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

Wanda Jaskiewicz, CapacityPlus Senior Team Leader
February 18, 2014
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

<table>
<thead>
<tr>
<th>Category of intervention</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **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 |

*Source: WHO, 2010*
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 1995 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

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

**Adequate enforcement capacity?**
- **NO**

**Surplus of health workers in urban areas?**
- **YES**
- **NO**

**SHORT TERM**
- B1. Task shifting
- D2. Safe and supportive working environment
- D5. Professional networks
- D6. Public recognition measures

**MEDIUM TERM**
- C1. Appropriate financial incentives
- B3. Compulsory service
- B4. Subsidized education for return of service
- A3. Clinical rotations in rural areas during studies
- B2. Different types of Health workers
- D1. Better living conditions
- D3. Outreach support

**LONG TERM**
- A5. CPD for rural health workers
- D4. Career development programmes

**Source:** Adapted from Lemiere, 2010
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)

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>INPUTS (design and implementation)</th>
<th>OUTPUTS</th>
<th>OUTCOMES</th>
<th>IMPACT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Situation analysis, including factors influencing decisions for rural work</td>
<td>Atractiveness Preferences for rural work</td>
<td>Workforce performance</td>
<td>Improved health service delivery</td>
</tr>
<tr>
<td></td>
<td>• Labour market analysis</td>
<td>Recruitment Effective contracting and posting</td>
<td>- Availability</td>
<td>contributing to</td>
</tr>
<tr>
<td></td>
<td>• Organization and management capacity</td>
<td>Retention Health workers remaining in rural areas for certain periods of time</td>
<td>- Competence</td>
<td>improved health status</td>
</tr>
<tr>
<td></td>
<td>• Choice of relevant interventions</td>
<td></td>
<td>- Responsiveness</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Stakeholder engagement</td>
<td></td>
<td>- Productivity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Resources needed</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: WHO, 2010
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:  

DCE resources:  
www.capacityplus.org/rapid-retention-survey-toolkit  
www.who.int/hrh/resources/dceguide/en/index.html

Costing retention strategies: http://retain.ihris.org/
Thank you

The CapacityPlus Partnership

IntraHealth International, Inc. (lead partner)
Abt Associates
IMA World Health
Liverpool Associates In Tropical Health (LATH)
Training Resources Group, Inc. (TRG)