WHO guideline on health workforce development, attraction, recruitment and retention in rural and remote areas **Web Annexes**

An update of the WHO guideline Increasing access to health workers in remote and rural areas through improved retention: global policy recommendations (2010)



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Web Annexes



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This publication forms part of the WHO guideline entitled WHO guideline on health workforce development, attraction, recruitment and retention in rural and remote areas. It is being made publicly available for transparency purposes and information, in accordance with the WHO handbook for guideline development, 2nd edition (2014).

Design by 400 Communications.

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Web Annex A. WHO guidelines and tools that support the guideline

Increasing access to health workers in remote and rural areas through improved retention: global policy recommendations (WHO, 2010)

The evidence-based recommendations relate to the movements of health workers within the boundaries of a country and focus on strategies to increase the availability of health workers in remote and rural areas through improved attraction, recruitment and retention. The recommendations apply to all types of health workers in the formal, regulated health sector, including health managers and support staff, as well as to students aspiring to or currently attending education programmes in health-related disciplines (http://www.who.int/hrh/retention/guidelines/en/).

The current project is an update of this publication based on current available evidence between 2010 and 2019.

Transforming and scaling up health professionals' education and training (WHO, 2013)

These guidelines set out a vision of scaling up training and education for health professions while transforming them by producing graduates that are responsive to the health needs of the populations they serve. The guideline recommendations encourage educational and training institutions to foster institutional and instructional reforms, and to enhance the interaction and planning between education, health and other sectors. It has a close relationship with the present project, which has educational recommendations as a core anchor for the retention of health workers in rural places.

Some of the recommendations cut across both this guide and the previous rural retention guide (http://www.who.int/hrh/education/en/).

А

WHO guideline on health policy and system support to optimize community health worker programmes (WHO, 2018)

The overall goal of this guideline is to assist national governments and national and international partners to improve the design, implementation, performance and evaluation of community health worker programmes, contributing to the progressive realization universal health coverage. Properly implemented community health programmes boost the rural health workforce capacity. Since community health workers are at the forefront of most rural health teams, guidelines on policies and system support that will implant them in the communities where they work are highly affiliated with the rural retention guidelines (https://apps.who.int/iris/bitstream/ handle/10665/275474/9789241550369-eng.pdf).

WHO Global Code of Practice on the International Recruitment of Health Personnel (WHO, 2010)

In 2010, following multiple resolutions, the Sixtythird World Health Assembly adopted the WHO Global Code of Practice on the International Recruitment of Health Personnel. The Code comprehensively addresses international health worker mobility and the strengthening of health systems. It is one of only a handful of international legal instruments under WHO's stewardship. The Code is actively monitored and reviewed. To date, 110 WHO Member States have submitted national reports on Code implementation to WHO, with a 10year Member State review of Code relevance and effectiveness completed in 2020. The Code specifies that Member States should consider adoption of measures to address the geographical maldistribution of health workers and to support their retention in underserved areas. The Code seeks to advance international health workforce-related solidarity and equity, which the rural retention guideline aims to do at national scale. Tackling the push factors for health workers and retaining them locally helps guard against migration surges internationally (https://www.who.int/hrh/resources/guide/en/).

Framework guidelines for addressing workplace violence in the health sector (ILO, ICN, WHO, PSI, 2002)

The objective of these framework guidelines is to provide general guidance on addressing workplace violence in the health sector. Far from being in any way prescriptive, the guidelines should be considered a basic reference tool for stimulating the autonomous development of similar instruments specifically targeted at and adapted to different cultures, situations and needs.

The guidelines cover the following key areas of action: (a) prevention of workplace violence; (b) dealing with workplace violence; (c) management and mitigation of the impact of workplace violence; (d) care and support of workers affected by workplace violence; (e) sustainability of initiatives undertaken (https://www.who.int/violence_injury_prevention/violence/interpersonal/en/WVguidelinesEN.pdf?ua=1&ua=1).

Health labour market analysis guidebook (WHO, forthcoming)

Health labour market analysis in a country reveals gaps in the distribution of health workers across geographies and suggests when policy action is needed. The rural retention guidelines will outline the best strategies and policy options that can be employed to fill these gaps. Ongoing health labour market analysis can also be used to monitor the progress a country has made in closing the gaps in the geographical distribution of health workers. These two documents will therefore be used together to synergize the relationship between evidence and policy.

Web Annex B. Questions in population, intervention, comparison, outcome of interest, and setting (PICOS) format

PICOS 1	Do targeted admission policies to enrol students with a rural background in education programmes for various health disciplines increase the likelihood of choosing to practise in rural areas?
Р	Students being selected for education in health disciplines
I	Selecting and enrolling students from rural backgrounds in health education programmes
С	Students from urban backgrounds
0	Improved rural health worker recruitment
S	Rural and remote areas

PICOS 2	Does locating of health professional schools, campuses and family medicine residency programmes outside capitals and major cities increase the likelihood of graduates of these institutions working in rural areas?	
P	Students in health programmes	
1	Health professional schools located outside major cities	
С	Health professional schools in major cities	
0	Improved rural health worker recruitment	
s	Rural and remote areas	

PICOS 3	Does the exposure of undergraduate students of various health disciplines to rural community experiences and clinical rotations have a positive influence on them to choose to practise in rural areas?
P	Students in health disciplines
I	Undergraduate students exposed to clinical rotations in rural areas during studies
С	Undergraduate students in health disciplines without rural exposure

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