

# Using the WHO recommendations for increasing access to health workers in rural areas

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# Principles to Guide Policy Development

Focus on health equity

Ground retention policies in national health plan

Understand the health workforce

Understand broader social, economic & political context

Strengthen human resource management systems

Engage with relevant stakeholders from beginning

Get into habit of evaluation and learning

# WHO Policy Recommendations

Category of intervention	Examples
A. Education	A1 Students from rural backgrounds
	A2 Health professional schools outside of major cities
	A3 Clinical rotations in rural areas during studies
	A4 Curricula that reflect rural health issues
	A5 Continuous professional development for rural health workers
B. Regulatory	B1 Enhanced scope of practice
	B2 Different types of health workers
	B3 Compulsory service
	B4 Subsidized education for return of service
C. Financial incentives	C1 Appropriate financial incentives
D. Professional and personal support	D1 Better living conditions
	D2 Safe and supportive working environment
	D3 Outreach support
	D4 Career development programmes
	D5 Professional networks
	D6 Public recognition measures



# Education interventions: Rural pipeline

## Support of rural HCWs: nurturing the RIGHT ENVIRONMENT

- ✓ Career ladders for rural health workers (South Africa)

## Postgraduate training: creating the RIGHT OPPORTUNITIES

- ✓ Rural residency programmes (Sudan, Australia, Canada)

## Undergraduate training: getting the RIGHT CONTEXT

- ✓ Create schools outside major cities (Mali, Canada)
- ✓ Rural clinical placements in rural areas (Australia)
- ✓ Changes in curricula (South Africa)

## Student selection: choosing the RIGHT PEOPLE

- ✓ Targeting admission of students from rural background (Sudan; Thailand)

# Regulatory interventions

- **Compulsory service:** not always effective, requires reinforcement and heavy administration
- **Enhancing the scope of practice** for rural health workers: more duties and responsibilities, not always accompanied with adequate rewards
- **Different types of health workers:** clinical officers a potential solution



## Box 5. "Técnicos de cirurgia" in Mozambique

Mozambique began to educate and train assistant medical officers with surgical skills called "técnicos de cirurgia" in 1987. Twenty years later, a study found that 88% of all the "técnicos" who graduated in 1987, 1988 and 1996 were still working in district hospitals, compared with only 7% of medical officers who were originally assigned to district hospitals after graduation. Considering that these "técnicos" perform 92% of all major obstetrical surgical interventions in rural hospitals, the authors argue that provision of emergency obstetric care in these areas would be "impossible" without them (60).

# Financial incentives

- **Australia:** 65% retention rates after five years for a financial support programme for rural doctors
- **Malawi:** 52% salary top-ups for 11 cadres, after 5 years 30% more nurses and 100% increase in number of doctors.
- **Zambia:** after 2 years, 50 new doctors where previously none.
- **Niger:** after two years, no change in the proportion of doctors and rural surgeons choosing rural areas.
- *The appropriate amount of financial incentives should be gauged in relation to the opportunity costs for health workers: labour market analysis and discrete choice experiment studies*

# Professional and personal support

Living and working conditions

Professional networks, journals, etc.

Outreach support/telemedicine

Career ladders for rural health workers

Titles, awards, public recognition



Figure 3. Examples of career ladders for health workers



## Nursing

- Registered nurse
- Enrolled nurse
- Patient care technician
- Nurse aide



## Allied clinical

- Radiological technologist
- Clinical laboratory technician
- Surgical technician
- Sterile processing



