

Why it's important to establish training for the health workforce in rural areas? And how to do it?

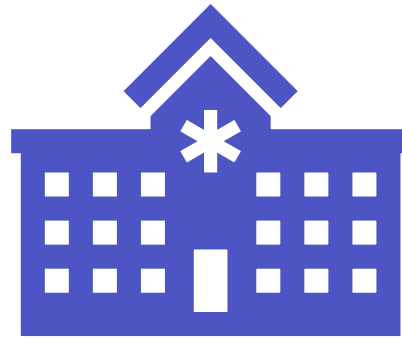
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Egypt.*

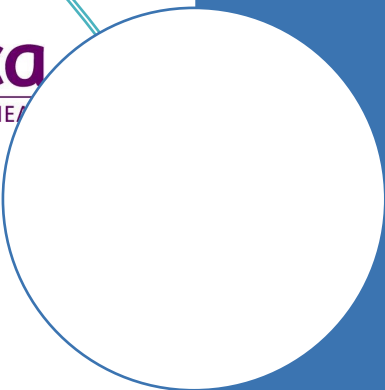
Director of the Medical Education and Human Resources Development Center

AKT and Board member of the Egyptian Fellowship of Family Medicine

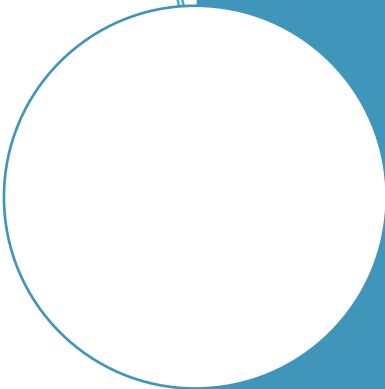
EFMJ associate Editor



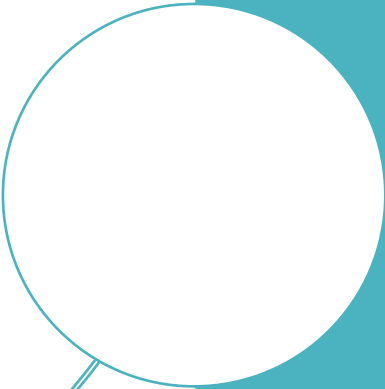
Why it's important to establish training for the health workforce in rural areas?



In 2016, the World Health Assembly adopted the Global Strategy on Human Resources for Health: Workforce 2030, which emphasizes the necessity of increasing investment to build a sustainable skill mix of health workforce to respond to population needs and to achieve SDG 3 and UHC .



The Lancet Commission emphasizes the relationship of health professions education programs to the development of a well-prepared workforce to address the needs of patients and populations



The 2018 Astana Declaration on Primary Health Care has also created momentum for Member States to advance their primary care systems with a focus on family practice and building multidisciplinary teams of health workers.

