



**The 4th AAAH Conference
and
The 3rd meeting of the WHO expert group on “Increasing Access to Health workers
in remote and rural areas through improved retention”**

THE THEME:
***“Getting committed health workers to the underserved areas:
a challenge for the health systems”***

**Date: 23-25 November 2009
Venue: the Hilton Hanoi Opera hotel, Hanoi Vietnam**

Call for Paper

1. Background

The Asia-Pacific Action Alliance on Human Resources for Health (AAAH), Ministry of Health Vietnam and the World Health Organization (WHO) are organizing a joint conference between 23-25th November 2009, in Hanoi, Vietnam, with the theme of “Getting committed health workers to the underserved areas: a challenge for the health systems”. The conference will host both the 4th AAAH annual meeting and the 3rd meeting of the WHO expert group on “increasing access to health workers in remote and rural areas through improved retention”.

2. Aims of the conference

The Conference aims to gain an in-depth understanding of the current situation and strategies to tackle the problems of inequitable distribution of health workforces, especially those in the underserved areas. It will also discuss and refine a set of draft global recommendations, initiated by WHO, to support countries in formulating and implementing appropriate, comprehensive and feasible interventions to get committed health workers to underserved areas. This conference will also allow more intensive networking and capacity building of institutes and researchers and policy makers interested in the area of human resources for health.

3. Specific objectives

1. To describe the current situation of distribution of committed health workforces to the underserved areas, including selection and pre-service education, continuous education, recruitment, regulatory measures, financial and non-financial incentives, working and living conditions, management environment, and social and spiritual motivation.
2. To understand the factors which encourage or discourage health workforces to go and continue to work in the underserved areas.
3. To learn and share experiences from different countries/continents concerning the distribution and retention of health workers in the underserved areas, and to foster networking among partners.

4. To discuss a set of draft global recommendations for appropriate strategies that will support health workers to go and continue to work in the underserved areas for an adequate length of time to solve the shortage of health workers in these areas.

4. Participants

The participants will be drawn from 15 AAAH member countries, from the WHO expert group, and from different African / Asian countries. A minimum of 2-3 participants per AAAH member country, depended on budget availability, are expected and representatives from about 8-10 African countries.

For each country/region a multi-stakeholder team will be participating, which may include various interest groups such as the Ministry of Health, professionals, academia, government, non government organization, and the private sector. Around 150 participants in total will attend the conference.

5. Themes of six parallel sessions

PS1. Education: pre- and post-vocational

- Recruitment adequate number of students
- Targeted admission of students from rural background
- Recruitment from and training in rural areas ("rural pipeline")
- Community involvement in selection of students
- Character/standard of training institutes
- Changes / improvements in medical curricula, content and rural exposure
- Early and increased exposure to rural practice during undergraduate studies (diversification of location of training sites)
- Educational outreach programmes
- Support for continuous professional development, career paths
- Continuous professional development (CPD), including self training
- Use of IT for telemedicine and continuing education
- Assessment / evaluation of the cost and effectiveness of education programmes
- Role of professional councils

PS2. Regulatory interventions

- Compulsory public service requirements for health professionals (bonding schemes)
- Conditional licensing (license to practice in exchange of location in rural areas for foreign doctors)
- Loan repayment schemes (paid studies in exchange of services in rural areas for 4-6 years)
- Increased opportunities for recruitment to civil service
- Recognize overseas qualifications
- Policies enabling the production of different types of health workers (mid-level cadres, substitution, task shifting), role of professional councils
- Universal licensing exam and reduction of outputs
- Pre-requisite for continuous education or career development
- Code of conduct for international recruitment

PS3. Financial measures

- Higher salaries for rural practice
- Rural allowances, including installation kit
- Pay for performance
- Different remuneration methods (fee for service, capitation etc)
- Loans (housing, vehicle)

- Grants for family education
- Other non-wage benefits
- Education related – bursaries, scholarship and fine on bleaching contract
- Close end budget allocation to health facilities inclusive of salary
- Assessment / evaluation of the cost and effectiveness of financial measures

PS4. Working environment and management system

- General improvement in rural infrastructure (housing, roads, phones, water supplies, radio communication etc)
- Improved working and living conditions, including opportunities for child schooling and spouse employment, ensured adequate supplies of technologies and drugs
- Strengthening HR management support systems, including autonomy and fairness in management, recruitment of managers (the impact of moving staff from clinical practice to management)
- Supportive supervision
- Use of IT for telemedicine
- Flexible contract opportunities for part-time work

PS5. Social and spiritual motivation

- Special awards, social status, civic movement, and social recognition
- Career development at the underserved areas
- Creation of social commitment spirit
- Measures to reduce the feeling of isolation of health workers (network of rural health workers, professional/specialist networks, remote contact through telemedicine and telehealth)

PS6. Contextual factors that affect the equitable distribution and the retention of HRH in the underserved areas

- Public sector reform
- Decentralization
- Globalization and trade

6. Call for papers

Each case study should not exceed 3,000 words with an abstract of less than 500 words in Word format (.doc), excluding tables, figures and references. The paper should apply Verdana 12 font with single spacing. The content of the paper should include the following sections:

1. The background
2. The conceptual framework
3. The description and main results of the case or cases
4. The lessons learnt
5. Proposal for regional or global actions.

The papers will be reviewed by the technical committee of the AAAH.

7. Dates for submission

The deadline for submission of an abstract is 5 October 2009. The case will then be reviewed by the Conference's technical committee. Authors of selected abstracts will be asked to submit full papers and will be invited and funded to present their cases in the Conference. All contributors will be informed of the decision by 15 October 2009.

Contact details

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<http://www.who.int/hrh/migration/retention/en/index.html>