

STRATEGIC PRIORITY 8 : Access in Rural and Remote areas

A special strategy for HRH for rural and remote areas

Specific issues that indicate the need for a special strategy on access to health professionals in rural and remote areas are;

- There has not been a substantial change in access to health professionals in rural and remote areas in the past fifteen years, and health outcomes in rural areas have become worse;
- There is no history or culture in South Africa of incorporating rural areas into mainstream health professional training, which is essential in making these sites attractive to future professionals;
- Most health services do not consider the provision of facilities for students and there are no faculties which are yet running mainstream, longer-term rural health placements for students;
- There is little understanding on the part of administrative staff of the approaches required to recruit and retain health professionals, and even sometimes of their value to the health service, as a scarce skill;
- About 34% of deliveries in urban areas are attended by a doctor compared to 13% in non-urban areas, one of the primary reasons for high maternal mortality in rural areas.

Special financing mechanisms, staffing norms and other adjustments are required

The environment for rural health care is very different to the environment for urban health care. This impacts on strategies and interventions to improve access to HRH in rural areas. Some of the factors which need to be taken into account are:

- Access to health care is generally more difficult;
- Rural communities face additional economic cost in accessing the health care system;
- Indirect costs, including transport, are higher for the rural poor;
- The consequences for individuals of a failing in the poorly resourced health system are more costly to rectify in the rural areas than amongst the urban poor;
- How the human resources (inputs) are used to achieve desired outcomes (improved health outcomes) are different due to the different circumstances and may require higher staffing ratios with special skills;

- People living in rural areas are often poor and the health status of rural communities in South Africa is generally poorer than communities in urban areas.

Strategies to overcome these inequities in rural health care need to be customised and resourced appropriately. This may include a disproportionately high allocation of budget to attract, recruit and retain human resources in the health care sector. The development of facilities and staffing will also be more costly due to adjustments for lack of infrastructure and a general under resourced environment.

Rural Health Advocacy Project proposed critical performance indicators to impact on access to health professional in rural areas:

- i. Appoint a rural HRH strategy task team (working group) under the National Health Council, to develop the details of the Rural HRH Strategy and to support the NDoH in implementing them;
- ii. Adopt a national Human Resources for Rural Health strategy, as part of a broader rural health services strategy;
- iii. Agree on a definition of 'rurality' and 'remoteness' which can inform policies on OSD, rural allowances and related issues, as well as assist in 'rural proofing' other health policies;
- iv. Negotiate with HEI's on curriculum and admission policies;
- v. Increase the proportion of rural students in health professional courses in South Africa;
- vi. Increase proportion of training of health professionals that occurs in rural areas;
- vii. Increase uptake of suitably qualified foreign health workers;
- viii. Provide support and incentives for professionals in rural areas.

STRATEGIC PRIORITY 8: ACCESS IN RURAL AND REMOTE AREAS

Strategic objective 8: *To promote access to health professionals in rural and remote areas*

Objective 8.1	Implement short-term strategies on access to professionals in rural and remote areas
Activity 8.1.1	Appoint a Rural HRH Strategy task team under the National Health Council, to develop the details of the Rural HRH Strategy and to support the Department in implementing them.
Activity 8.1.2	Ensure that allocation of Community Service health professionals is focussed on underserved and rural areas, with limited placement in central hospitals, and that these professionals are supported and nurtured, and incentivised to stay on in rural sites.
Activity 8.1.3.	Ensure that provinces do not freeze critical health professional posts in underserved and rural areas as part of hiring moratoria resulting from overspending, through the development of norms for minimum numbers of health professionals for district facilities.
Activity 8.1.4	Revise foreign and local recruitment and retention policies and processes and ensure that appropriately skilled persons are tasked with the implementation of the policy and doing the recruitment.
Objective 8.2	Design and Implement an educational strategy based on WHO guidelines for rural and remote areas (in consultation with Faculties of Health Sciences)
Activity 8.2.1.	Consult with Faculties of Health Sciences on the development of targeted admission policies, with Faculties being required to admit a minimum number of students from rural areas, and provision of funding for rural student cohorts.
Activity 8.2.2.	Provide funding for each Faculty of Health Sciences faculty to have at least one rural campus and to locate clinical training opportunities outside of major urban centres.
Activity 8.2.3.	Regulate clinical training, at both undergraduate and postgraduate level, to ensure that rural clinical exposure is included in all training.
Activity 8.2.4.	Develop funding formulae to reward faculties that produce health professionals for public service and rural areas.
Activity 8.2.5.	Ensure that health sciences curricula address priority health needs in the country, including rural health needs.
Activity 8.2.6.	Establish a system to support continuing professional development programmes in each rural district.

Objective 8.3	Develop regulatory strategies to improve access to health professionals in rural and remote areas and quality of care
Activity 8.3.1.	Determine the optimum range of skills required for rural hospitals.
Activity 8.3.2.	Develop Mid-level Workers (MLWs) with specific scope of practice to meet these skills needs.
Activity 8.3.3.	Enhance the development and placement of Clinical Associates, including establishing posts in all district hospitals and development of training positions in rural districts.
Activity 8.3.4.	Allow for enhanced scopes of practice for health professionals in rural areas in district hospitals, ensuring flexibility in these scopes, to address the skills needed.
Activity 8.3.5.	Provide rural-bonded scholarship schemes managed at a district level in partnership with Faculties of Health Sciences and local communities, in order to encourage return of service.
Objective 8.4	Develop financial incentives to attract health professionals to work in rural areas
Activity 8.4.1	Develop, use and evaluate financial incentives to attract rural health care professionals, including: <ul style="list-style-type: none"> - revision of the OSD; - a more focused and targeted rural allowance; - sabbatical leave for rural health professionals; - opportunities for postgraduate training.
Objective 8.5	Provide personal and professional support to health professionals working and training health professionals in rural areas
Activity 8.5.1.	Provide personal and professional support to health professionals working in rural areas, specifically: outreach support from referral hospitals, improved living conditions including accommodation (where that is not easily available locally) , a safe and supportive working environment, opportunities for career development and CPD programmes.
Activity 8.5.2.	Provide training to health service managers to enable them to provide appropriate support for and discipline of health professionals in rural areas.