



World Health
Organization

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

GLOBAL POLICY RECOMMENDATIONS

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

Global policy recommendations

All rights reserved. Publications of the World Health Organization can be obtained from WHO Library Cataloguing-in-Publication Data

Increasing access to health workers in remote and rural areas through improved retention: global policy recommendations.

1. Health personnel. 2. Delivery of health care. 3. Rural health. 4. Rural health services.
I. World Health Organization.

ISBN 978 92 4 156401 4

(NLM classification: WA 390)

© World Health Organization 2010

All rights reserved. Publications of the World Health Organization can be obtained from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264; fax: +41 22 791 4857; e-mail: bookorders@who.int). Requests for permission to reproduce or translate WHO publications – whether for sale or for noncommercial distribution – should be addressed to WHO Press, at the above address (fax: +41 22 791 4806; e-mail: permissions@who.int).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Preface

Half the world's people currently live in rural and remote areas. The problem is that most health workers live and work in cities. This imbalance is common to almost all countries and poses a major challenge to the nationwide provision of health services. Its impact, however, is most severe in low income countries. There are two reasons for this. One is that many of these countries already suffer from acute shortages of health workers - in all areas. The other is that the proportion of the population living in rural regions tends to be greater in poorer countries than in rich ones.

The World Health Organization (WHO) has therefore drawn up a comprehensive set of strategies to help countries encourage health workers to live and work in remote and rural areas. These include refining the ways students are selected and educated, as well as creating better working and living conditions.

The first step has been to establish what works, through a year-long process that has involved a wide range of experts from all regions of the world. The second is to share the results with those who need them, via the guidelines contained in this document. The third will be to implement them, and to monitor and evaluate progress, and - critically - to act on the findings of that monitoring and evaluation.

The guidelines are a practical tool that all countries can use. As such, they complement the WHO Global Code of Practice on the International Recruitment of Health Personnel, adopted by the Sixty-third World Health Assembly in May 2010.

The Code offers a framework to manage international migration over the medium to longer term. The guidelines are a tool that can be used straight away to address one of the first triggers to internal and international migration - dissatisfaction with living and working conditions in rural areas.

Together, the code of practice and these new guidelines provide countries with instruments to improve workforce distribution and enhance health services. Doing so will address a long-standing problem, contribute to more equitable access to health care, and boost prospects for improving maternal and child health and combating diseases such as AIDS, tuberculosis and malaria.



Margaret Chan
Director-General, WHO

Contributors and acknowledgments

These recommendations are part of the World Health Organization (WHO) programme on *Increasing access to health workers in remote and rural areas through improved retention*. This programme is an essential component of WHO's efforts in reaching the Millennium Development Goals, strengthening health systems and aiming for universal coverage in the context of primary health care.

These activities would not have been possible without the active support of Margaret Chan, Director-General of WHO and Carissa Etienne, Assistant Director-General for Health Systems and Services. Manuel M. Dayrit, Director, Department of Human Resources of Health (HRH) and Jean-Marc Braichet, Coordinator, Health Workforce Migration and Retention Unit (HMR) led the development of these recommendations.

The recommendations were produced and written by Carmen Dolea (HMR/HRH), with research and writing assistance from Laura Stormont (HMR/HRH) and with writing and editorial support from Joanne McManus (independent consultant, Oxford).

Initial drafts of various sections in this report were contributed by several members of the WHO expert group on *Increasing access to health workers in remote and rural areas through improved retention*, who have also contributed substantial comments on the subsequent drafts of the final document. They are acknowledged below in alphabetical order.

Guiding principles: Ian Couper (University of Witwatersrand, South Africa), Marjolein Dieleman (Royal Tropical Institute, the Netherlands), Gilles Dussault (Instituto de Higiene e Medicina Tropical, Lisbon, Portugal), Jim McCaffery (Training Resources Group and CapacityPlus, USA).

Education interventions: Ian Couper (University of Witwatersrand, South Africa), Ray Pong (Laurentian University, Canada), Estelle Quain (United States Agency for International Development, USA), Roger Strasser (Northern Ontario Medical School, Canada).

Regulatory interventions: Seble Frehywot (George Washington University, USA), Steve Reid (University of Cape Town, South Africa).

Financial incentives: Christophe Lemière (World Bank, Senegal), Eric de Roodenbeke (International Hospital Federation, France), Marko Vujcic (World Bank, USA), Pascal Zurn (HMR/HRH/WHO).