## Pharmacy

- Pharmacist
- Pharmacy technician
- Pharmacy assistant
- Dispensary clerk



# Criteria for Selection

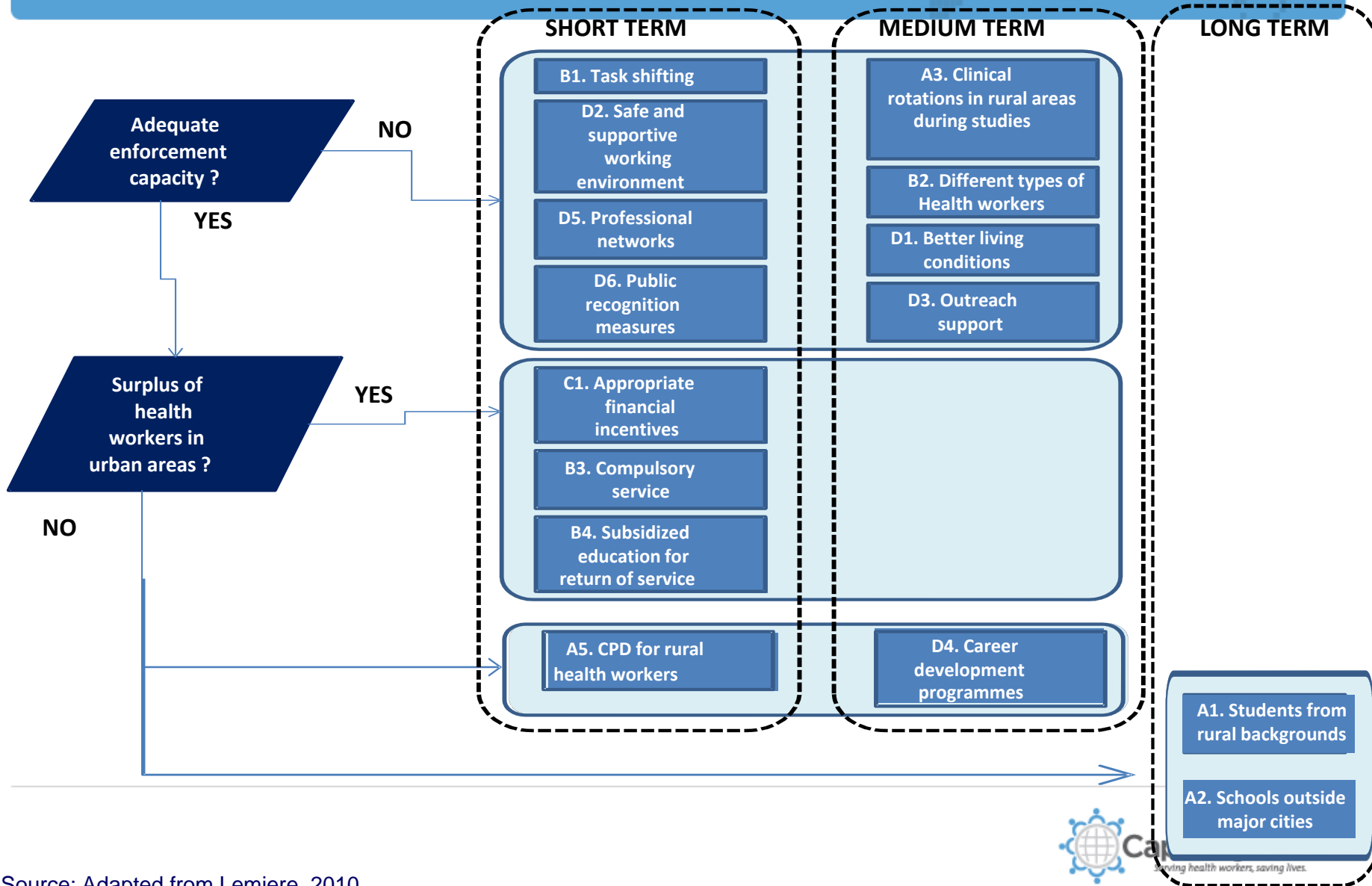
Decisions often driven by everything else but evidence

**Consider essential criteria** before selecting a package

- **Effectiveness**
- **Relevance:**
  - Time to impact
  - Enforcement capacity
  - Urban underemployment
- **Acceptability**
- **Affordability**
- **Complementarities**



# Selecting Appropriate Strategies



# Measuring Effects of Recruitment and Retention Interventions

CONTEXT: Social determinants, political situation, stakeholder power and interests, economic issues (fiscal space, fiscal decentralization), individual factors (marital status, gender, age)

LEVEL	INPUTS (design and implementation)	OUTPUTS	OUTCOMES	IMPACT
DIMENSIONS	<ul style="list-style-type: none"> <li>• Situation analysis, including factors influencing decisions for rural work</li> <li>• Labour market analysis</li> <li>• Organization and management capacity</li> <li>• Choice of relevant interventions</li> <li>• Stakeholder engagement</li> <li>• Resources needed</li> </ul>	<p><b>Attractiveness</b> Preferences for rural work</p> <p>↓</p> <p><b>Recruitment</b> Effective contracting and posting</p> <p>↓</p> <p><b>Retention</b> Health workers remaining in rural areas for certain periods of time</p>	<p><b>Workforce performance</b></p> <ul style="list-style-type: none"> <li>- Availability</li> <li>- Competence</li> <li>- Responsiveness</li> <li>- Productivity</li> </ul>	<p><b>Improved health service delivery</b></p>
		<p><b>Health systems performance</b></p> <ul style="list-style-type: none"> <li>- Accessibility (coverage of interventions)</li> <li>- Productivity</li> <li>- Responsiveness</li> </ul>	<p><b>contributing to improved health status</b></p>	

# Table Task

- Principle: no one intervention will solve a retention problem. A combination or “bundle” of interventions is required.
- Using the table of WHO retention intervention examples:
  - What different interventions would you bundle together for maximum effectiveness and why?
  - What information would you need to further make this decision?

# Resources

WHO Policy Recommendations:

<http://www.who.int/hrh/retention/guidelines/en/>

World Bank Guidance on Recruitment and Retention:

[www.worldbank.org/en/topic/health/publication/how-to-recruit-retain-health-workers-in-rural-remote-areas-in-developing-countries](http://www.worldbank.org/en/topic/health/publication/how-to-recruit-retain-health-workers-in-rural-remote-areas-in-developing-countries)

DCE resources:

[www.capacityplus.org/rapid-retention-survey-toolkit](http://www.capacityplus.org/rapid-retention-survey-toolkit)

[www.who.int/hrh/resources/dceguide/en/index.html](http://www.who.int/hrh/resources/dceguide/en/index.html)

Costing retention strategies: <http://retain.ihris.org/>

▪ Thank you

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