

Increasing access to health workers in remote and rural areas through improved retention WHO global recommendations

*1st Expert Meeting,
Geneva, 2-4 February 2009*

Concept note

Background

The shortage and maldistribution of health workers, who are the cornerstone of any health system, are unanimously accepted as key constraints to the provision of essential, life-saving interventions such as childhood immunizations, safe pregnancy and childbirth services for mothers, and access to treatment for AIDS, tuberculosis and malaria. But the efforts made to produce more numbers of appropriate types of health workers would be wasted if countries could not attract, motivate and retain these workers in their workplaces, and make them work effectively and more productively. Many countries also face a paradox, as they have sufficient production of health workers, while at the same time they have severe difficulty to retain those workers, in particular in remote and rural areas. Therefore, attracting and maintaining health workers in remote and rural areas are critical to addressing the health workforce crisis, and thus delivering on two of the four main reforms required for the renewal of primary health care: universal coverage and people-centred service delivery.

A number of recent calls to action have further stressed the importance of this issue. The Kampala Declaration¹ issued by the First Global Forum on Human Resources for Health in March 2008 requested governments to “assure adequate incentives and an enabling and safe working environment for effective retention and equitable distribution of the health workforce.” The G8 Communiqué² also restated the need to assure an enabling working environment for the effective retention of existent and newly trained health workers, if a reliable and responsive health workforce is to be produced as part of strengthened health systems. Finally, the WHO resolutions on migration and rapid scaling up of health workers (WHA57.19³ and WHA59.23⁴) requested Member States to put in place mechanisms to address the issue of retention of health workers. In addition to the draft code of practice on the international recruitment of health personnel, which is under discussion in the WHO Executive Board, with a view to submitting it to the WHA 2009, other types of instruments and tools are needed to address the issue of both internal and international migration of health workers.

WHO programme of work

In response to these calls for action, the Health Workforce Migration and Retention Unit of the Department of Human Resources for Health is embarking on a programme of work to help countries tackle the thorny issues of health workforce retention and equitable distribution.

¹ <http://www.who.int/workforcealliance/Kampala%20Declaration%20and%20Agenda%20web%20file.%20FINAL.pdf>

² http://www.g8summit.go.jp/eng/doc/doc080714_en.html

³ http://www.who.int/gb/ebwha/pdf_files/WHA57/A57_R19-en.pdf

⁴ http://www.who.int/gb/ebwha/pdf_files/WHA59/A59_R23-en.pdf

The programme consists of three strategic pillars:

1. Building and sharing the evidence base: literature reviews, consultations with experts, country case studies, synthesis of the evidence, identification of knowledge gaps and commissioning research.
2. Supporting countries in the analysis, evaluation and implementation of effective strategies: work with interested countries to evaluate past and on-going strategies and to develop and implement country-specific plans.
3. Producing and disseminating global recommendations: a time-bound participatory process involving all relevant stakeholders following the steps set out by the WHO Guidelines Review Committee.

These activities are building on each other, and the overall aim of the programme is to boost the capacity of countries to address the issue of increasing access to health workers in remote and rural areas through improved retention in a comprehensive way, using evidence-based policies and guidance.

Objectives of the meeting

The meeting is the first one in the process of developing evidence-based global recommendations. Experts from a variety of regions and areas of expertise will come together to thoroughly assess the state of the evidence on factors affecting the decisions of health workers to come, stay in or leave remote and rural areas, and on strategies that have effectively increased access to health workers in those areas. They will also identify gaps in knowledge, and agree on the key research questions that the guidelines will respond to.

The specific objectives of this first consultation are:

1. to critically examine the state of the evidence on this issue and identify evidence gaps
2. to identify the key research questions that the guidelines will provide answers for
3. to agree on a categorization/framework for the effective retention strategies
4. to identify methodological challenges and propose solutions
5. to propose next steps in filling the evidence gaps, including specific arrangements for the process of developing the global recommendations