

5. Social and spiritual motivation

A study in Bangladesh found that simple recommendations including taking oaths of service regularly, improving entertainment facilities, etc. could have a positive impact on health workers in remote areas. India and Sri Lanka highlighted the need for bundled approaches that build confidence and motivation of health workers. A case from Thailand emphasized that duty plus heart and soul equals continuous quality improvement and a happy workforce.

Recommendations included: creating awards and ceremonies at local, national and international levels; developing a social contract with the community to help foster a strong sense of belonging and accountability; providing supportive supervision; addressing issues related to gender; improving not only the social but formal recognition of rural health service; and addressing the faith dimension of motivation by engaging with faith based organizations that provide health services in rural communities.

6. External factors affecting retention in underserved areas

This parallel session focused on three main concerns: what information is needed for the identification and analysis of important external factors; how to accommodate these external factors in the selection of bundles; and how to monitor their impact.

Experiences from public service reform in Cambodia highlight the opportunity to enhance the quality of public services, including health services and the challenge of brain drain of civil servants. Speakers from Indonesia, Lao People's Democratic Republic and Thailand agreed that decentralization brought opportunities to improve working conditions, rural recruitment, flexibility in hiring health staff, and incentives and management.

