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# AAAHH Newsletter

*Asia Pacific Action Alliance on Human Resources for Health*

## CHINA UNVEILED ITS BLUEPRINT FOR HEALTHCARE FOR THE NEXT DECADE



On April 7<sup>th</sup>, 2009, China unveiled its blueprint for healthcare for the next decade, kicking off the much-anticipated reform to bring the defective healthcare system back to the right track and to ensure accessible, affordable and equitable health services for over 1.3 billion citizens by 2020. According to current government reports, a three-year plan (2009-2011) has been pushed forward step by step thus far and some milestones have almost achieved. However, Chinese National Health and Family Planning Commission (NHFPC) [former Ministry of Health (MOH)] gradually recognized that the unbalanced development of Human Resources for Health (HRH) between urban and rural areas has become a big barrier towards reaching the set reform goals: The upgraded health facilities in rural areas are lacking a number of high-quality health professionals to practice. The latest national health statistics report released by NHFPC shows that underdeveloped areas have not only lower densities of health workers, but also less-educated workforce.

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In respond to the above-mentioned barriers, MOH launched China's National Guideline for Mid- & Long- Term HRH Development (2011-2020) in 2011 as one supporting document of overall health system reform. The guideline takes HRH at primary health level as priority in this decade and set specific goals for HRH increment by 2020. In the meantime, a variety of nation-wide policy interventions with a purpose of narrowing down the imbalance of HRH between rural and urban areas have been developed and implemented by different-level governments. With the financial support from World Health Organization (WHO), Health Human Resources Development Center (HHRDC) undertakes a biennial program of on HRH development as well as evaluation of current HRH policies. Under the frame work of the program, the 6 sub programs were conducted:

1	Research on Retention Policies on Rural Human Resources of Health (HRH) in China
2	Evaluation of Existing Capacity Building Project for Health Professionals in Underdeveloped Areas of China
3	The Progress and Implications of General Practitioners System in China
4	Translation and publication of Handbook on Monitoring and Evaluation of Human Resources for Health
5	China's human resources for health profile
6	Workshop on China's GP development and Retention of HRH

**Health Systems in Asia: Equity, Governance and Social Impact** was held at Lee Kuan Yew School of Public Policy, National University of Singapore, from 13<sup>rd</sup> - 16<sup>th</sup> December, 2013. In this regard, International Health Policy program (IHPP) was honor to present poster about Human Resources for Health for this conference in title *“Factors and Attitudes Related to the Decision to Practice in Rural Areas among newly graduated Doctors, Dentists, and Pharmacists in 2011”*.

## Factors and Attitudes Related to the Decision to Practice in Rural Areas among newly graduated Doctors, Dentists, and Pharmacists in 2011

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### Background

Inequity in health workforce distribution has been concern in the Thai health service for decades. The Ministry of Public Health (MoPH) has made an effort to solve the problem of their professional using a variety of methods such as increasing production and equitable distribution of human resources for health to rural and hardship areas. However, few evidence is documented regarding the attitudes of health workers and the factors influencing their decision to work in rural areas.

### Objective

This cross-sectional study was aimed at investigating basic personal information and other factors associated with the workplace selection decision of newly graduated doctors, dentists and pharmacists in 2011, and their attitudes for working in rural areas.

### Conclusions and Recommendations

Thus, these important factors should be taken in to consideration to encourage graduates to work in rural areas and establish an appropriate curriculum to increase their readiness for working in rural areas.

**Key words:** rural attitude, work place selection, rural area, doctors, dentists, pharmacists, community hospitals

### Methods

Self-administrative questionnaires were used to collect data from 2,493 newly graduated health professionals, selected through simple random sampling. Content validity of the questionnaire was approved by 3 experts and tested among university students. The series of questions included: 1) personal information and method of admission; 2) preferred workplace after completing a 1-year probation period and factors associated with their decision; and 3) attitude toward working in rural areas. Data were analyzed by using chi-square and percentage.

### Results

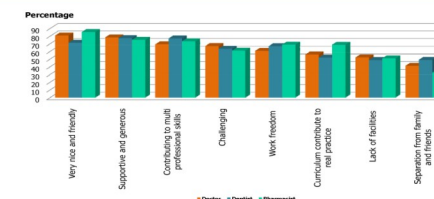
The results showed that the proportion of newly graduated doctors who chose to work in rural areas were 51.7%, dentists 65.8%, and pharmacists 45.3%. The most common characteristics of those who chose to work in community hospitals after completing a 1-year probation period were: growing up in a rural area (for dentists), being graduated from universities outside Bangkok and metropolitan areas (for pharmacists), and being graduated under the Collaborative Project to Increase Production of Rural Doctors (CPIRD) project (for doctors) please see Table 1. 'Proximity to their hometown and families' was the leading factor associated to their workplace selection decisions (Table 2). In terms of attitude to working in rural areas, respondents of these three professions gave high priority to 'high level of friendliness' and 'assistance from rural colleagues', and 'opportunity to use their professional skills' (Fig. 1).

