

Stemming and reversing the out-migration of human resources for health in Lesotho

Lesotho-Boston Health Alliance (LeBoHA)

Challenges

Lesotho is currently experiencing an outflow of HRH from the country. The country has no medical school resulting in medical practitioners having to leave for training few off whom return upon qualification. From a demand perspective, the country has a critical healthcare need, particularly with regards to combating the effects of the HIV/AIDS pandemic on its population. It is in this context that LeBoHA has attempted to introduce meaningful changes to Lesotho's health system.

Project description

LeBoHA has partnered with all relevant stakeholders within the government of Lesotho to ensure that the six AGA strategies are implemented. With regards to strategies 1 and 6, LeBoHA and MOHSW applied to the Kellogg Foundation for a grant to transform district health services. This funded hospital management capacity strengthening and other activities described below.

With regards to strategy 2, LeBoHA developed a comprehensive, quantitative utilization and cost baseline for the whole health sector, allowing government departments to make informed resource allocation decisions. In the process LeBoHA and MOHSW trained local staff in data collection and analysis to ensure sustainability.

With regards to strategies 3, 4 and 5, Lesotho had no further training for healthcare practitioners outside of ad-hoc workshops; research had shown this to be a cause for the HRH "brain drain" in Lesotho. LeBoHA and MOHSW addressed this by creating a physician postgraduate specialty programme and in-service, competency-based nursing continuing education programme.

The Family Medicine Specialty Training Program (FMSTP) was created, giving registrars the skills necessary to be effective



district physicians after four years' training. In an attempt to draw Basotho doctors back to the country, LeBoHA and partner organizations have embarked on a communication campaign in the media to promote the return and retention of physicians. In order to understand the target audience of the campaign, LeBoHA helped the government of Lesotho to create a database that tracks medical school graduates, interns and practitioners in South Africa. LeBoHA has also worked to bring Basotho medical students together in Lesotho at annual Medical Student Caucuses. Due to the fact that Lesotho has no medical school and no way of accrediting their programs, LeBoHA and the Lesotho Medical Council have started working on accreditation standards and systems for the planned further education programs.

Another program created by LeBoHA, the Lesotho Nursing Council and the MOHSW in 2008 is continuing education for nurses. The program is intended to emphasise sitebased training that does not pull nurses away from



A Registrar on ward rounds with the Director of the first post-graduate medical training in Lesotho: the Family Medicine Specialty Training Program their posts and uses existing capacity and resources. The aim is to improve quality of care and job satisfaction. Under the continuing education for nurses, weekly nursing rounds were implemented, along with the establishment of Clinical Supervisor posts.

Outcomes

Since the programme started, over 30 doctors have applied to return to Lesotho to join the Family Medicine Specialty Training Program (FMSTP). The nursing interventions have resulted in a 41% improvement in nursing skills according to LeBoHA.

Conclusions

Through the integration of a number of AGA strategies, LeBoHA and the MOHSW have been able to develop and sustain significant and effective actions to address the HRH crisis in Lesotho.







For full sustainability, a newly appointed Clinical Supervisor gives weekly formal continuing nursing education lectures at the district hospital where she works



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