



Turning on health services remotely

By Klara Henderson
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To identify practical opportunities to achieve [equitable access to health](#) in the Pacific and amplify Australia's development impact in this area, we need to gain access to often neglected populations. Across lower middle income countries, [63%](#) of the population live in rural or remote areas. For those in the Pacific, receiving health care might mean walking over forested mountains or navigating open oceans for hours in small boats, options not always available even in the case of life or death. Research on rural health services and [the ratio of rural and remote population](#) to health worker tells the sobering story that rural and remote health workers are not only under-skilled but often simply absent, particularly in low income countries. In short, skilled healthcare workers are [most needed](#) in the poorest areas within the lowest income countries. But providing access to health where it is most needed is not easy to do.

How can we find ways to both up-skill and make rural settings attractive locations to work for healthcare workers?

[Australian Doctors International's \(ADI\)](#) solution to achieving equitable access to health for those living in rural and remote areas across the Pacific is to direct our attention and utilise our model of providing health access to remote communities by systematically up-skilling the rural and remote front-line health workforce in PNG (and later, other Pacific countries) and tracking what skills and competencies that workforce has. We know from [evidence](#) presented by WHO and others, that if we can provide education in rural locations to healthcare workers that is focused on content that responds to their expressed needs, we can not only up-skill these scarce and much needed healthcare workers, but also increase their desire and motivation to remain and practice in areas where access to health is limited.

ADI's innovative solution and the 3-Minute Aid Pitch presented at the [2018 Australasian Aid](#)

[Conference](#) ties three components together to ensure healthcare workers feel supported and want to stay rural to do their jobs:

1. **Know** the rural and remote healthcare workers, what location they work in, what training they have received, what competencies and skills they have, when their last in-depth training session was. This informs us of the knowledge gaps across rural areas. ADI proposes to do this by building and managing a register of rural healthcare workers against rural health needs.
2. **Train** healthcare workers in training centres close to their homes on in-depth topics that meet their needs, mindful of the medical resources readily accessible to them, and thus start to fill gaps at both individual worker and system-wide levels.
3. **Support** the healthcare workers by backing up the in-depth training with case-based on-the-job training in the familiarity of their own health clinic from an Australian doctor, utilising the equipment and medicines they have regular access to.

ADI has been conducting in-depth training (recommendation #2) for the last four years in one province in PNG, so we know that this recommendation works. And over the last two years we have built in case-based and group-based training (recommendation #3) to our patrols. We argue there is a great need to support rural and remote healthcare workers by expanding these and implementing recommendation #1 - across other provinces in PNG and indeed other Pacific countries with under-serviced rural populations. To our knowledge, this is a unique idea designed to address access to health by up-skilling rural healthcare workers on topics they need, in ways they need, and thereby also increasing their desire to remain in their rural location and achieve global health access goals and improve rural health outcomes.

ADI aims to focus our efforts on building frontline capacity and health capital - by doing this we can improve access to health for the rural and remote poor and turn on remote health services across the Pacific.

This was originally presented as part of the 3-Minute Aid Pitch (3MAP) at the 2018 Australasian Aid Conference. Watch the 3MAP [livestream replay](#), listen to the [podcast](#), or view the [presentations](#).

About the author/s

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Klara Henderson is CEO of Australian Doctors International (ADI), and has been a member

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