based on the existing reality of each area, taking in account its different characteristics (geographical, climatic, road infrastructure, health teams and socio-cultural conditions). In order to pursue a solution, governments, academics, community representatives and healthcare stakeholders must agree; we believe that the if we fail in this approach, we will only waste resources and

create expectations that will not be achieved. It will be essential to adequately coordinate resources, avoiding duplication and inefficiency, and therefore strongly co-ordinate the establishment of priorities with the allocation of resources. Finally the use and results of such resources should be tested properly.

Therefore, the Forum of Experts in Rural Health has worked out that, within rural healthcare delivery issues, the organization and expertise in urgent and emergency care is an agreed priority need for healthcare professionals and the communities which are under their responsibility. That is the reason why we make the following recommendations:

- The universal coverage of healthcare is a right for all patients, and this includes the right to receive assistance in the case of an emergency. The community expects access to emergency care to be available in reasonable proximity, including all the human and technical resources needed for a quick and appropriate emergency delivery. The access and the care provision in emergencies is recognized to be more difficult and complex in rural areas compared to urban. The pre-hospital care at the accident and medical emergencies are integral and vitally essential parts of Rural Health.
- There is evidence that emergency care is the training most required by professionals as part of their continuing medical education. There is also evidence that the lack of skills and knowledge in this area is an obstacle to the recruitment of professionals at the rural area. Therefore, the training in accident and emergency care is essential both at undergraduate as well as at the post-graduate level, and also to keep it continually updated, especially for the rural health care professionals.
- Emergency care must be well coordinated at local and national levels with the different specialized care networks for cases which may require transfer to higher specialized centers. Rural teams should have the support of telemedicine and all the technical elements that may allow the stabilization and provision of first aid in order to allow stabilization for ongoing care.
- Emergency care should be delivered on-site, therefore rural healthcare centers must have the capacity to deliver the initial assistance and be efficient in those areas which can be resolved there.
- In Emergency care a pre-hospital network should be considered that aims to support the referral of patients from the location of the emergency to the rural emergency centers at different seriousness levels. This means that there should be a resource of a sufficient amount of ambulances available 24 hours to ensure the rural patients' referrals to those centers.
- These pre-hospital systems should have the resources able to deal with complex patients and trained personnel who can safely and with adequate care transfer patients from the incident to the emergency centers, and between these and the more specialized centers if needed.
- These transfer networks, should include aero-evacuation where possible given the insufficient transport infrastructure in our regions, and the time constraints to intervene in many of the diseases most prevalent according to our epidemiology such as trauma and cardio-cerebro-vascular events.

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PROPUESTAS DE MEJORA EN LA SALUD RURAL: ESTRATEGIA *PEICU*.

- The emergency and pre-hospital care network must be co-ordinated with community civil protection networks in order to deal with emergency and disaster events since this is the first organized response of the communities, which will be the only system with any possibility of coping on site in the first hours after an event with multiple victims.
- Following some international recommendations, Emergency Care Centers should be placed in Primary Care Health Centers: these centers must be located in the settlement offering the greatest accessibility, the greatest density of population and an intensity of natural advantages. Such a center should provide care for a community not more than 20,000 population, and the time distance for the most remote patient should not exceed 20 min. Hospitals should not be more than one hour in distance and medicalized ambulances should not be more than half an hour distant (or a similar local transport, like a boat). These are the parameters towards which the emergency healthcare planning must converge: everything that may not achieve this will constitute an inequity.

FINAL RECOMMENDATIONS:

