PROFESSIONALIZATION OF UNDER-RECOGNIZED HEALTH WORKER CADRES

BACKGROUND
The World Health Report 2006 defines health workers as all people engaged in actions whose primary intent is to enhance health. Typically, the term health worker conjures up images of physicians, nurses, and midwives, since these are individuals with whom the population accesses their immediate health care needs. However, a more valid definition of health workers looks at the health system as a more holistic entity, and includes health systems managers, health information specialists, social welfare workers, community health workers, pharmacists, laboratory technicians, and supply chain management professionals, among others. These under-recognized cadres often lack support and a voice in the health system, hindering their education, career development, and professional growth.

THE CHALLENGE
These under-recognized health worker cadres often lack:

1. Professional councils
2. Representation in the Ministry of Health
3. Preservice education
4. Job descriptions
5. Continuing professional development
6. Profession-wide learning agendas
7. Distinct career paths.

In addition, physicians and nurses without specific training often take on the functions of these under-recognized cadres.

Due to the amorphous nature of these careers, there is a shortage of talent entering these professions, and individuals currently holding these positions lack the opportunity to fully maximize their performance. Of particular note is the shortage of skilled talent in vital areas such as health systems management and supply chain management, which are key to the efficiency and effectiveness of the health system as a whole.

THE LIFE CYCLE APPROACH
The Life Cycle Approach has been developed to systematically address all the crucial steps in the professionalization of under-recognized health worker cadres. This approach develops a viable track for health workers from the point of their entry to secondary school to aspects of continuing professional development. The different points of intervention suggested include:
1. **Secondary Education**
   It is essential to ensure that a sufficient number of students graduating from secondary school have information about and interest in health worker careers. This involves a strong element of outreach so that there is awareness among students and they have access to recruitment and bridging programs.

2. **Preservice Education**
   Once students have been encouraged to pursue careers as health workers, it is important to ensure that their education prepares them to meet the tasks and challenges required by the profession. This involves the standardization of competencies and curriculum for each cadre, accreditation, and funding of preservice education programs by the Ministry of Health and Ministry of Education; providing adequate training facilities and resources; and ensuring adequate faculty to satisfy the needs of the student population.

3. **Graduate Certification**
   The development of professional education will facilitate the certification of graduates that enter the health worker pool. Such certification will lend credibility to the education programs and serve as an external check to ensure the quality of the graduates being educated at the institutions.

4. **Initial Employment**
   Suitable job descriptions should be developed by the Ministry of Health and other potential employers such as nongovernmental organizations, faith-based organizations, and the private sector to facilitate the absorption of graduates into the health system to perform the functions for which they have been educated. In addition, a coherent system of supervision must be developed with a well-defined chain of authority to lend structure to the profession.

5. **Career Progression and Incentives**
   The creation of a career ladder in the Ministry of Health and other organizations, coupled with incentives, would motivate good performance. In order to facilitate career growth, the development of training courses would also be appropriate.

6. **Continuing Professional Development**
   Creation of continuing learning opportunities would serve the twin function of motivating improved performance among the health professionals and creating a health professional cadre that is up-to-date with developments in the field. In addition, it would create the learning agenda for future research, and generate both the interest and motivation for research.
Life Cycle Approach for Professionalization of Under Recognized Health Workforce Cadres

Support
- Continuing Professional Development
  • Creation of continuing learning opportunities
  • Creation of a learning agenda for research

Career Progression
- Creation of a Career Ladder in MOH to motivate and reward good performance
- Creation of training courses to enable workers to move up the career ladder
- Supervision structure

Employment
- Initial Employment
  • Job descriptions and hiring by MOH and FBOs/NGOs
  • Create bridges to employment

Education
- Graduate Certification
  • Graduate certification by professional associations

- Pre-Service Education
  • Standardization of curriculum/competencies for each cadre
  • Accreditation and funding of training programs by MOH
  • Ensuring adequate faculty

- Secondary Education
  • Ensuring adequate numbers of qualified secondary school graduates interested in the field
  • Awareness Raising, Recruitment, & Bridging Programs

Cross Cutting Issues: Advocacy • Policy • Finance • Gender