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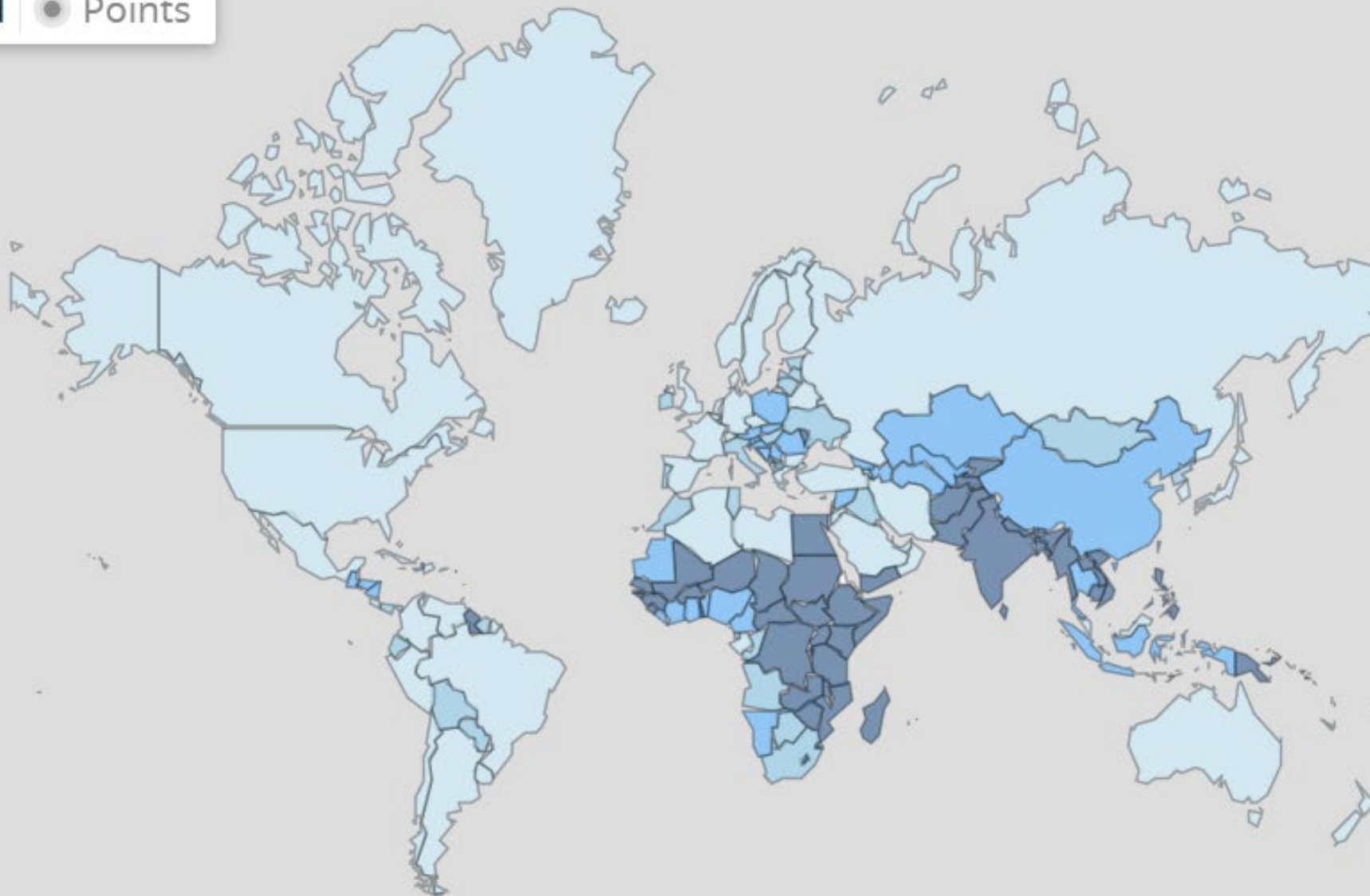
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Shaded



Points



< 14.48

14.48 - 26.90

26.90 - 38.57

38.57 - 51.88

RURAL POPULATION (% OF TOTAL POPULATION)

WORLD BANK STAFF ESTIMATES BASED ON THE UNITED NATIONS POPULATION DIVISION'S WORLD URBANIZATION PROSPECTS



UHC can't be achieved without well trained motivated and supported rural health worker



Addressing the needs of the population living in rural areas by doctors who can handle complexity in that setting

PRIMARY CARE PROFESSIONS

Training in actual
situations and having
experienced physicians

The rural workforce
training should be in
and for primary care

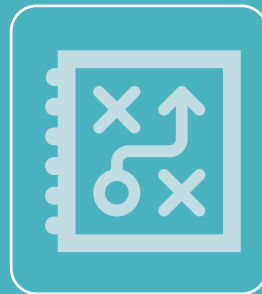
TRAINING SCOPE



Who to do it ? Universities
Academic institutions



Who to receive it ?
Undergraduate and postgraduate



Approach : bring our students
into rural and remote communities
and rural taskforce into universities.

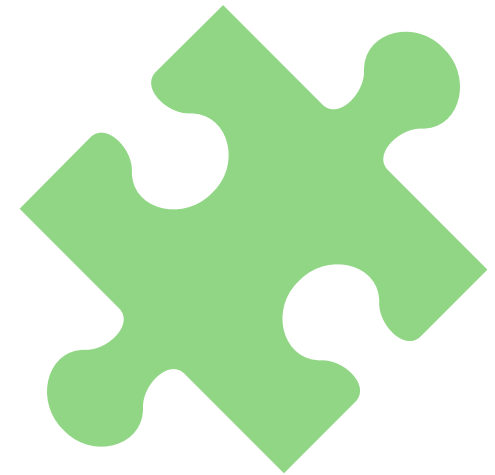
APPROACH

Have vertical undergraduate programs with fit for purpose and aligned with the community need.

