Outcomes & Evaluation: To date, we have established the first Department of Environmental and Occupational Health in the country, built sustainable multidisciplinary local and international Public-Private Partnership, started graduate level degree programs, obtained full scholarship and research grants, and organized national and international research conferences to promote collaboration and knowledge sharing.
Going Forward: We are working to further strengthen our program and improve its sustainability in order to improve EOH in the country by expanding our outreach, extending our collaborative network, serving as a bridge between public and private sectors, helping to adopt international environmental and occupational safety standards in the country, and promoting evidence based policy by conducting research.
Funding: We have been proactive and creative in sourcing funding and have obtained funding from different public and private institutions.
Abstract #: *01ETC072*

Sierra Leone's health workforce crisis: Drivers of suboptimal distribution and poor retention of primary healthcare workers in rural areas

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Background: Sierra Leone's health outcomes rank among the worst in the world, and the country is currently afflicted by an Ebola epidemic that has killed thousands of people. A major health system challenge is the shortage of primary healthcare workers (HCWs) in rural areas. Most HCWs are concentrated in urban areas (mal-distribution), and those in rural areas are not staying long-term (poor retention). This study was undertaken to determine drivers of poor distribution, retention, and productivity of rural primary HCWs, and to identify solutions to overcome the barriers.
Methods: The study employed mixed methods. Interviews were conducted with 90 primary HCWs in the public sector, complemented by discussions with key informants and a review of national documents/tools. The HCW interviews included four parts: 1) card sort about health worker priorities, 2) questionnaire, 3) semi-structured discussion, and 4) free-listing of challenges and needs. Sampling for HCW interviews was 'purposive', with an emphasis on rural HCWs.
Findings: Among 90 HCWs interviewed, 58 were rural and 32 were urban. 71% of rural HCWs were dissatisfied with their jobs vs. 52% of urban HCWs (p=.010). 75% of rural HCWs intended to leave their post versus 38% of urban HCWs (p=.011). Of rural HCWs intending to leave, 87% wanted to stay in the public sector but move to an urban location (n=52). Overall, job dissatisfaction was correlated with intention to leave (Pearson r=0.77). From the HCW perspective, drivers of poor rural job satisfaction fell into 5 categories. 1. HCWs lacked knowledge of policies, entitlements, and procedures, making it difficult to access their employee rights. 2. HCW remuneration was inconsistent with official policy. 3. Rural HCWs lacked essential infrastructure—motorbikes, electricity, clean water, and housing quarters. 4. Rural HCWs had not received adequate clinical supervision, personal support, and recognition for achievement. 5. 'System-related' gaps indirectly fueled job dissatisfaction, including over-centralization of human resource management, inadequate data systems, and ineffective compulsory service enforcement mechanisms.
Interpretation: Rural HCWs in this study were dissatisfied and wanted to relocate to urban areas because they were ill-equipped to deliver health services and their quality of life was poor. Poor rural job satisfaction fuels negative primary health outcomes by causing a shortfall of rural HCWs, and by reducing their motivation and productivity. This analysis yielded 18 specific recommendations to overcome drivers of poor job satisfaction in Sierra Leone, which may improve distribution, retention, motivation, and productivity of rural HCWs. The failure of Sierra Leone's healthcare system to contain the Ebola epidemic—in part due to rural workforce shortages and poor infrastructure/support for HCWs— underscores the urgent need to strengthen the health workforce, which is the cornerstone of any effective healthcare system.
Funding: University of Washington
Abstract #: *01ETC073*

Revitalizing physician social service to unlock universal health coverage: First report from partners in health - Mexico

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Program/Project Purpose: Context/Period/Why the program is in place/Aim: Mexico celebrates achieving Universal Health Coverage (UHC), yet for many poor Mexicans, this coverage represents little more than an enrollment card. Young physicians completing a mandatory social service year (SSY), or pasantes, staff a third of all public primary care clinics. Their experience, however, is notoriously plagued by institutional neglect, absenteeism, and underperformance. Since 2011, Partners In Health Mexico/Compañeros En Salud (CES) has developed a transformative education-support program to revitalize rural government clinics and unlock the clinical value of the SSY.
Structure/Method/Design: Program Goals/Desired Outcomes: Improved clinical outcomes for rural patients; innovations in rural primary care; a revitalized workforce serving the most vulnerable patients in Mexico Participants and Stakeholders: How were they selected, recruited? CES receives and reviews applications from graduating Mexican medical students and selects candidates that express a desire to serve the poor and a demonstrated ability to live in a rural area. Beneficiary communities are chosen in conjunction with ministry of health and community leaders. Capacity Building/Sustainability: Pasantes receive support via: a monthly course in global health; monthly onsite supportive supervision; specialist mentorship; support in clinic functioning; and career mentorship. The program's future will depend on PIH's support, which is unwavering, and continued government partnership. Graduates from the program have generally opted to continue working as CES staff, and many are eager to open their own chapters.
Outcomes & Evaluation: Successes and outcomes achieved/M&E Results: Each of eight Ministry of Health clinics led by a CES-supported pasante provide ~3000 high quality primary care visits a year. In anonymous exit surveys, 98% of patients responded "yes"/"definitely yes" that their physician listened to them and showed respect, and 95% that s/he clearly explained their treatment (n = 102). 100% of pasantes reported satisfaction with their experience, and a desire to continue working with the poor and underserved in their careers (n = 6).