Graduating More Health Workers: Approaches to Make Education Affordable

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Expanding HRH in Africa

- **Urgent need**: increase numbers of well-trained health professional graduates responsive to country disease burdens and willing to work in underserved areas
- Responds to **SDG 3**, target 3.c
- Critical challenge for **UHC**
Health Education Pipeline

- **Primary institutions** → **Secondary institutions**
  - Recruit students who qualify

- **Pre-service training institutions**
  - Students pass, fail, or drop out

- **Training: Professional Technical Specialized**
  - Graduates upgrade or renew certifications

- **Health workforce pool for UHC**
  - Demand for services shift, standards change; continued education essential for qualified labor pool

**Regulatory framework:** accreditation, licensing, and certification
Health Education Pipeline

Financial burden is a major barrier to educating & producing health workers
Students’ Financial Barriers

• Tuition & fees (60%+ drop-out rate at many schools in sub-Saharan Africa)

• Kenya: USD ~$4280 required for nursing diploma; beyond reach of many

• Cost of national qualifying exams also a major barrier in some countries
Uganda: Bursary Program

• **Full or partial scholarships to needy students**, funded through USAID/PEPFAR

• **Recipients bonded to work** for specified length of time in public or private not-for-profit facilities in hardship areas and high HIV-burden sites

• **Targets cadres in shortest supply**—e.g., anesthetic officers, pharmacy and lab techs, medical theatre assistants

• **Affirmative action component** to increase number of female students in male-dominated training programs
Uganda: Results

• 715+ enrolled students have received scholarships
• 60+ have graduated and are working in hardship/high HIV-burden communities
• Steady increase in female trainees for priority cadre qualifications
“We have many health challenges in our communities, and there are many like us [students] who would like to do this work but can’t afford it.

When I left college because I couldn’t pay my tuition, I thought I’d lost the chance to help people. I thank God for this scholarship.

–Simon Peter Otei, 22
Student at Soroti Pharmacy School
Kenya: Afya Elimu Loan Fund

- Revolving fund for tuition fee loans for health professional students (4% interest rate vs. 14% for commercial loans)

- Public-private partnership

- 11.1M USD in fund as of June 2018: 3.7M USAID/PEPFAR; 7.4M private sector, national & county governments

- Eligibility criteria: family income, gender, orphan/disability status, county of origin (hardship, high HIV burden)
Kenya: Results

• 18,211 beneficiaries as of June 2018 (nurses, clinicians, lab techs, pharmacists, health records officers); 51% female

• 82% from 27 high HIV-burden counties

• 4,814 beneficiaries have graduated; 1,232 (25.5%) employed in public, private & faith-based facilities
Comparison of models

**Uganda**
- **Pros:** serves immediate needs of priority health facilities (bonding requirement); scholarship costs are low; no burden of repayment for students
- **Cons:** is there a mechanism for sustainability beyond USAID project(s)?

**Kenya**
- **Pros:** strong foundation for financial sustainability (private sector & government buy-in)
- **Cons:** no control over recipients’ decisions whether/when/where to enter health sector employment
Key Considerations

• Student financial support must take place in context of a systems approach (e.g., quality of education, labor market factors, strong accreditation & licensing mechanisms)

• Factors other than financial barriers also contribute to student drop-out from school (e.g., gender discrimination, family responsibilities, poor infrastructure)
Learn more:
www.intrahealth.org

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