Bring our students into rural and remote communities

Bring taskforce into campus

Interact and develop





Students training in rural family medicine clinic



Task force training in the skill lab

AUTHORITIES
SHOULD LOOK TO

1- Policies for
training, recruitment
and retention



2- Infrastructure



BRIEF RESEARCH REPORT
published: 26 November 2020
doi: 10.3389/fmed.2020.594728



A Checklist for Implementing Rural Pathways to Train, Develop and Support Health Workers in Low and Middle-Income Countries

Belinda O'Sullivan^{1}, Bruce Chater², Amie Bingham¹, John Wynn-Jones³, Ian Couper⁴, Nagwa Nashat Hegazy⁵, Raman Kumar⁶, Henry Lawson⁷, Viviana Martinez-Bianchi⁸, Sankha Randenikumara⁹, James Rourke¹⁰, Sarah Strasser¹ and Paul Worley¹¹*



Checklist Actions



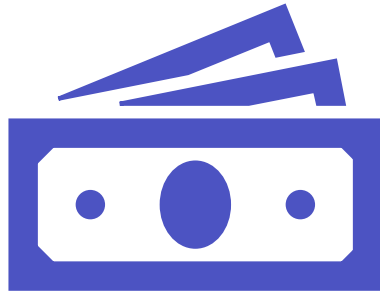
RURAL PATHWAYS CHECKLIST: SELF-ASSESSMENT TOOL





1. Alleviating the burdens of citizens in the rural areas and deprived areas in urban areas.
2. Comprehensive development of the neediest rural communities with the aim of eliminating multi-dimensional poverty in order to provide a decent and sustainable life for citizens at the level of the Republic.
3. Raising the social, economic and environmental level of the targeted families.
4. Providing job opportunities to claim the independence of citizens and motivate them to improve the standard of living for their families and local communities
5. Providing local community a positive difference in their standard of living.
6. Increasing confidence in all state institutions.
7. Investing in the development of the Egyptian person.
8. Closing the developmental gaps between rural and suburban areas and their dependencies.
9. Reviving the values of shared responsibility among all partners to unify development interventions in centers and villages and their dependencies.