1. The current needs of the rural practitioners must be taken into account: the demands that are required for them in their practice are extremely hard, because of high levels of expectation by the community. These practitioners feel themselves discriminated against, professionally not valued and ultimately discouraged to continue their practice: they need to feel that they are members of a health care system that offers them technical and professional support, an adequate provision of resources, and continuing educational and professional development projects that become able fulfill their expectations and underline their important professional and community role.
2. We, the signatories, adhere to the WONCA Melbourne Manifesto (a code of practice for international recruitment of health care professionals), which describes the growing emigration to other countries, most of all to neighbouring countries. It also describes the low salaries and their large differences across national health services. We must remember that to be a country doctor is usually a choice of lifestyle more than a simple job choice. It is crucial to achieve a culture of recognition, respect and confidence towards the work of rural practitioners by colleagues located in the other sectors.
3. We consider that there are other strategic areas, such as the determinants of rural health, the promotion of healthy lifestyles, epidemiological surveillance, non-communicable diseases, gender differences, the definition of competencies and of the areas of competency, longitudinal care throughout all the life (maternity, childhood, adolescence, adult and the elderly) etc.that even though they have not been properly evaluated in this document should be incorporated into future resolutions.
4. As for recruitment and retention policies, we adhere to the WHO-WONCA Working Party in Rural Practice paper "Increasing Access to Health Care Workers in the Remote and Rural Areas through improved Retention", which evidences encouraging policies for the recruitment of professionals and their subsequent retention in rural areas. Compliance with the recommendations set out in this document should combine complementary strategies instead of lone strategies: pre-selection of the profile of the student, favouring the admission of those with rural origins, the decentralization of student training, improving the comfort of the professional and family life, strategies for reducing isolation, facilitation of professional development and promotion, and a higher income.
5. The technical guidance to institutions and academic programmes in the field of health care must be modified in order to direct the educational health sciences towards Primary Care and Rural Health, recommending the reinforcement of specific physician training in the discipline of primary health care/family and community medicine as fundamental in order to improve the quality of rural health systems, and their orientation towards the local demands.
6. The rural community level is where it is key, in order to guarantee patient safety with a high care quality, to provide more highly trained professionals in all the

fields of medicine and health, as they shall be required to "do more with less", and to provide a professional service more distant from specialist and multidisciplinary teams.

7. The academic development of Rural Health as a medical discipline (rural campus, pre and post-graduate education, university departments, specific scientific associations, etc) will lead to greater skills for practitioners and a greater prestige and results for their communities: the Rural Health curricular strategy, both pre and post graduate, is a pending issue in our region and highly recommended from the results achieved in other world regions.
8. The State universities have a fundamental role in order to accommodate programmes and educational activities located in rural areas, and to account in their postgraduate profile for the needs of technicians and professionals for their Primary Health Care provision.
9. Research activities should not only be undertaken by individuals or their teams, research must become an activity promoted by regional and interregional associations or groups, fostering collaboration with academic and governmental entities. These collaborations must be carried out fairly, side by side, and wherever any research skills are lacking, education activities may be required and they must be facilitated by the health system or the relevant organization. The health care provider system should endow itself with its own Research Support Service in order to provide the help needed to plan, conduct and foster research for professional activities, and offer financial, scientific and technical support in a direct way or else suggest how to achieve the needed support, providing advice also for ethical issues, submission and publication criteria, etc.
10. Research activities should be aimed at achieving a positive impact on the communities' Rural Health where the researchers work, giving priority to the main health problems found in their communities. Research resources should be available. With the support of higher-level networks, they should become creative and innovative for the delivery planning, tackling it by means of a methodology that may be comprehensive for the researchers, always taking in account their feasibility based on the resources that have to be utilized, and finally to feedback the results and implementation plan to the communities, health care workers and authorities.
11. The barriers to research that we have identified and which must be solved are: the lack of training of professionals in the techniques of research, work overload, the perception of research as a burden rather than a solution, the disinterest of the different authorities - including academic-research into the rural environment, the contempt for the rural researchers, the lack of identification of active researchers and the resources needed to support them, our own professional isolation, the limited resources, ethical issues of small communities (cultural diversities, aboriginal communities), the retention of potential researchers in the universities (away from rural areas), the lack of financing activities.
12. The primary health care strategy has proven to be the most efficient, especially in areas with scarce resources like in rural areas. This should not ignore the possibility of access to quality specialized health care, this being planned,

facilitated and organized in an efficient way taking into account the scarcity of resources, isolation, and the own lower purchasing power of less supported communities, like the indigenous.

