“Nearly all countries – rich and poor – face a critical shortage of competent health workers in rural areas, where the need for basic care is usually greatest.”

Dr Margaret Chan
Director-General
World Health Organization

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

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Increasing access through health worker retention

Reaching the rural and remote
Ensuring that people living in remote and rural areas have access to health workers is a huge challenge for most countries – rich and poor.

Failure to reach these vulnerable communities is a major obstacle to progress on global health and development goals.

Scaling up of education and training of health workers will not, on its own, overcome the health workforce crisis.

Equal attention must be paid to keeping health workers gainfully employed and equitably distributed once they enter the workforce.

As crucial as this topic is to protecting and promoting health and well-being, specific policy recommendations and operational solutions that countries can adapt to their own context are not readily available.

“The need to solve this problem becomes all the more urgent in view of the drive to revitalize primary health care in all regions of the world.”

Dr Margaret Chan, WHO Director-General

Calls for action
- World Health Assembly Resolutions WHA57.19 on migration and retention (2004) and WHA59.23 on the rapid scaling up of health workers (2006) call on Member States to address retention of health workers.
- The Kampala Declaration and Agenda for Global Action from the first ever Global Forum on Human Resources for Health, in March 2008, emphasize the need for more effective approaches to recruitment and retention.
- In July 2008, G8 leaders in Toyako, Japan, committed to assuring an enabling environment for the effective retention of health workers in developing countries.

The World Health Organization (WHO), through its Department of Human Resources for Health, is responding to these calls for action by leading a programme to support countries in tackling the issues of health workforce retention and equitable distribution.

The programme will consist 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 ongoing strategies and to develop and implement country-specific plans.

3. Producing and disseminating policy recommendations and guidelines
   A time-bound participatory process involving all relevant stakeholders following the steps set out by the WHO Guidelines Review Committee.

Partnership and collaboration
Through its Department of Human Resources for Health, WHO will take a collaborative and multi-sector approach to developing and implementing its programme to increase access to health workers through improved retention. The Organization will work in close partnership with national governments, other international organizations, research institutions, professional associations and donor agencies.

Expected outcomes
The ultimate goal of the programme is to improve health outcomes, including the health-related Millennium Development Goals, by increasing access to health services.

For the first time, decision makers will have access to the best available evidence on the impact and effectiveness of various retention strategies that have been tried and tested.

The global recommendations will be valuable tools for countries to use when introducing or revising their health workforce policies and strategies.

The change in density of health workers in rural and urban areas is just one of the indicators that will be used to measure the programme’s impact over time.

Another measure of success will be the progress achieved in five to six pilot countries, where interventions will be closely monitored and evaluated.

Calendar of rural retention programme

<table>
<thead>
<tr>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
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<tbody>
<tr>
<td>Kampala Forum Initial consultations</td>
<td>Case studies: Lebanon, Mali, Senegal, United Arab Emirates</td>
<td>Scoping, evidence gathering, literature reviews, expert opinion</td>
<td>WHO-OCED policy dialogue</td>
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Technical brief on scope and needs for the global recommendations
Global recommendations for increasing access to health workers in remote and rural areas

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