STRATEGIES TO DECREASE THE GAP



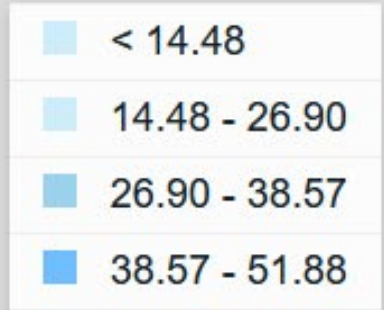
Incentives



Continuous professional development



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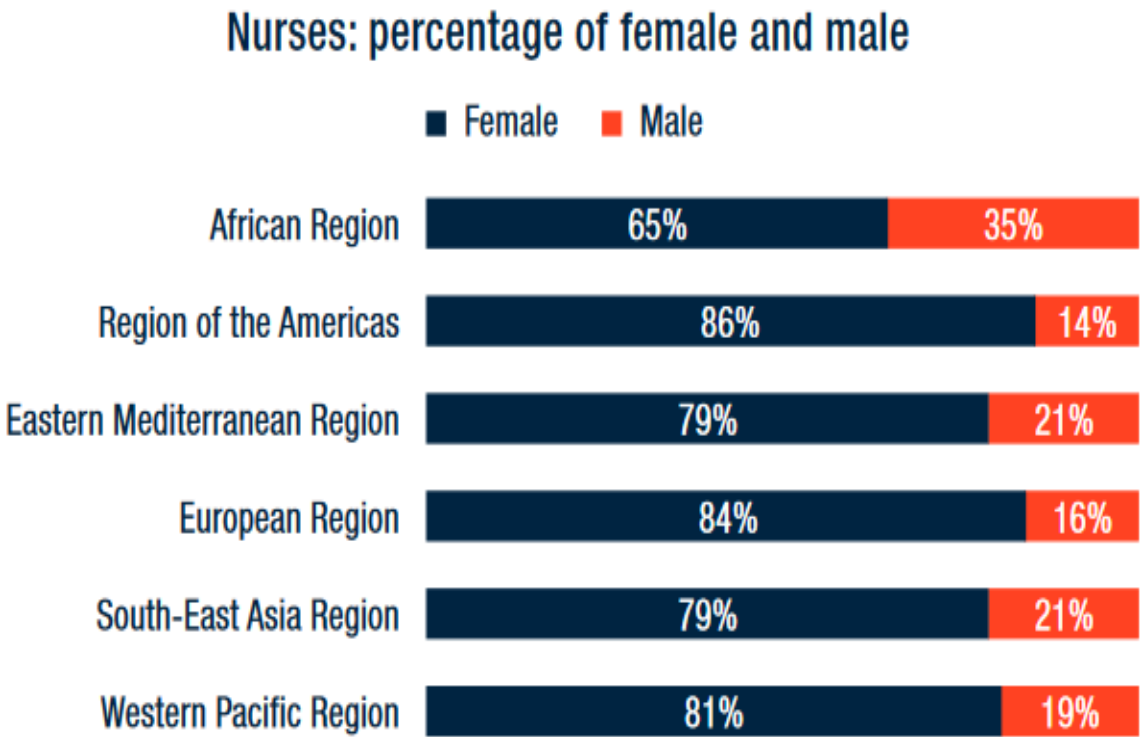
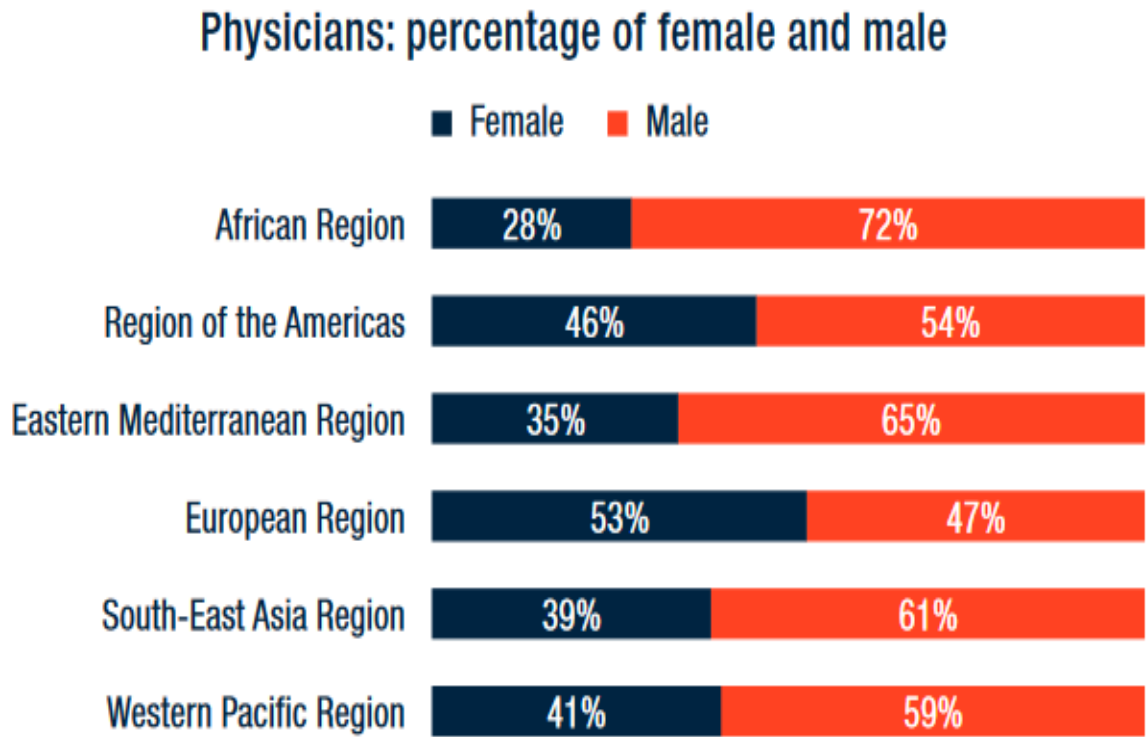
Rural women comprise a quarter of the world's population.

Around 70% of the global health workforce are women

RURAL POPULATION (% OF TOTAL POPULATION)

WORLD BANK STAFF ESTIMATES BASED ON THE UNITED IN POPULATION DIVISION'S WORLD URBANIZATION PROSPECTS

Distribution of physicians and nurses by gender



Source: Data from NHWA for 91 countries for physician data and 61 countries for nursing data.