Attribute		Graduates					
		Doctors			Dentists		
		Yes	No	P-value	Yes	No	P-value
Sex	Man	120 (43.8)	154 (56.2)	P=0.577	42(68.9) (31.1)	19 (11.1)	P=0.553
	Woman	198 (45.9)	233 (54.1)		91 (64.5)	50 (35.5)	
Hometown area	Yes	100 (59.5)	68 (40.5)	P=0.161	41 (77.4)	12 (22.6)	P=0.040
	No	286 (53.4)	250 (46.6)		92 (61.7)	57 (38.3)	
School location	Bangkok and vicinity	220 (56.6)	169 (43.4)	P=0.278	85 (62.5)	51 (37.5)	P=0.151
	Others	154 (52.4)	140 (47.6)		48 (72.7)	18 (27.3)	
Mode of admission	Yes	165 (55.4)	133 (44.6)	P=0.846	55 (61.8)	34 (38.2)	P=0.282
	No	224 (54.6)	186 (45.4)		78 (69)	35 (31)	
CPIRD	Yes	98 (63.6)	56 (36.4)	P=0.014	—	—	—
	No	291 (52.5)	263 (47.5)		—	—	

**Table 1** Percentage and chi-square association of intention to work at community hospital after 1-year compulsory work to their background characteristics among newly graduates, 2011

The leading factor associated with their workplace selection decision			
Rank	Doctors	Dentists	Pharmacists
The first	Proximity to their hometown and families (22.8 %)	Proximity to their hometown and families (31.2 %)	Proximity to their hometown and families (53.6 %)
The second	Adequate taking care from mentors (17.3 %)	Good income/incentives (26 %)	The work of organization matches with what wanted i.e. treatment, teaching, management (14.9 %)
The third	Contributing to the knowledge / experience and making progress in profession (15.5 %)	Good work environment (19.6 %)	Good income/incentives (14.6 %)

**Table 2** The three most important factors effects the selection of compulsory workplace in rural areas among newly graduates, 2011



**Fig. 1** The attitudes towards compulsory work in rural area among newly graduates, 2011.



## Associate Professor Dr Menorath Sing New AAAH Steering Committee

AAAH secretariat wish to extend a warm welcome to our new AAAH Steering Committee for Lao PDR Associate Professor Dr Menorath Sing.



He is currently General Director ; Dept. of Training and Research at Ministry of Health, Lao PDR.

He graduated as Doctor en Medicina at Instituto Superior des Ciencias Medicas Santiago de Cuba-CUBA and Specialist in Anatomy at the Martin Luther University, (Halle/Saale), Germany in 1983 and he was also graduated as Dr. Med. at the Martin Luther University (Halle/Saale) Germany in 1995.

## Dr Pak Tong Chol New AAAH Steering Committee

AAAH secretariat would like to introduce a new AAAH Steering Committee for WHO/SEARO, Dr Pak Tong Chol.

He graduated from Pyongyang Medical University in 1986 and MPH, faculty of public health, Mahidol University in 2004.

He was Deputy Director in charge international collaboration, Department of External Affairs, MOPH, DPR Korea before joining WHO.



# Human Resources for Health News

## Research

- For more than love or money: attitudes of student and in-service health workers towards rural service in India.

- Sudha Ramani, Krishna D Rao, Mandy Ryan, Marko Vujicic and Peter Berman

Rural retention strategies in India have predominantly concentrated on the allopathic cadre. Our study suggests incentivizing rural service for the nursing and Ayurvedic cadres is less challenging in comparison to the allopathic cadre. Hence, there is merit in strengthening rural incentive strategies for these two cadres also. In our study, we have developed a detailed framework of rural retention factors and used this for delineating India-specific recommendations. This framework can be adapted to other similar contexts to facilitate international cross-cadre comparisons.

Read more: <http://www.human-resources-health.com/content/11/1/58/abstract>

- Managing health worker migration: a qualitative study of the Philippine response to nurse brain drain

- Roland M Dimaya, Mary K McEwen, Leslie A Curry and Elizabeth H Bradley

Development of responsive policy to Filipino nurse brain drain offers a glimpse into a domestic response to an increasingly prominent global issue. As a major source of professionals migrating abroad for employment, the Philippines has formalised efforts to manage nurse migration. Accordingly, the Philippine paradigm, summarised by the thematic framework presented in this paper, may act as an example for other countries that are experiencing similar shifts in healthcare worker employment due to migration.

Read more: <http://www.human-resources-health.com/content/10/1/47>

# Conference Alert

<b>Topic</b>	RCN 2014 Annual International Nursing Research Conference
<b>Date</b>	02 <sup>nd</sup> - 04 <sup>th</sup> April 2014
<b>Venue</b>	Glasgow, Scotland, UK
<b>Website</b>	<a href="http://www.rcn.org.uk/development/research_and_innovation/rs/research2014">http://www.rcn.org.uk/development/research_and_innovation/rs/research2014</a>
<b>Topic</b>	GHIC 2012 global health & innovation conference
<b>Date</b>	12 <sup>th</sup> -13 <sup>th</sup> April 2014
<b>Venue</b>	Yale university, United States of America
<b>Website</b>	<a href="http://www.uniteforsight.org/conference/">http://www.uniteforsight.org/conference/</a>
<b>Topic</b>	Global Health: Interconnected Challenges, Integrated Solutions
<b>Date</b>	15 <sup>th</sup> -17 <sup>th</sup> April 2014
<b>Venue</b>	Geneva, Switzerland
<b>Website</b>	<a href="http://www.hrhresourcecenter.org/geneva_forum_2014">http://www.hrhresourcecenter.org/geneva_forum_2014</a>

## A Message from the AAAH Secretariat

The Secretariat are pleased to welcome two new members of the AAAH Steering Committee, Associate Professor Dr Menorath Sing and Dr Pak Tong Chol.

We look forward to working with all our new colleagues and for coming new year fill your happiness, success and all the best happy new year.

## Secretariat Team

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***“Strengthened HRH planning and management capacity toward adequate, equitable, efficient and effective HRH and health systems for health equity and quality improvement in the Asia-Pacific region”***