13. The identification and prioritization of problems of the individual and of his community, the clinical and epidemiological method, the planning of its resolution with the resources available, and the rational implementation of the solution are four key aspects in order to achieve an equitable and efficient Rural Health system, contributing to a higher quality of care, and to increase the level of satisfaction in and well-being of the communities.
14. The accident and emergency care delivery must tend to a centralized concept in rural areas, but maintaining its operation in a decentralized way, with a progressive and continuous implementation, based according to the own community and system's needs. It must be also inclusive and participatory. Self-replicating (teach to teach) and reiterating (designing modular units), with the identification of goals and objective indicators, with generation of periodic reports about the accumulated experience, under superior teaching supervision and understanding health care, teaching and research areas, with emphasis on the acquisition of skills and abilities, fostering local multidisciplinary working groups, and lastly, encompassing the total national territories and minor entities.
15. Considering the role of the Academy and of the health system to ensure technical support, there must be coverage of the healthcare response according to injury severity, with guidelines for action clearly defined according to the clinical situation and the level of assistance required. There must be foreseen consultation and advice networks including those of medical - legal and ethics nature, at all levels of the health care chain. They must go together, safely but surely, in order to achieve the essential objectives to ensure the health of the inhabitants of our rural environment.
16. The governmental networks shall ensure the adequate provision of resources. The resources available in the peripheral areas shall never be below the minimum to deliver quality of care. The average peripheral-based rural practitioner is the natural manager of the resources. The direct responsibility for their use must suit in accordance their right to obtain rapid and adequate resources.
17. The design and implementation of Rural Health plans is a strategy that must be accomplished in all the nations of our region (we have one example in the recent Rural Health Plan that the Health Ministry of Uruguay, where this Forum has been held, has established). These Rural Health Plans shall follow as far as possible the recommendations described in this document in order to achieve a manifest improvement of Rural Health, and we encourage the main actors to incorporate the experience and leadership of the professionals who better know their reality: the rural practitioners.
18. Education plans shall also be established for the health team with priorities focussed on the maintenance of skills and abilities. Also the community should be educated on health promotion and prevention of disease, with later growth including reablement and rehabilitation, on a universal basis, continuous, with well-defined objectives and permanent evaluations of results. The CMPD-type

educational actions should also involve the different levels of the system, in conditions of equity of access and without any kind of discrimination. There must also be provision of appropriately trained people able to carry out educational activities to the community. Teaching safe driving, the rules of transit and road safety, of health and safety at work School education (basic, medium and high) and the training of other community agents, such as security and rescue staff in basic CPR and initial assistance to the polytraumatized and to establish community training days for trauma response and disaster situations.

19. The general objective should be to establish a national network of healthcare coverage with equal levels of quality and response, predictable and systematized. And, as a specific objective: encourage better and more systematic training people, who are a fundamental factor in the change process.
20. Finally the structure that ensures emergency assistance in rural areas should be: ---
 - Realistic: since it aims to adapt to local needs and conditions.
 - Feasible: to the extent that ensures its strength and continuity by self-replication and decentralization. And last, but not least,
 - Sustainable: for full consistency with national policies which aspire to continuity.

From our point of view the integral concept of care and our concern for medical care are essential principles of medicine. A practitioner who is well-trained can deliver the majority of care to treat the rural health problems he encounters. From the point of view of the patients' needs, our scope of competencies empowers us for providing the main part of the delivery and care. At the rural area, the medical care should comprise wider range and the rural practitioner –call them either family, general integral, community or general- must be at the bedside of the patient, having the most extended scope of skills: due to his/her knowledge of the community resources and his/her global concept he/she is in the best position in order to offer the care with the lowest grade of fragmentation and in a personalized way. Nevertheless, the latter would not stand if the love towards our profession would not be kept in each of our minds, and therefore we are sure that it will give us the success in the P.E.I.CU strategy.

This love professed by our profession leads us to:

- Have human sensitivity
- Sense of belonging
- Gives us the perfect wisdom for right decisions
- Finally makes us want to get out of bed every morning with the wish to do something good for the fellow man.

We, all together, must struggle for the improvement of the Rural Health of our communities.

DECLARACION DE MONTEVIDEO.
PROPUESTAS DE MEJORA EN LA SALUD RURAL: ESTRATEGIA PEICU.

The following sign and ratify this document:

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