Social empowerment



Economic empowerment

EGYPT CASE STUDY



Women's empowerment



SDGS ON THE ACHIEVEMENT OF GENDER EQUALITY AND WOMEN'S AND GIRLS' EMPOWERMENT

| SDGs | Indicator | Value | Rating* |
|--|---|-------|---------|
| 5. Achieve gender equality and empower all women and girls | Est. demand for contraception | 19.7 | 4 |
| | Gender disparity in mean years of schooling | 80.9 | 3 |
| | Gender disparity in labour force participation rate | 31.7 | 1 |
| | % of women's seats in national parliament | 14.9 | 1 |

Source: Compiled based on Sustainable Development Solutions Network (2017) SDG Index and Dashboards Report: Global Responsibilities

Table 1-3: Number of Employed People by Sex and Sector (2016)

| Sector | Female | % of Female | Male |
|------------------------------------|-----------|-------------|------------|
| Agriculture, Hunting & Forestry | 2,051,200 | 31.7% | 4,426,600 |
| Mining (Crude, Natural Gas) | 800 | 2% | 40,200 |
| Manufacturing | 289,000 | 10.0% | 2,611,400 |
| Electric, Gas, etc. | 1,200 | 5.9% | 190,400 |
| Water Support, Drainage | 1,600 | 5.2% | 290,900 |
| Construction | 16,300 | 0.5% | 2,993,000 |
| Whole & Retail Sale Vehicles, etc. | 507,100 | 16.9% | 2,496,900 |
| Transportation & Storage | 31,300 | 1.7% | 1,856,200 |
| Restaurant & Hotel | 48,100 | 7.2% | 619,700 |
| Information & Communication | 34,800 | 18.5% | 153,500 |
| Insurance & Finance | 36,700 | 20.3% | 144,500 |
| Real Estate | 1,900 | 5.3% | 34,200 |
| Specialized Science & Technology | 58,200 | 15.4% | 377,000 |
| Administration & Support | 20,000 | 10.0% | 200,600 |
| Public Administration | 396,900 | 23.0% | 1,331,900 |
| Education | 1,098,100 | 48.1% | 1,184,700 |
| Health & Social Work | 452,700 | 58.1% | 326,900 |
| Home Service | 213,500 | 64.6% | 116,800 |
| Total | 5,345,000 | - | 19,986,100 |

Source: Compiled based on CAPMAS, 2017, *Statistical Yearbook – Labour*

* Figures in red indicate the higher percentages.



Year of Health and Care Workers 2021

Protect. Invest. Together.

impact of COVID-19 on gender equity

The Ministry of Health and Population decided to grant an exceptional leave to pregnant women who were 28 weeks (7 months) pregnant, until the date of delivery.

الهيئة العامة للغذاء والدواء
FEDERAL REGULATORY AUTHORITY OF MEDICAL PRODUCTS

تعليمات دورية رقم (٢) لسنة ٢٠٢١
بشأن الإجازات الاستثنائية في نهاية فترة العمل

المادة / مديري إدارات اللجان الطبية
المادة / مديري اللجان الطبية بالفرع

مدينة مدبرة ورعد .

إلحاقاً لتعليمات ٤ و ١٢ لسنة ٢٠٢٠ بشأن الإجراءات الاحترازية للوقاية من تفشي وباء كورونا

السجود وحفاظاً على صحة المواطنين تقرر ما يلي بموافقة اللجنة المختصة :-

(١) منح المرأة الحامل التي منس على حملها ٢٨ أسبوع إجازة استثنائية حتى تاريخ الولادة .

(٢) ثبوت تاريخ الحمل عن طريق أشعة الموجات الصوتية والفحص الإكلينيكي .

(٣) تمنح هذه الإجازات من اللجان الطبية العامة والفرعية دون إستثناء .

(٤) تسري هذه التعليمات بشكل مؤقت لمدة ثلاثة أشهر من تاريخه .. وبعد العرض .

وتفضلوا بقبول فائق الإحترام .

رئيس الإدارة المركزية
للجان الطبية
د. أيمن محمد الأمين

مدير الإدارة العامة
للجان الطبية
د. سوسن دسوقي المنلاوي

الهدامة المركزية للأدوية
صادر رقم ٥٠٠
بتاريخ ٢٠٢١/١٧
المفتش



FINAL MESSAGE

- Rural Workforce empowerment is mandatory not a choice to achieve UHC
- Training the work health force **in** and **for** Primary care
- Workforce policies and strategies are important to ensure health outcomes and Gender equity.
- **Fit for purpose** in **alignment** with **community needs** undergraduate curriculum is an important pillar.