WHO guideline on health workforce development, attraction, recruitment and retention in rural and remote areas: a summary

An update of the WHO guideline Increasing access to health workers in remote and rural areas through improved retention: global policy

recommendations (2010)

# WHO guideline on health workforce development, attraction, recruitment and retention in rural and remote areas: a summary

With nearly half of the world's population living in a rural or remote area (1), meeting the health needs of rural populations, where over 80% of the world's extremely poor live, is imperative in achieving universal health coverage. Leaving no one behind means ensuring that health workers are available in rural and remote areas.

Health, social and economic inequities remain cross-cutting challenges for rural populations. Rural populations tend to be poorer, have worse health outcomes, and experience higher rates of unemployment, underemployment and informal employment (2, 3). It is estimated that about 51–67% of rural populations are without adequate access to essential health services (4), translating to about 2 billion people being left behind. In some countries, rural populations have access to numbers of health workers that are 10 times less than the numbers available to urban populations.

The deficiency in numbers and mix of trained motivated health workers to provide the needed health services is a critical health system issue. This inequitable access to health workers and health services impacts health outcomes and increases socioeconomic disadvantages. Higher under-5, maternal and preventable mortality rates, increased morbidity, decreased life expectancy, and more costs to access distant care are seen across rural areas (5–8).

#### A persistent health system challenge

There is a mismatch between the need for, demand for and supply of health workers in rural areas. While needs are high, underinvestment has weakened demand for health workers in rural and remote areas and resulted in insufficient numbers of health workers available for rural practice.

## 2 A need for action and an opportunity for inclusive economic development

The Sustainable Development Goals and universal health coverage cannot be achieved without giving due consideration to rural and remote areas and populations.

The disruptive health, health system and socioeconomic impacts of the COVID-19 pandemic further threaten vulnerable rural populations. Unequal access to health services jeopardizes national and global health security, inclusive socioeconomic recovery and development. On the road to recovery there is an opportunity to invest in rural health jobs and empower rural communities, in particular youths and women.

#### What the guideline presents

This guideline is an update of the 2010 WHO guideline *Increasing* access to health workers in remote and rural areas through improved retention: global policy recommendations. It presents 17 evidence-based interventions to improve access to a skilled and motivated rural health workforce.

The guideline presents a pathway for reversing both the current and predicted worsening shortage of health workers in rural and remote areas through:

- protecting the existing rural health workforce, which will aid their retention;
- investing in the development and training of multidisciplinary fit-forpurpose health teams and in the attraction and recruitment of health workers.

To achieve gains, a whole-of-government, whole-of-society approach involving different sectors and stakeholders, along with community engagement, will be necessary in selecting, monitoring and evaluating the impact of a contextually relevant bundle of interventions.

Through proactive evidence-based interventions, policy-makers can ensure that equitable access to health workers in rural areas is achieved and that no one is left behind.

Weblink to the guideline: https://apps.who.int/iris/bitstream/handle/10665/341139/9789240024229-eng.pdf

#### Dialogue and action for investing in and protecting rural health workforce

#### **National Authorities Across Sectors:**















Health

Social

**Finance** 

Labour

Education

Gender

Other

- Civil society
- Communities
- Development Partners
- Employers (for-profit and not-for-profit)
- Health workers
- Health worker educational institutions

- Media
- Parastatal institutions
- Patients' organizations
- Professional and occupational associations and unions
- Public-private partnerships

- · Regulatory bodies
- Research institutions
- Others

Relevance

## Selection of an appropriate bundle of strategies based on:

Impact

**Acceptability** 

**Effectiveness** 

Feasibility

**Affordability** 



Investment

in the rural health workforce Protection of rural health workers

#### Recommendations

Good practice statement for the development. attraction, recruitment and retention of health workers in rural and remote areas: **Interventions should be interconnected, bundled and tailored to the local context.** Policy recommendations are as follows,

1. Education	Strength of recommendations	Certainty of evidence
Enrol students with a rural background in health worker education programmes	Strong	Moderate ⊕⊕⊕○
Locate health worker education facilities closer to rural areas	Conditional ①	⊕⊕○○
Bring students in health worker education programmes to rural and remote communities	Strong	⊕⊕OO
Align health worker education with rural health needs	Strong	⊕⊕○○
5. Facilitate continuing education for rural and remote health workers	Strong	⊕⊕○○

2. Regulation	Strength of recommendations	Certainty of evidence
6. Enable rural health workers to enhance their scopes of practice to better meet the needs of their communities	Conditional	⊕⊕OO
7. Expand range of health worker occupations to meet rural health needs	Conditional	⊕⊕OO
8. Ensure that compulsory service	Conditional	Low

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