Delivering Health in Rural Communities
The returns on rural workforce reforms and investments

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The 21\textsuperscript{st} century context for a progressive health workforce agenda

**Health workers**
- Need availability, accessibility, acceptability, quality and effective coverage
- Build resilience in communities
- Critical to SDGs

*BUT we have*
- Shortage, skill mix imbalance, barriers to inter-professional collaboration, inefficient use of resources, poor working conditions, skewed gender distribution, limited data
- Education and training lacking and mismatched

**Need**
- Plan, educate, deploy, manage and reward
- Policies for universal access
- Solutions based on evidence
Policy levers

Economy, population and broader societal drivers

Education sector
- Education in health
- Education in other fields

Labour market dynamics
- Pool of qualified health workers
  - Employed
  - Unemployed
  - Out of labour force
  - Abroad
- Health care sector
  - Other sectors
- Health workforce equipped to deliver quality health service
- Universal health coverage with safe, effective, person-centred health services

Policies on production
- on infrastructure and material
- on enrolment
- on selecting students
- on teaching staff

Policies to address inflows and outflows
- to address migration and emigration
- to attract unemployed health workers
- to bring health workers back into the health care sector

Policies to address maldistribution and inefficiencies
- to improve productivity and performance
- to improve skill mix composition
- to retain health workers in underserved areas

Policies to regulate the private sector
- to manage dual practice
- to improve quality of training
- to enhance service delivery

* Supply of health workers = pool of qualified health workers willing to work in the health-care sector.
** Demand of health workers = public and private institutions that constitute the health-care sector.
Overview

- Welcome from Rural Wonca Dr John Wynn-Jones
- Artic solutions – Prof Sigurður E Sigurðsson from Recruit and Retain - Making it Work
- Rural proofing – Prof David Schmitz Rural Wonca and NRHA
- Rural generalist program – Adjunct Prof Shelley Nowlan Queensland Australia – Chief Nurse
- Rural seeds – Ms Amber Weatherly
- SUS – Prof Henry Campos The Network: Towards Unity for Health
- The socioeconomic impact of rural health services – Prof Roger Strasser Rural Wonca NOSM
- An African solution – Prof Francis Omaswa Uganda
- Canadian Rural Roadmap Prof Jim Rourke Rural Wonca and Memorial
- Overview update *Increasing access to health workers in remote and rural areas through improved retention 2010* Prof Sarah Strasser Rural Wonca and University of Queensland
Workshop

1. What can we learn from rural communities about their needs for health care?
2. How can we best supply a health workforce which addresses rural community needs?
3. How should resources be directed to ensure maximum direct and indirect return on rural health care investment?