

HRH Interventions and key issues raised at the 4th AAAH Annual Conference

The theme of the fourth Annual Conference (Joint WHO/AAAHA Conference) was “Getting committed health workers to underserved areas: a challenge for health systems.” Six parallel sessions focused on different interventions used to for the purpose of health worker retention in underserved areas. From the discussions, a common recommendation was raised, focusing on the need to have cross-sector engagement in order to address the HRH challenges.

1. Education interventions

Nearly all countries, whether rich or poor have education interventions aimed at retention of health workers in remote and rural areas. Examples of what has been carried out in AAAHA member countries include the social accountability framework for medical education in Nepal which is aimed at addressing priority health issues and responding to community needs. In Thailand, some of the recruitment methods favor students from rural backgrounds who are more likely to work in rural areas. Certain recruitment methods in Vietnam favor students from rural backgrounds and some programs are available to health workers to upgrade training.

2. Regulatory interventions

Regulatory interventions which include measures such as compulsory service in rural areas, scholarships in exchange of rural service and producing new types of cadres are also utilized in AAAHA member countries. For example, in China, health workers are willing to work in rural areas provided that working conditions and salary are satisfactory. More research and case studies are needed in the Pacific Island countries where rural service is not yet mandatory.

Countries need to adapt recommendations regarding regulatory interventions according to their contexts. Suggestions raised at the conference included linking compulsory service to licensing and engaging other sectors, in particular education finance, labor, civil society, and professional associations.