Personal and professional support: Grace Allen-Young (Independent Consultant, Jamaica), Jim Buchan (Queen Margaret University, United Kingdom), Françoise Jabot (Ecole des hautes études en santé publique, France), Jim McCaffery (Training Resources Group and CapacityPlus, USA), Eric de Roodenbeke (International Hospital Federation, France), Julia Seyer (World Health Professions Alliance, France), Pawit Vanichanon (Lagoon Hospital, Thailand), Junhua Zhang (Ministry of Health, China), Kim Webber (Rural Health Workforce Agency, Australia).

Implementation, monitoring and evaluation: Dina Balabanova (London School of Hygiene and Tropical Medicine, United Kingdom), Jim Campbell (Integrare, Spain), Laurence Codjia (Global Health Workforce Alliance, Switzerland), Marjolein Dieleman (Royal Tropical Institute, the Netherlands), Gilles Dussault (Instituto de Higiene e Medicina Tropical, Lisbon, Portugal), Adriana Galan (National Institute of Public Health, Romania), Luis Huicho (Universidad Peruana Cayetano Heredia, Peru), Tim Martineau (Liverpool School of Tropical Medicine, United Kingdom), Mary O'Neil (Management Sciences for Health, USA).

Research gaps and research agenda: Ian Couper (University of Witwatersrand, South Africa), Gilles Dussault (Instituto de Higiene e Medicina Tropical, Lisbon, Portugal), Marjolein Dieleman (Royal Tropical Institute, the Netherlands), Steve Reid (University of Cape Town, South Africa).

The following WHO staff were actively involved in the expert consultations meetings. From WHO's regional offices: Walid Abubaker (WHO Regional Office for the Eastern Mediterranean), Magdalene Awases (WHO Regional Office for Africa), Muzaherul Huq (WHO Regional Office for South-East Asia), Ezekiel Nukuro (WHO Regional Office for the Western Pacific), Galina Perfilieva (WHO Regional Office for Europe), Felix Rigoli (WHO Regional Office for the Americas). From WHO departments in Headquarters: Karin Bergstrom (Stop TB), Delanyo Dovlo (Health Systems Governance and Service Delivery), Varatharajan Durairaj (Health Systems Financing).

The expert consultation meetings were ably co-chaired by Manuel M. Dayrit (HRH) and Charles Normand (University of Dublin, Ireland). Any disagreements between the members of the expert group were dealt with by consensus.

Methodological support for producing the GRADE evidence tables and the balance worksheets was provided by Elie Akl (State University of New York at Buffalo, Buffalo, NY, USA). Eli Akl was not involved in drafting the recommendations.

Declaration of Interest: all participants to the consultation meetings signed a declaration of interest. Ten participants declared interest in terms of receiving non-commercial financial support for research and consulting from public bodies interested in retention of health workers. These interests were not considered to be conflicts for the purposes of participation in the guideline development.

Peer review: The document was peer reviewed by Lincoln Chen (China Medical Board, USA), Yann Bourgueil (Institut de recherche et de documentation en économie de la santé, France), Christiane Wiskow (Independent Consultant, Switzerland) and Uta Lehmann (University of Western Cape, South Africa). Comments by the peer-reviewers were sent electronically and these were discussed at the final full expert meeting in February 2010. The WHO Secretariat then made all the appropriate amendments.

Logistics support for the expert consultation meetings was provided by Valerie Novarina – meetings organization (HMR/HRH), Amel Chaouachi – IT and web publishing (HRH), and Gillian Weightman – financial management (HRH). Additional editorial support was provided by Ben Fouquet (HMR/HRH).

Financial support for producing these recommendations was received from the United States Agency for International Development and the European Union, and is gratefully acknowledged. The views expressed herein can in no way be taken to reflect the official opinion of the United States Agency for International Development or the European Union.

The full list of members of the expert group and other participants to all the expert consultation meetings is provided at the end of this document.

Tables of contents

Preface	i
Contributors and acknowledgments	iii
Executive Summary	3
1. Introduction	7
1.1 Rationale	7
1.2 Objective	8
1.3 Target audience	8
1.4 Scope	9
1.4.1 Types of health workers targeted	9
1.4.2 Geographical areas covered	9
1.4.3 Categories of interventions covered	10
1.5 Process for formulating the global recommendations	10
1.6 Dissemination process	11
1.7 Methodology	11
1.8 Structure of the report	11
2. Principles to guide the formulation of national policies to improve retention of health workers in remote and rural areas	13
2.1 Focus on health equity	13
2.2 Ensure rural retention policies are part of the national health plan	13
2.3 Understand the health workforce	14
2.4 Understand the wider context	14
2.5 Strengthen human resource management systems	15
2.6 Engage with all relevant stakeholders from the beginning of the process	16
2.7 Get into the habit of evaluation and learning	16
3. Evidence-based recommendations to improve attraction, recruitment and retention	

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_29066

