Even if there are enough ophthalmologists, it can be a challenge to recruit enough nurses and allied ophthalmic personnel to achieve the right balance of skills in an eye team. This often requires local solutions, such as the training programme for local women in India described by Shantanu Gupta (p. 45).

Governments must plan and invest in the recruitment of new eye personnel, or risk the possibility that promising candidates will choose to work in private health care or leave the country in search of better jobs.

Distribution based on health needs

In the ideal setting, distribution of eye health workers would be based on where the demand is. In most low- and middle income countries, the eye health needs within rural settings are much higher than in urban settings, but attract very few eye health workers,[2] often due to the inadequate working conditions.

Health needs are also changing, and the range of specialisations also need to be considered when distributing the skilled workforce. For example, the growing burden of diabetic retinopathy will require personnel for the establishment of services for screening, grading and treatment.

Conditions of employment

Entry into employment needs to be balanced with how many are leaving the service; it is not always about creating new posts. Exit points may be due to death, retirement, migration or even a change from full-time to part-time roles. Employment conditions also need to be considered when trying to attract the right people to the right places (pp. 48–50).

Policies on recruitment and distribution

Policies at the regional, national and local level need to evolve based on changes within the labour market, such as the migration of eye care workers to high-income countries.

Planning health workforce recruitment is a complex process. IAPB Africa is currently taking action to develop a harmonised, competency-based training curriculum to improve the distribution of skills in the eye team. The usefulness of mandatory placements to rural districts, and/or bridging the gaps through outreach services, need to identified by each country. Khumbo Kalua describes how this was done in Malawi (p. 47).

Recruitment must be carefully planned. Investment in hiring, placement and appropriate working conditions are essential to achieve universal access to good quality eye care.

References

1 Bourne RRA, Flaxman SR, Braithwaite T, Cicinelli MV, Das A, Jost B et al., on behalf of the Vision Loss Expert Group. Magnitude, temporal trends and projections of the global prevalence of blindness and distance and near vision impairment: a systematic review and meta-analysis. Lancet 2017;5(9): e888-e879

2 1 Palmer JJ, Chinanayi F, Gilbert A, Pillay D, Fox S, Jaggernath J, et al. Trends and implications for achieving VISION 2020 human resources for eye health targets in 16 countries of sub-Saharan Africa by the year 2020. Hum Resour Health. 2014;12(1):1-15.

From the field

Policy making to address imbalances in human resources for eye health in rural Kenya

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A human resources mapping study in 2011 highlighted that Kenya had attained the WHO target of 4 ophthalmologists per million population. However, 49% of the ophthalmologists were based in the capital city and served only 8% of the overall population. The cataract surgical rate was 553 operations per million population per year, which is significantly below the required rate of 2,000 per million population per year.

Shortages in the health workforce in Kenya are aggravated by the country's limited training capacity and the steady, internal migration of health workers from rural to urban areas, which is driven by economic, social, professional and security factors.[1] This is an example of the inverse care law,[2] which states that medical services are inverse to the need in the population.

This problem called for a comprehensive and integrated investment in incentives to recruit and retain personnel in rural areas.[3,4]

We conducted a literature review, collected data from existing policy documents, and carried out interviews with key informants on strategies for the recruitment and retention of (eye) health workers in Kenya. We wanted to collect evidence about:

- Trends in the recruitment and retention of health workers in rural districts
- Existing policies, strategies and interventions to retain health workers, and their impact
- Existing retention incentive schemes, and their impact
- Lessons learned and guidelines for non-financial incentive packages to promote the retention of health workers.

The evidence was discussed in 2018 at the annual Kenya Health Forum meeting,[5] and the following actions (supported by changes in policy) were agreed.

- Setting up an integrated human resource information system to plan the training and distribution of the workforce
- Planning national, comprehensive training needs assessments (TNAs) to gather detailed evidence about which eye care professionals are needed where. This takes place every two years, and the the next one is planed for 2018
- Developing and implementing a human resource advisory group responsible for improving the welfare of the workforce in order to improve productivity and retention, especially in rural areas.

The Ophthalmic Services Unit of the Kenyan Ministry of Health now works with partners to offer affordable scholarships as an incentive for people from marginalised rural counties wanting to join the eye health workforce.

The progress of these initiatives will be evaluated at the Kenya Health Forum meeting in 2019.

References

1 David M Ndetei LK, Jacob O Omolo. Incentives for health worker retention in Kenya: An assessment of current practice. 2018. Epub May 2018. **www.equinetafrica.org/sites/default/files/uploads/documents/DIS62HRndetei.pdf**

2 Bastawrous A, Hennig BD. The global inverse care law: a distorted map of blindness. The British journal of ophthalmology. 2012 Oct;96(10):1357-8. PubMed PMID: 22740107. Pubmed Central PMCID: 3457914.

3 Ministry of Health, Kenya. Norms and standards for health service delivery. 2006. Epub 2006.

4 IAPB. The crisis in the eye health workforce in Africa. 2014. Download from **www.iapb.org/resources/addressing-the-eye-health-work-force-crisis-in-sub-saharan-africa/**

5 Ministry of Health. Kenya Health Forum communique. 2018. Epub.