

Redistribution and new categories of health personnel

Various reviews of the health sector and the situation analyses have identified the related problems of inappropriately trained health personnel and their gross maldistribution in relation to health and health care needs.

The transformation of the health care system towards a unitary, comprehensive and democratised service, based on PHC principles will require substantial training and *reorientation of existing personnel as well as development of new categories of health personnel.*

The current problems and deficiencies include:

- concentration of health personnel in urban, middle class, white areas and corresponding underprovision in the rural areas, peri-urban, informal and black areas;
- concentration of health personnel in sophisticated, curative settings and in the private sector, with corresponding understaffing of public health sector facilities, particularly at lower levels of care;
- serious underprovision, especially in areas of greatest need of personnel able to provide basic comprehensive care at primary level as well as professionals to support such work at (especially) secondary and tertiary levels; and
- serious underprovision, or complete lack of personnel with training and skills to implement specific programmes or components of a reformed system based on PHC, for example, environmental health, health promotion, advocacy, management.

The above problems will require energetic and extensive reorientation/retraining of existing personnel as well as the urgent development of new categories. To effect redistribution of present and future personnel, both initiatives as well as new regulations will need to be introduced.

This conference therefore calls on government, and where applicable, training institutions to:

- review selection procedures to involve communities and to include as criteria candidates' social commitment with affirmative action in respect of previously excluded groups;
- develop new, often short, training programmes for existing personnel to reorient their practice towards comprehensive PHC - such programmes should be significantly problem-oriented and based at lower levels of health care system, including at community level;
- train new categories of health personnel in the following areas:
 - environmental health workers to tackle the urgent need for small water supplies and household sanitation in poor communities,
 - health promotion and advocacy - to equip communities with the skills, confidence

and self organisation to campaign for healthy public policies and appropriate services,

- management - to develop skills, especially at district level to manage the health system. This should include planning, financing, administrative and evaluation skills,
- primary clinical care - to develop skills amongst already existing personnel, for example, nurses and new categories, for example, medical assistants to provide high quality clinical care at the primary level,
- occupational health - to provide comprehensive services in workplaces - this work might be done by reorientation of already existing personnel, for example occupational health nurses, industrial hygienists, or training of a new category of occupational health officers, and
- technical support to maintain and repair equipment, including orthopaedic, rehabilitative and other health facility equipment.

This conference also calls on the government to implement measures to facilitate redistribution of health personnel to underserved areas. These measures should also include:

- Incentives such as:
 - improved conditions of service, higher pay for work in underserved areas;
 - improved amenities and infrastructure (housing, schools, childcare facilities, etc);
 - improved technical support and continuing education from higher levels of the health sector, and
 - recognition, in terms of career advancement, for service in underserved areas
- Regulations/Actions such as:
 - a moratorium on the building of new training facilities in already well served areas;
 - pressure on training institutions to render their courses more problem oriented and community based;
 - compulsory rotation through underserved areas and lower level facilities as part of preregistration and post-graduate training - this might be for several periods of six months over the post graduate training period, and
 - quotas on the number of independent primary care providers per unit population in each district.