

PRESS STATEMENT

Beyond the Strike: More is required to ensure rural patients will enjoy better and equitable access to health care

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Skilled and motivated health workers in sufficient numbers at the right place and at the right time are critical to deliver effective health services and improve health outcomes (WHO Guidelines).

Fair pay is a critical pre-condition but by itself it will not do the job in recruiting and retaining health care workers in rural areas. This is the outcome of a 2-year global process involving countries with large rural populations and leading to the evidence-based recommendations recorded in the 'WHO guidelines for Increasing Access to Health Workers in Remote and Rural areas through Improved Retention'. The guidelines could potentially 'change the course of history', Manuel Dayrit, Director of the Department of Human Resources at the WHO commented. Officially launched by the DG of Health, Precious Matsoso, at a function hosted by the Wits Centre for Rural Health on Tuesday 7th September, the DG remarked that the "World Health Organisation's recommendations come at an opportune time. As we are revitalizing Primary Health Care in South Africa we also have to look at the critical mass of personnel needed to deliver services in rural settings".

The launch came shortly after the suspended public sector strike for a fair living wage and a few days after the leaking of the Integrated Support Team (IST) reports on the state of the South African health system. What the strike and the IST reports have in common is the message that the country's human resource strategies have been inadequate to produce a happy, productive workforce that can deliver quality health care to both urban and rural patients. South Africa had a nurse deficit of 19000 in 2008, and a vacancy rate of 56% for professional nurses and midwives, rural areas being worst affected. Whereas there are 30 generalist doctors and 30 specialists per 100 000 people in urban areas, there are only 13 generalists and a mere 2 specialists per 100 000 people in rural areas.

The WHO guidelines provide recommendations in four categories: Education, Regulatory, Financial and Personal and Professional Support. Whereas the WHO guidelines underline the role of financial incentives to retain health care workers and deliver quality health care, a combination of pro-rural financial incentives are required to compete with better resourced urban settings. Still, financial incentives alone won't suffice as the IST investigation revealed:

"The single most important challenge with regard to human resources is the recruitment and retention of key personnel. The problems facing recruitment and retention in the rural areas is a societal one as socio-economic factors such as lack of proper housing, schools, recreation and facilities are important factors that discourage medical personnel from going to rural areas. As a result, in the rural areas, where the need is greatest, recruiting skilled staff is one of the most significant constraints to improving access to health care." (Consolidated IST Report). Where [accommodation] is not available, it is not possible to retain the services of professional nurses." (ECDoH IST Report).

Prof Steve Reid, Chair of Primary Health Care at UCT and member of the WHO Expert Panel comments that “no one single measure will increase access to health care workers in rural areas. It has to be a well thought-through integrated strategy looking at all of the four WHO categories and including those recommendations relevant to our local context. This is the moment to finalise the National Rural Health Strategy that has been in the pipeline for years”.

The Launch and accompanying Symposium provided evidence of successful rural recruitment and retention practices in other countries through the targeting of medical students of rural origin and through medical training in settings where they will later be needed most: rural and under-resourced areas. When well-implemented, Rural Based Medical Education produces more skilled rural doctors and enhanced rural health care and outcomes, as reported by the Dean of the Northern Ontario School of Medicine in Canada, whose students were the country’s top achievers out of all 17 medical schools in terms of Clinical Decision-Making. “These practices are now also being adopted in South Africa, but need to be implemented on a much wider scale to make an impact and require more government resources to do so”, Prof Ian Couper, Director of the Wits Centre for Rural Health, and also member of the WHO Expert Panel commented.

Other recommendations in the field of Regulatory and Professional and Personal support relevant to the South African context are the need to introduce, and support, different types of health workers with appropriate training and regulation for rural practice, such as clinical associates and community caregivers. Chairperson of RuDASA, Dr Karl Le Roux, re-iterated his belief that the key to improved access to quality rural health is a human resource focused health system. “It’s much more about the work environment; being heard, feeling valued. I think if you focus on getting good people to a facility, and keep them, they will become the advocates for the institution and thereby improve health outcomes for the population they serve”.

WAY FORWARD

Will the guidelines help? “They are not worth the paper they are written on, unless people are going to use them, government as well as universities and social-profit organizations”, Saul Kornik from Africa Health Placements, keynote speaker at the symposium, warned. DG of Health, Precious Matsoso, confirmed this by saying that “the biggest challenge is putting the recommendations into action.”

Against the above background, and cognizant of the new Human Resources Plan currently planned for South Africa, the Rural Health Advocacy Project calls for:

- **The acceleration of the development of the new Rural-Friendly National Human Resources Plan which will make maximum use of the available Rural Health Care expertise in the country and resources such as the WHO guidelines**
- **The finalization and adoption of the Rural Health Strategy**

The Rural Health Advocacy Project and its partners remain ready to assist the Department of Health in achieving the above goals.

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For more information:

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